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BRIEF REPORT

Youth Perspectives on the Mental Health Treatment Process: What Helps, What Hinders?

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Abstract In this study we explored adolescent perceptions of what was most helpful and most challenging about mental health treatment for mood and/or anxiety disorders. Youth seeking treatment at the First Episode Mood and Anxiety Program were recruited to participate in a follow-up survey about their experiences of mental health care services. Responses to two open-ended questions were analyzed for emerging themes and differences between age groups and gender. Males were more likely to report therapy as being helpful than females, 16–18 year olds were more likely to report medication as a challenge to treatment and 19–26 year olds were more likely to report accessing services as a challenge to treatment. Understanding what helps and what hinders treatment-seeking youth can guide both clinical treatment and service delivery models for this population.

Keywords Adolescents · Mental health care · Anxiety · Mood · Early intervention

Introduction

The transition from adolescence into adulthood can be challenging for healthy teenagers. Those who find themselves negotiating this developmental stage in the context of mental health issues are at a significant disadvantage. The functional impairment associated with mood and anxiety disorders can inhibit a youth's ability to move into adulthood by compromising educational and work pursuits as well as social relationships (Leavey 2005; Nagar et al. 2010; Reinherz et al. 1999). Early identification of mental illnesses is essential for minimizing long-term negative impact (Balázs et al. 2013).

Early identification is not, however, the only aspect of recovery for this population. The treatment itself must be effective and it must also be seen as useful by the adolescents seeking help in order to keep them engaged. A study on the unmet needs of youth accessing mental health care found that a lack of youth-specific service is a deterrent to appropriate treatment and by extension, recovery (Cosgrove et al. 2008; Young et al. 2008). In developed countries, mental health services are generally offered to youth within the context of adult services, which tend to focus on the most severe and chronically ill in the population (Patel et al. 2007). Within that model of treatment, youth are low priority given the acute and recent onset of symptoms with relatively circumscribed current functional impairment. It has been suggested that adolescents with emerging mental health concerns require a different framework that can incorporate their developmental needs (Osuch et al. 2015; Patel et al. 2007; Ross et al. 2012).

The developmental needs of contemporary youth may best be understood by learning about their experience with mental health care services. Youth seeking treatment for depression have reported that they were most satisfied by youth-friendly clinicians and an approach to care that involved psychotherapy, medication and inclusion of primary care-givers in treatment (McCann and Lubman 2012a). Youth have identified clinician support and non-judgment as a crucial part of their satisfaction with

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treatment (McCann and Lubman 2012a; Biering 2010). A literature review by Biering also highlighted clinician's communication skills as being more important than any therapeutic approach. Biering categorized the skills of the treatment provider that were reported as most helpful: (1) acceptance and understanding; (2) empathy and friendliness; (3) listening and attending skills, and; (4) a non-judgmental approach (Biering 2010). Barriers to mental health care in the youth population have been reported primarily with regard to initial access to services (McCann and Lubman 2012a). While the previous literature evaluated youth satisfaction with treatment and the satisfaction with accessing treatment, no study has evaluated what youth find most helpful and/or most challenging about the treatment process itself.

In addition, gender differences in help-seeking behaviour and psychopathology between adolescent men and women has been well documented in the literature. Adolescent females are reported to be 2–3 times more likely to both develop mood disorders and seek help for them than males (McGuiness 2012; Putulny et al. 2013; Zahn-Waxler et al. 2008). Cheung et al. (2009) found that gender had little impact on service use for 15–18 year olds in a Canadian sample of treatment-seeking youth but found that females in the 19–24 age group were twice as likely to seek services than males. It is clear that age and gender play in role mental health care. What has yet to be investigated is age and gender differences in how youth experience treatment.

The current study explored what youth found most helpful and most challenging about treatment after they sought help for a mood and/or anxiety disorder at the First Episode Mood and Anxiety Program (FEMAP), and how these experiences differed by both age and gender. Understanding how young people experience mental health care itself can provide valuable information for clinicians working with this population and for health care delivery systems hoping to implement youth mental health care models.

Methods

Participants

Youth seeking treatment at FEMAP between 2009 and 2012 were recruited to participate in a larger study that included a follow-up survey about their experience accessing and engaging mental health care services, whether or not they followed through with treatment. FEMAP is an outpatient psychiatric clinic affiliated with the London Health Sciences Centre, in London, ON, and serves youth (aged 16–26 years) with the recent onset of primary mood and/or anxiety concerns. Youth were screened for eligibility and excluded from participation if they had a major medical problem, history of serious head injury, developmental delay, or the presence of an attention deficit problem severe enough to have warranted psycho-stimulant medication since childhood. They were also excluded if they had previously been treated with psychiatric medications for a total of 18 months or more in their lifetime, or had pending criminal charges. Youth were excluded from the program if they were determined to have a primary substance use disorder and experienced symptoms of mood and/or anxiety subsequent to their onset of substance use. Youth who developed a substance use disorder after the onset of their symptoms were accepted by the program and seen by the program's addictions counsellor in conjunction with their other treatment providers, as clinically indicated.

Participants underwent a clinical intake assessment to determine whether their symptoms met inclusion criteria. Those who did not were referred to other programs and community services in the area including adult mental health programs. These participants were retained in the study for follow-up even though they were referred elsewhere. Those accepted into FEMAP accessed individual pharmacological and/or psychological treatment through a psychiatrist, addictions therapist, and/or family therapist, as was clinically indicated. The current research was part of a project evaluating this novel health care delivery model for the early identification and intervention of youth with mood and/or anxiety disorders (Osuch et al. 2015).

283 youth participated in the follow-up survey. 213 of these youths had been accepted into FEMAP and 70 were referred to other services. Of the 283 participants, 274 completed the follow-up survey by phone, in person, or by email. Participants were separated into gender and age groups 16–18 and 19–26 which is consistent with the Cheung et al. (2009) youth study into mental health service use. 184 participants were female and 90 were male. 127 participants were between 16 and 18 years old and 147 were between 19 and 26 years old.

Data Collection

Use of human subjects in the study was approved by The University of Western Ontario Research Ethics Board for Heath Science Research Involving Human Subjects. All participants met with a researcher prior to starting the study to review the letter of information, ask any questions, and sign informed consent if willing to participate. Participants were contacted to complete the survey at least 3 months following their initial intake assessment. There was no incentive provided to complete any component of the study. The current research focused on two open-ended

questions administered at the time of the follow-up: Question 1 "What was most helpful in assisting you to recover from your emotional or mental health concern(s)?"; and, Question 2 "What was most difficult about your recovery from your emotional or mental health concern(s)?"

Analysis

Three researchers independently coded the data using QSR NVivo 10 software for qualitative analysis (C.S., M.W., and A.W.). Each response was read and coded to a theme created by each researcher, who then met as a team to combine and compare their findings. Data were re-coded based on the agreed upon themes. Responses were analyzed for differences in gender and age using SPSS v22. Themes that occurred more than 10 times in the data were included in the qualitative analyses while all others were excluded to reduce misleading results caused by low N's. *Chi square* tests of independence were performed to examine the relationships among themes and age and gender if the count within each category was 5 or over.

Results

The average time between intake and completed follow-up was 158 days, while the range was 3 months to 1.5 years. All participants were contacted to complete the survey at 3 months following their initial intake assessment. However, these youth tended to be somewhat transient because of participation in post-secondary education, summer residence or work in other cities, which resulted in large discrepancies in follow-up time.

Question 1 What was most helpful in assisting you to recover from your emotional or mental health concern(s)?

Themes are listed in descending order based on the number of times they appeared in the data. Direct quotes are followed by the reported gender and age of each participant.

Talking/Therapy

Regarding what youth found most helpful for recovery, talking (n = 52; 17 %) and therapy (n = 45; 15 %) were reported most frequently. A 17 year old female participant wrote: "Talking about why I feel that way and how to overcome it." While talking is inherent to therapy, a separate theme was created for responses which stated 'therapy' or specific therapeutic approaches as being the most helpful. "CBT was very helpful in learning how to deal with my anxiety problems" (male, age 24). A significantly higher proportion of males (21 %) than females (12 %) reported that therapy was helpful to their treatment; χ^2 (1, n = 45) = 3.894, $p = 0.048$.

Medication

Medication (n = 43; 14 %) was reported by participants as being helpful to treatment. Some gave one word answers such as 'medication' (male, age 21), while others elaborated on finding the right medication or stated that the stabilization of their medication was the most helpful. A higher percentage of male participants (17 %) identified medication as helpful then female participants (13 %) but the difference was not statistically significant.

Support

The theme of support occurred 39 times in the data (13 %) and included all statements made by participants regarding the importance of safety, comfort, confidentiality, understanding and non-judgment within a treatment environment or in their personal relationships, and included statements such as: "I always had somewhere non-judgmental to go" (female, age 16). Females (15 %) identified support as helpful more frequently than males (8 %) and the 16–18 year old age group (15 %) was also more likely to report support at being helpful compared to the 19–26 years (10 %) however neither difference was statistically significant.

Mental Health Education

The theme of mental health education emerged from those statements which related to increased understanding of mental health and illness (n = 36; 12 %). Participants acknowledged that learning about what was happening to them was helpful in their treatment process. This theme included statements such as: "Understanding what's wrong with me" (female, age 19).

Psychiatrist

The ability to consult with a psychiatrist regarding mental health issues was seen as being helpful for treatment (n = 30; 10 %). While some participants acknowledged their specific doctor as being the most helpful, others reported on the importance of having the same person provide both therapy and medication. "Seeing [my psychiatrist]. She is absolutely great! She has helped me overcome so much and I can't thank her enough" (male, age 24). While there were no disparities between the

genders for this theme (Males = 10 %, Females = 10 %), a slightly higher percentage of the 19–26 year old age group (11 %) identified psychiatry as being helpful to their recovery compared to the 16–18 year age group (7 %) but the difference was not statistically significant.

Medication and Therapy

19 participants (6 %) indicated that the combination of medication and therapy were helpful to recovery.

Not Recovered

Some participants did not answer the question of what they found most helpful to the treatment process and simply responded that they did not feel they had recovered (n = 17; 5.5 %).

Coping Skills

Youth reported specific coping strategies (n = 14; 4.5 %) as helpful to managing their mental health issues which included; "The breathing exercises [my psychiatrist] gave me significantly helped my anxiety" (female, age 20).

Feeling Understood

Responses were coded under this theme when youth reported it helpful that others seemed to understand what was going on with their mental health (n = 13; 4 %). One male participant (age 16) wrote: "…the ability to explain my situation to professionals who understood my symptoms."

Question 2 What was most difficult about your recovery from your emotional or mental health concern(s)?

Direct quotes are followed by the reported gender and age of each participant.

Symptom Management

Symptom management (n = 47; 17 %) emerged as the most common theme reported by youth about what was most difficult in their treatment process. Statements were coded in this theme when participants reported on their struggle with mental health symptoms. Although not statistically significant, larger percentage of male participants (29 %) reported their symptoms to be the biggest challenge to recovery than female participants (17 %), however this was still the most frequently reported challenge by either gender or age group.

Personal Accountability

The theme of personal accountability (n = 37; 16 %) included statements made by participants which reflected their own role in hindering the recovery process. Participants were very forthcoming in acknowledging their role in recovery with statements such as: "Realizing that I can make my symptoms worse and that I can be my worst detriment to recovery" (female, age 23).

Talking About Issues

In addition to being seen as one of the most helpful components of the treatment and recovery process, the need to talk about their issues was also stated by youth as being one of the most difficult aspects of treatment (n = 24; 11 %). A female participant (age 16) wrote: "Difficult to start talking about certain things you would rather not remember".

Don't Know/Nothing

22 participants (10 %) reported that they could not identify any aspect of the treatment process that was especially difficult or that there was nothing about treatment and recovery that they found challenging.

Not Recovered

Similar to their response to what they found most helpful about accessing/engaging in mental health treatment, some participants reported that they were not yet recovered from their mental health issues (n = 22; 10 %).

Accessing Services

Participants expressed difficulty with navigating the mental health system in terms of finding the appropriate place to get treatment and having to wait to see someone regarding their mental health concerns (n = 21, 9 %). "It's the waiting that's really hard (and I got in very quickly). It feels like your whole life is on hold" (female, age 19). There was a statistically significant difference in which age group struggled to access services. The 19–26 year olds were more likely to identify access to service as a challenge to treatment (13 %) compared to the 16–18 year old group (5 %); χ^2 (1, n = 21) = 4.773, $p = 0.029$.

Confronting Mental Health Issues

"Confronting issues" encompassed participant statements which acknowledged the difficulty of working through mental health issues (n = 20; 9 %). The statements in this theme reflected the need for youth to tolerate

uncomfortable situations throughout the process of treatment. For example, they found that "exposing myself to anxious situations" (male, age 20) was a challenging aspect of treatment.

Medication

Medication (n = 18; 8 %) emerged as a theme through statements made about the difficulty of "finding right med dosage" (male, age 20). The younger age group (16–18, 12 %) were more likely to identify medication as being a challenge compared to the older age group (19–26, 4 %); χ^2 (1, n = 18) = 5.625, $p = 0.018$.

Accepting Illness

Participants reported having difficulty accepting that they had a mental illness. This was expressed in terms of admitting they had a problem that required professional assistance. "At 25 I'm still battling with myself. I still have trouble accepting that I may need help at times. Most of the time I feel like I'm being stupid and that the things that are troubling me are not things I should be getting myself worked up about when in reality, it wouldn't hurt to see someone about them" (female, age 22). There were no significant, differences between age and gender in this final theme.

Discussion

Over 250 treatment-seeking youth provided insight into what they found most helpful and most challenging about their process of mental health recovery. There were few statistically significant differences between the themes when looking at age and gender. This suggested that themes were largely representative of this population and provided valuable insight into how youth felt about treatment. The two most frequently reported helpful themes were 'talking' and 'therapy'. Both themes are consistent with previous research investigating satisfaction with youth mental health services (Buston 2002; Houle et al. 2013; Jordan et al. 2012; Leavey 2005; McCann and Lubman 2012a). Interestingly, females reported "talking" as most helpful, and males reported "therapy" as the most helpful aspect of their treatment. While it is conceivable that both genders appreciated the same aspect of treatment with these two responses, they may have conceptualized it differently. Further investigation of this point is needed. Understanding the gender differences in perception of treatment can assist clinicians in how they engage and prepare youth for treatment by using the same language and thereby presenting treatment options in an acceptable way.

Medication can be a polarizing topic in youth mental health care. A similar sample of youth had previously identified feeling stigmatized for taking medication for mental health concerns (Bluhm et al. 2014), which may prevent or delay the start of medication even though it is therapeutically indicated. A significant number of youth in the current study were clear about the positive role that medication played in their treatment, which is consistent with previous research on youth mental health care (Farmer 2002; Leavey 2005; McCann and Lubman 2012b). The complex relationship between youth with mental health concerns and the use of medication for their treatment should be addressed directly with youth. While medications ranked high on "most helpful" it was low on the order of "most challenging" aspects of recovery. The more positive aspects of medication use may need to be emphasized with youth, even while their concerns are acknowledged. It is also worth noting that the younger age group was more likely to report medication as challenging. If disseminated widely, these findings may help decrease feeling of stigma as youth hear directly from their peers that medication was ranked as the third most helpful aspect of their recovery.

The theme 'Support' referred to general statements indicating that family, friends and professional supports were helpful in the treatment process. A similar finding was reported in Leavey's study on youth's experiences with mental illnesses (Leavey 2005). Perceiving social and professional support has been shown to assist in mental health recovery in other research as well (Corrigan and Phelan 2004).

Having the same person provide both medication and therapy (in this case, a psychiatrist) was seen as helpful for recovery. Buston also found this to be a preference among adolescents engaged in treatment for mental illnesses (Buston 2002). The reported importance of psychiatry to this population is valuable information for those seeking to develop mental health care delivery models for youth. Youth valued the role of psychiatry, likely because they valued the combination of medication and therapy and the ability to have the same person provide both.

The second most commonly identified theme of challenges may be the most surprising given the young age of the population. Youth acknowledged their own role in interfering with treatment and recovery, which was coded as "personal accountability". Participants were able to explain that they had been given the tools for recovery but struggled to follow through. They also stated that they understood how their own behaviour could worsen their symptoms. This conveys a level of understanding that health care professionals should consider and incorporate into their treatment. Empowering youth in the recovery from mental health problems may be crucial for effective

treatment. These findings merit further investigation and might prove a useful focal point for outreach and treatment programs.

The lack of timely access to appropriate treatment has been identified as a barrier to mental health recovery in other studies (Buston 2002; Houle et al. 2013; McCann and Lubman 2012a). The participants in the current study also found this to be true. They expressed frustration with long wait lists and being redirected to several services within the mental health care system. Interestingly, the older age group was more likely to identify access as a barrier to treatment. This may reflect a difference in service availability for younger versus older youth. Alternatively, younger people struggling with mental health issues may be more likely to come to the attention of their parent(s), high school guidance counselors or social workers who can assist them to access appropriate services. Older youth may not be as likely to have this type of help and may not know where to go to access services. This is an area that warrants further investigation given the significant difference between the age groups.

Youth identified struggling to accept the fact that they had an illness. Interestingly, this was not mentioned within a context of mental health stigma but rather within the context of control. Participants identified feeling as though they should be able to deal with their issues on their own. It is important to appreciate that it appears as if youth judge themselves, in this way, for having mental health issues. Accepting illness is an important step towards recovery (Leavey 2005), and it may be helpful for treatment providers to explore this sense of self-recrimination.

The current research was limited by using a questionnaire to gather data from open ended questions as opposed to either a qualitative interview or closed ended questions. Thus, more detailed responses from youth about their experiences were unavailable although they were not forced to choose among distinct categories. These results do, therefore, reflect the unbiased opinions of youth regarding the treatment process in which they had engaged even though this was not explored in a full interview.

The information provided by youth regarding their experience of mental health care treatment can help guide future mental health care delivery programs for this population by providing a framework to what aids and challenges them. Youth responses to the survey questions varied from succinct (one word) to elaborate (paragraphs). They were able to identify the impact of structural barriers, personal responsibility, treatment preferences and the realities of living with an episode of mental illness. These findings highlight the variation and similarities within this population and can help guide future research as well as provide insight into those providing treatment and designing programs for youth seeking mental health care.

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Compliance with Ethical Standards

Conflict of interest The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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