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Adolescents' Perceptions and Responses to Peer Mental Health Challenges and Problematic Behaviours Following a Social-Emotional Learning Program

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PERCEPTIONS & RESPONSES TO PEER CHALLENGES

Abstract

Vulnerable youth may be more susceptible to developing problematic behaviours and mental health challenges, including anxious and depressive symptoms, suicidal ideation, substance misuse, and unhealthy relationships. Social-emotional learning programs like The Healthy Relationships Plus Program (HRPP) can foster positive youth development by including training on mental health literacy, developing skills in help-seeking, and providing opportunities to practice difficult conversations. This study explored the responses of sixty-three youth who participated in the HRPP, to hypothetical challenges faced by peers. Responses to four distinct scenarios were collected to examine youth's perceptions of various challenges and problematic behaviours, including mental health challenges, suicidal ideation, substance misuse, and unhealthy relationships. Results indicated that most youth are capable of identifying problematic challenges faced by peers, facilitating help-seeking through direct action, and providing helpful advice. Results revealed that adolescents may require additional education regarding the long-term consequences of substance misuse and unhealthy relationships. Findings from this report highlight the need for future research on real-life help-seeking in adolescents. Finally, the results may inform parents, educators, youth service providers, and policymakers on important topics of discussion with youth and how to facilitate the use of formal community resources or helping professionals.

Keywords: adolescents, help-seeking, advice giving, sources of help, peer responses, social-emotional learning, mental health, unhealthy relationships, substance misuse

Summary for Lay Audience

This study investigated how adolescents perceive and respond to their peers who are experiencing mental health challenges including suicidal ideation, and problematic behaviours such as misusing substances or engaging in an unhealthy relationship. Prior to participation, youth had completed a social-emotional learning program with a focus on mental health literacy and help-seeking. Participants responded to a questionnaire after read scenarios depicting substance misuse, unhealthy relationship behaviours, mental health challenges, and suicidal ideation.

Findings indicate that almost all adolescents deemed the scenarios as problematic yet were more likely to view cases of mental health challenges and suicidal ideation as more problematic compared to substance misuse and unhealthy relationships. Similarly, adolescents were more capable of conveying a deeper understanding of the issues when responding to mental health challenges and suicidal ideation versus misuse of substances and unhealthy relationships. Adolescents' were more likely to offer a blend of both formal, professional help and informal help from a trusted person for someone experiencing substance misuse and mental health challenges, while a close friend or adult was the more frequent recommendation for someone in an unhealthy relationship, and suicidal ideation warranted the most recommendations for formal, professional help. Finally, when asked how the participant themselves would help a friend experiencing mental health challenges or problematic behaviours, adolescents gave very helpful advice and most frequently communicated that they would actively get their friend help.

The implications of these findings highlight the need for additional education about unhealthy relationships and substance misuse as it appears that some adolescents may not be fully understanding the potential negative effects of these problematic behaviours. Additionally, as parents are often the chosen informal source youth disclose problems to, providing more

support for parents may be required to help them assist their adolescent with these issues. As youth appeared to be prepared and good at giving helpful advice to their peers experiencing mental health challenges and problematic behaviours, further research is required to determine if this positive finding is due to participation in an SEL training program or perhaps as the result of a societal shift towards mental health awareness and treatment.

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List of Abbreviations and Acronyms

ADV	Adolescent dating violence
CASEL	Collaborative for Academic, Social, and Emotional Learning
Fourth R Program	For Relationships
HRPP	Healthy Relationships Plus Program
ODVAP	Ontario Domestic Violence Action Plan
PA	Positive Action
PYD	Positive Youth Development
SEL	Social Emotional Learning
SES	Socioeconomic Status

Adolescents' Perceptions and Responses to Peer Mental Health Challenges and Problematic Behaviours Following a Social-Emotional Learning Program

Introduction

Adolescence is a complex developmental phase generally considered to span the years between 10–19 (Pediatrics Child Health, 2003). During adolescence, youth may begin to develop mental health challenges such as depression, anxiety, and thoughts of suicide. Further, adolescents often begin experimentation with drugs and alcohol, as well as seek out romantic relationships, for the first time. Youth considered to be in higher-risk contexts may be at a greater risk for experiencing the expression of mental health challenges, substance misuse, and the beginnings of unhealthy relationships (Kelly, Jorm, Rodgers, 2006; Wilson, Rickwood & Deane, 2007). As youth are increasingly focused on developing relationships and spending more time with their friends, it is important to teach young people how to recognize problematic behaviours and other challenges in their friends, as well as how to provide support (Cotterell, 2007; Kelly, Jorm, Rodgers, 2006; Lubman et al., 2017; Wilson, Rickwood & Deane, 2007;). Currently, a gap in the literature exists in understanding how adolescents perceive and respond to these behaviours including mental health challenges, suicidal ideation, substance misuse, and unhealthy dating behaviour among their peers. Understanding how youth make sense of these issues is an important asset for educators, parents, policymakers, researchers, and youth alike to assist in fostering the skills needed for resiliency and to overcome adverse experiences attached to mental health distress, substance misuse, and unhealthy relationships.

Background

Mental Health, Substance Use, and Dating Violence in Adolescents

For the purposes of the current study, the term *problematic behaviours* encompass actions, feelings, and thoughts that may be referenced throughout this research that could hinder

healthy adolescent development. Some examples could include: peer victimization, withdrawing from commitments, isolating oneself, feeling hopeless, using substances, stealing, sleep disturbances, and loss of appetite. These could all be categorized as observed problematic behaviours or mental health challenges. According to Jessor's (1991) Problem Behaviour Theory, problematic behaviours can emerge when an adolescent is engaging in more problem behaviours instead of prosocial behaviours. Concurrent with these behaviours are youths' perception of the surrounding environment, and the values, beliefs, and personalities held by the individual. Moreover, problematic behaviours tend to cluster together, so that exhibiting one problematic behaviour increases the likelihood that the youth will become involved in more problematic behaviours. In turn, these problematic behaviours may have negative implications for adolescents' mental and physical well-being (Costa, n.d.; Jessor 1991).

Mental health challenges in the context of this study refer to symptoms of anxiety and depression, as well as suicidal ideation. Anxious and depressive symptoms appear to affect as many as one in four youth, with young people between the ages of 15 to 24 years old, being the most likely age demographic to experience a mental illness (Canadian Centre for Addiction and Mental Health, 2014; Merikangas et al., 2010; Sweeting, Young, West & Der, 2006). Recent estimates indicate 34% of high school students in Ontario experience a moderate to severe level of psychological distress, with 14% of these students breaching a serious level of psychological concern (Canadian Association for Mental Health, 2018). Further, a recent survey of Canadian adolescents estimated approximately 14% of youth had thoughts of suicide at least once in their lifetime (Findlay, 2017).

Experimentation with substances often begins in adolescence. *Substance misuse* can be defined as the consumption of alcohol or drugs resulting in impairment to daily functioning

and a deviation from social norms (George & Vaccarino, 2015). Impairment in functioning could include forgoing academic, family, work or hobby-related responsibilities, relationship problems, participating in risky behaviours such as stealing or unprotected sex, and becoming focused on using, finding and procuring substances (Canadian Mental Health Association [CMHA] Ontario, 2019). According to Statistics Canada (2013), youth compared to all other age cohorts were the most likely to have a substance use disorder with 11.9% meeting criteria for a formal diagnosis.

Adolescence is typically when youth begin delving into romantic relationships for the first time; however, these early relationships may not always be healthy fulfilling relationships (Helm, Baker, Berlin & Kimura, 2017). The term *unhealthy relationships* is used to describe behaviours within romantic relationships that may lead to and include adolescent dating violence (ADV). ADV may be comprised of one or both partners engaging in manipulation, isolating a partner from their friends and family, belittling comments, purposely making a partner feel guilty, volatile overreactions, deflecting responsibility for their actions, threatening to publicize private information, and intentionally sabotaging successes such as keeping a partner from finishing schoolwork or making them miss their work (Ending Violence Association of Canada, 2008; University of Washington, 2014). The prevalence rates of physical abuse among youth are lesser compared to rates of emotional abuse and monitoring behaviours which are estimated to range from 30-50% in adolescent dating relationships (Ackard, Neumark-Sztainer & Hannan; Baker & Helm, 2011). A recent study from Quebec notes that close to one out of two youths have encountered dating violence within the past twelve months (Hébert, Blais & Lavoie, 2017).

There is significant connectedness among mental health challenges, substance misuse, and dating violence as they often overlap in the context of both peer, and dating relationships. For example, substance use disorders have been cited to commonly co-occur with mental health disorders especially in young people (Henderson et al., 2019; Lai, Cleary, Sitharthan & Hunt, 2015). Adolescent girls aged 16–19 are four times more likely than the general population to become victims of sexual violence which has been connected to symptoms of post-traumatic stress disorder, depression, anxiety, and substance dependency (Greenfeld, 1997; Franzese et al., 2014). Parker and her colleagues' (2017) research revealed that recent and continuous alcohol use increases the risk of teen dating violence for both males and females; in addition, alcohol and drug use is predictive of risky sexual behaviour involving high rates of unprotected intercourse and short-term relationships which result in an increased exposure to sexually transmitted infections or unintended pregnancies (Allen, Porter & McFarland, 2006; Little & Rankin, 2001; Widman et al, 2016;). Recent research has also identified a link between being the victim of ADV and an increased level of binge drinking over a three-year period (Walsh et al., 2017), highlighting the reciprocal relationship between ADV and substance use. These problematic behaviours are also connected by shared risk factors and protective factors.

Risk Factors and Protective Factors in Youth

Broadly speaking, the terms *risk factors* or *vulnerability* refer to elements that can increase the likelihood of problematic patterns of behaviour arising. Whereas *protective factors* or *resiliency* can increase the chance that adversaries are overcome (Luthar, 1991; Martinez-Torteya, Bogat, von Eye & Levendosky, 2009; Smokowski, Reynolds & Bezruczko, 2000). Youth in vulnerable contexts can possess greater potential for the development of mental health distress, substance misuse, and dating violence, with many risk factors linked to negative life

experiences. One prominent risk factor for youth vulnerability includes childhood and adolescent exposure to violence. Witnessing interparental violence is predictive of involvement in ADV as both a victim and a perpetrator (Franzese, Covey, Tucker, McCoy & Menard, 2014; Muller, Goebel-Fabbri, Diamond & Dinklage, 2000; Temple, Shorey, Tortolero, Wolfe & Stuart, 2013). The relationship between seeing interparental violence and becoming a perpetrator of ADV can be mediated by the witness's attitude towards violence. Arguably, exposure to violent content through social media is on the rise and can influence its audience's belief on violence towards others (Berns, 2014; Pauwels & Schils, 2016; Temple et al., 2013). Exposure to violent content and negative relationship values present on social media could be an adjunct risk to a young person's perception of violence and further influence the perpetration of ADV (Manganello, 2008).

Peer victimization is another risk factor for the emergence of problematic behaviour and mental health challenges in youth. A study conducted by Connolly and her colleagues (2000) revealed that students in middle school who bullied their peers began dating earlier and were more likely to report both physical and social aggression towards their boyfriend or girlfriend compared to students who did not bully others. Moreover, youth who perpetuated bullying across domains such as physical, psychological, and cyber abuse reported greater perpetration of teen dating violence regardless of their sexual orientation (Dank, Lachman, Zweig & Yahner, 2014). In contrast, those who are victims of bullying or susceptible to peer influence can experience negative consequences as well. Youth who have been bullied or have succumbed to peer-pressure have a greater chance of engaging in risky behaviour, increasing their consumption of substances, feeling socially isolated with unstable friendships, and developing internalizing disorders such as depression and anxiety (Allan, Porter & McFarland, 2006). A lack of access to

resources due to socioeconomic status (SES) can also be a risk factor that leads to the emergence of problematic behaviours and mental health challenges (Luthar, 1991).

Low educational achievement in parents, a single-parent household, a large-sized family, and identifying as an ethnic minority are often characteristics of families with a low SES (Luthar, 1991; Smokowski et al., 2000). A systematic review conducted by Reiss (2013) highlights how socioeconomically disadvantaged children and adolescents are approximately two to three times more likely to develop mental health concerns compared to those with a higher SES. Families in lower SES households may also be facing challenges such as precarious housing or community violence leaving youth with a heightened risk of engaging in problematic behaviours and developing mental health distress (Edidin, Ganim, Hunter & Karnik, 2012; Fowler, Tompsett, Braciszewski, Jacques-Tiura & Baltes, 2009; Herrenkohl & Herrenkohl, 2007).

On the other hand, research indicates that protective factors can rebuff the onset of problematic behaviours and mental health challenges observed in youth in vulnerable contexts (Luthar, 1991; Smokowski et al., 2000). Youth who feel a sense of belonging in their school with positive teacher interactions, as well as success in either their academics or hobbies experience greater resiliency. On a broader scale, supportive communities that validate the youth's stressful challenges and have readily accessible resources to assist youth with the stressors they encounter can act as a protective mechanism (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003). The findings in a study examining the role of familial support as a protective factor for vulnerable youth demonstrated how resilient adolescents could learn from both positive and negative role models within their family; for example, a youth might decide to focus on school instead of dealing drugs after observing the negative consequences a family member had endured, or feel

motivated to work hard at school and extracurriculars due to the model a parent had set by working various jobs (Smokowski et al., 2000).

Furthermore, adolescents who have a close relationship with a trusted family member or friend can have a monumental impact on resilience. A caring individual that demonstrates warm, encouraging, non-judgemental support towards youth greatly decreases the risk of problematic behaviours emerging in adolescence (Olsson et al., 2003; Smokowski et al., 2000). Facets of ones' personality such as being motivated or optimistic may promote resiliency (Smokowski et al., 2000). Additionally, research has indicated that youth who possess advanced communication skills are able to express their experiences with friends and family which acts as a protective factor when faced with adversity (Luthar 1991; Olsson et al., 2003).

Problematic behaviours left unaddressed in adolescence can have a pervasive effect on development and contribute to significant ramifications in academic achievement, employment opportunities, personal relationships, and prolonged mental health concerns into adulthood. Many youths with ongoing mental health symptoms have decreased school attendance, as well as performance, and tend not to obtain post-secondary education (McLeod, Uemura & Rohrman, 2012). Further, job stability may be an issue as some mental health symptomology may interfere with the capacity to meet the demands of a job, as well as create challenges when interacting with others. Many may struggle to form lasting, healthy relationships with both friends and romantic partners. (CAMH, 2018; Klomek, Sourander & Elonheimo, 2015; McLeod, Uemura & Rohrman, 2012). Given the literature on resiliency in vulnerable adolescents it is of the utmost importance to educate youth about healthy coping mechanisms, how to vocalize their feelings to a trusted individual, and how to seek help.

Mental Health Literacy and Help-Seeking

Mental health literacy refers to one's personal attitudes and knowledge about mental health disorders which facilitates the recognition and treatment of these concerns (Jorm, Korten, Jacomb, Christensen, Rogers & Pollitt, 1997). Over the past two decades researchers have studied the mental health literacy skills of adolescents. Without any mental health education prior to participation, studies indicate that rates of successfully identifying mental health disorders such as depression and anxiety can range from 39–86% (Burns & Rapee, 2006; Gibbons, Thorsteinsson & Lei, 2015; Jorm et al., 1997; Lubman et al., 2017). Adolescents are seemingly worse at categorizing problematic substance use with 53% of youth correctly recognizing warning signs (Lubman et al., 2017). However, these studies did not include any psychoeducation for youth prior to testing their knowledge, thus demonstrating the wide variability of knowledge held by youth. Consistently across mental health literacy research, females demonstrated a greater aptitude for recognizing symptoms of mental health distress and substance misuse compared to their male counterparts.

Moreover, females were also more likely to express greater concern for those experiencing mental health distress as well as understand the need for treatment (Burns & Rapee, 2006; Gibbons, Thorsteinsson & Loi, 2015; Jorm et al., 1997; Lubman et al., 2017). Burns and Rapee (2006) hypothesized that females have a greater inclination towards recognizing mental health distress in others due to higher intuition and interest in both interpersonal and intrapersonal emotions. Further, they suggested that as mental health concerns are seemingly more prevalent among girls that they are more apt in recognizing the signs due to their own experience. Research in mental health literacy has since begun establishing the connection between having mental health knowledge and from whom young people seek help (Burns & Rapee, 2006; Gibbons et al., 2015).

Research investigating trends in help-seeking reveals that adolescents prefer to approach informal sources of assistance such as family and friends versus more formal sources like school counsellors, doctors, teachers, and mental health professionals (Ocampo, Shelley & Jaycox, 2007; Schonert-Reichl, Offer & Howard, 2013). Gender differences in help-seeking attitudes also emerge in the literature, where it is shown that females in comparison to males perceive fewer barriers to pursuing aid with their mental health challenges (Corry & Leavey, 2016; Lubman et al., 2017; Raviv, Sillis, Raviv & Wilansky, 2000). On the other hand, adolescent males tend to deny the presence of psychological distress, have less knowledge about mental health, and perceive a greater amount of stigma around asking for help for a mental health problem (Biolcati, Palareti & Mameli, 2018; Chandra & Minkovitz, 2006). Moreover, girls appear to be more likely to ask for help from a range of formal and informal sources whereas boys tend to have a greater sense of self-reliance, thus choosing to tackle their problems on their own (Houle, Chagnon, Lafortune, Labelle & Paquette, 2013; Slone, Meir, Tarrasch, 2013). In addition to adolescent boys, Indigenous youth and those who identify as ethnic minorities, are the least inclined to seek help when faced with mental health adversity (Wilson, Rickwood & Deane, 2007).

The evidence for the association between the type of distress experienced and the likelihood of reaching out for help is mixed. A study investigating help-seeking behaviours in high school students found those with greater intensity of suicidal ideation strongly rated their preference to not request help from anyone when compared to students with lower levels of suicidal thinking (Wilson, Deane & Ciarrochi, 2005b). This sentiment was echoed by other high school students who were categorized as having clinical levels of depressive symptoms (Wilson, Rickwood & Deane, 2007). Yet other research states higher levels of requests for help are

demonstrated by youth with greater psychological distress with problems such as sexual or physical abuse (Grinstein-Weiss, Fishman & Eisikovits, 2005).

Barriers exist that can hinder youth from seeking help (Biolcati, Palareti & Mamei 2018; Corry & Leavey, 2016). For example, a systematic review conducted by Gulliver, Griffiths & Christensen (2010) found youth cited feeling embarrassed about seeking help and worried how others would perceive them, not recognizing symptoms of mental health problems, as well as endorsing high levels of self-reliance as the biggest obstacles when faced with deciding whether to seek help. A qualitative study complemented these findings by adding that adolescents deemed their problem too insignificant to merit professional help which led to a perceived fear of professionals believing their time was wasted. Further, many youths reported anxiety that their experience of mental health problems would be dismissed due to their age. This was in addition to worries that their doctor would disclose private discussions to their parents. Overall, trust was a central factor and many teens worried they would be unable to trust professionals as they hold a lot of power. Additionally, youth viewed their doctor's professionalism as unwelcoming, cold, and disinterested in what they had to share (Corry & Leavey, 2016).

In contrast, there are numerous factors that can facilitate youth to seek help for themselves and their peers. Having positive past experiences getting help can be beneficial should an individual need help at a later point in time. Additionally, sharing this positive experience with a friend in need of assistance can work to aid in the destigmatization of help-seeking (Lubman et al., 2017). Having a network of social supports where a trusted person provided encouragement towards seeking help, and guided the individual in need of assistance throughout the help-seeking process increases the likelihood of an adolescent getting help (Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003). Further, having personal awareness

about the seriousness of the problem, in addition to psychoeducation focusing on mental health literacy, were also cited as factors that could positively influence an adolescent to seek help (Gulliver et al., 2010). These findings highlight the need to teach students about not only mental health distress, but other problematic behaviours that can be encountered in adolescence and how to ask for help for oneself and others.

Few studies have investigated how adolescents would help a friend if they noticed them exhibiting distressing behaviour. A mixed-methods study conducted by Ocampo et al. (2007) examined the kind of help teens offered to their peers who were experiencing teen dating violence. Focus groups revealed that adolescents felt ill-equipped to aid friends in unhealthy relationships and were hesitant to intervene for fear of invading privacy or getting in trouble for doing so. When asked what specific advice they would give a friend in an unhealthy relationship the predominant responses were to provide emotional support and encourage the victim to leave the abuser, or to confront the abuser on behalf of their friend. Notably, participants in this study did not recommend their friend to reach out to an adult as a source of help.

Other researchers suggested that adolescents do not respond to friends' problematic behaviours in such a way that would facilitate help. A mere 23% of participants would actively engage with an adult on behalf of their friend expressing depressive symptoms or go with the friend to seek assistance. The most common response to a peer with depression was to provide emotional support and tell the friend they should seek help from a professional. The researchers suggested that while this response may be helpful to some in distress, a more active and effective approach to helping their friend would be to facilitate help with a trusted adult or professional instead of simply suggesting that help would be beneficial to that friend. However, youth may fear to worsen the situation or they may lack the emotional maturity and knowledge to truly

facilitate the help-seeking process (Kelly, Jorm & Rodgers, 2006). Most recently, Lubman and his colleagues (2017) surveyed adolescents on how they would respond to a friend presenting symptomology of depression and substance misuse through the use of vignettes. Results indicated most participants identified the behaviour as meriting professional help, yet half the sample indicated that they would be unlikely or unsure of seeking help themselves if they experienced similar challenges. Participants felt only slightly confident in their ability to address these concerns if the character in the vignette was their friend and seemed a little more confident in their capacity to refer to a health professional. Females felt significantly more capable of helping a friend should they be experiencing a mental health issue. Further, participants who had previously sought help in the past for similar problems were vastly more likely to support a friend in need of help. This research underscores the need for mental health literacy, as well as the need for teaching adolescents how to overcome the barriers to facilitate help not only for themselves, but also for their friends.

Positive Youth Development and Socio-emotional Learning Programs

Socio-emotional learning (SEL) refers to the process of developing not only awareness of one's own emotions and strengths, but also social awareness where recognizing the feelings of others and demonstrating empathy are key goals. Further, gaining knowledge in communication skills, conflict resolution, fostering healthy relationships, and learning to make informed decisions are all essential learning outcomes (Boncu, Costea & Minulescu, 2017; Collaborative for Academic, Social & Emotional Learning; CASEL, 2019). CASEL (2019) is an organization devoted to providing evidence-based SEL research and disseminating findings to parents, educators, and policymakers with the goal of improving the outcomes for children and youth. The CASEL organization has identified five key areas of growth that classrooms and families

should prioritize to foster core competencies needed to navigate the world. The areas of competencies are outlined in Figure 1 below.

Figure 1: *CASEL Core Competencies of Social and Emotional Learning* (CASEL, 2019)



SEL is often integrated into programming for children and youth as these skills are vital aspects of development. As depicted by a recent meta-analysis, youth who have been a part of an SEL program have reduced mental health symptomology, greater prosocial behaviours, as well as increased social and emotional knowledge (Taylor, Oberle, Durlak & Weissberg, 2017). Durlak and his colleagues (2011) examined studies that looked at SEL programs implemented within schools compared to schools without such programs. Youth in schools with well-implemented SEL programs demonstrated enhanced social behaviours, emotional management, and positive attitudes. Further, academic achievement significantly improved over time as did a greater sense of connection to their school all while researchers observed a decrease in problematic behaviours.

Aligned with the socioemotional learning framework is Positive Youth Development (PYD), which is a foundational theory used as the basis to develop school-based initiatives to improve social and emotional learning as well as resilience (Benson & Scales, 2009; Olson & Goddard, 2015). The PYD theory focuses on the promotion of positive outcomes instead of targeting the prevention of problematic behaviours (Olson & Goddard, 2015). The goal of this approach is to emphasize and foster protective factors in a young person's life, as well as accentuate their strengths to facilitate continuous health development. Olson and Goddard (2015) applied the PYD theory to the prediction of depressive symptoms present in adolescents. Their findings indicated that having promotive factors such as a social support network as well as an encouraging school and community could mitigate risk factors in vulnerable adolescents resulting in the reduction of depressive symptoms in teens. The authors elaborated how these findings are promising for schools and communities that provide meaningful opportunities and supportive encouragement to youth as it has been affective in the avoidance of negative outcomes such as mental health distress.

As the literature has demonstrated, adolescents who show emotional and social competence typically do better in school, have reduced mental health distress, engage in more prosocial behaviours in addition to exhibiting greater resiliency. Thus, it is important to have interventions geared towards adolescents, especially more vulnerable youth, to ensure they have greater tools for success. For example, the Strong Teens program has an SEL-based curriculum to target emotional resiliency, mental health education, and social competency in high-risk youth. Researchers evaluated the effectiveness of this program with adolescent girls attending a residential treatment facility. Their findings showed the intervention reduced their depressive and anxious symptoms, and increased their resiliency in the face of adverse life events (Marvin,

Caldarella, Young & Young, 2017). Similarly, a different intervention called Positive Action (PA) is a school-based SEL program focused on the emotional well-being of students from low income and ethnic minority backgrounds (Lewis et al., 2013). Researchers conducted a matched-pair, cluster-randomized trial to examine program outcomes for youth over a six-year period. Results determined that participants of the PA program in comparison to participants in the control group, demonstrated greater positive effect, higher life satisfaction as well as reduced depressive, and anxiety symptomology (Lewis et al., 2013).

The current study utilized a Canadian intervention entitled the Healthy Relationships Plus Program (HRPP; Townsley, Hughes, Crooks, Wolfe & Kirkham, 2012). The HRPP is an SEL learning program that targets healthy relationships, skill development, and psychoeducation among young people. This intervention is an extension of the Fourth R program, which was designed to be taught by health and physical education teachers to promote healthy relationships and reduce the prevalence of adolescent dating violence. The Fourth R has been implemented in schools across Canada. Youth participation in this program lowered the rate of dating violence and increased condom usage two and a half years after the program had ended (Wolfe et al., 2009). The HRPP was originally developed in response to a need for educating more vulnerable youth on the same core principles outside of a classroom in a community-based setting; however, this program is mostly used in school settings (The Fourth R, n.d.).

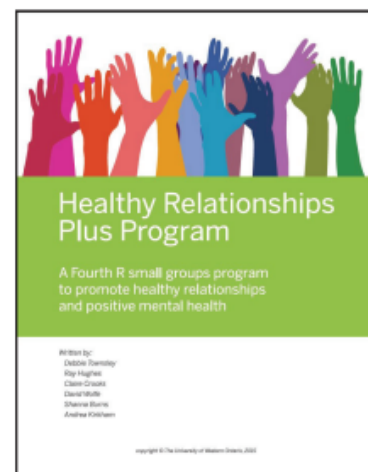
The HRPP consists of fourteen sessions, each lasting an hour which are implemented by trained facilitators. Figure 2 includes the topic of the sessions in the HRPP curriculum. Each session addresses a specific topic and provides students with an opportunity to practice skills as well as learn about strategies for recognizing and responding to mental health problems in both

friends and themselves. HRPP encourages youth to participate in conversations about mental health and teaches them about the importance of help-seeking, how to ask for help, and how to suggest to a friend that they might require help. Within the program students are provided with

Figure 2: *Healthy Relationships Plus Program Curriculum* (The Fourth R, n.d.)

Session Topics Include:

- Session #1 - Getting to Know You
- Session #2 - It's Your Choice: Friendships/Relationships
- Session #3 - Shaping Our Views
- Session #4 - Influences on Relationships
- Session #5 - Impact of Substance Use and Abuse
- Session #6 - Healthy Relationships
- Session #7 - Early Warning Signs of Dating Violence
- Session #8 - Boundaries and Assertive Communication
- Session #9 - Taking Responsibility for Emotions
- Session #10 - Standing Up for What is Right
- Session #11 - When Friendships and Relationships End
- Session #12 - Mental Health and Wellbeing
- Session #13 - Helping Our Friends
- Session #14 - Sharing and Celebrating



local resources for more formal sources of mental health care to aid in the facilitation of their help-seeking. While one of the main aims of the HRPP is to foster help-seeking behaviour in adolescents, little is known about the effect of the program on requests for help, nor on the likelihood of using these skills to advise help for their friends experiencing mental health challenges (Alexander, 2017).

Existing research highlights the need for mental health literacy, as well as teaching adolescents not only how to seek help for themselves, but also for their friends. To date, there has been limited research investigating how youth make sense of these distresses or problematic behaviours in others and how they respond to the adverse experiences of their peers. Assessing the type of support youth recommended to peers will bring greater understanding as to how

youth fit into broader research findings. Additionally, no known literature has compared help-seeking and advice-giving across the domains of mental health distress, suicidal ideation, substance misuse, and unhealthy relationships. The comprehension of how youth, especially those most vulnerable to the development of these behaviours, understand these issues is essential for educators, parents, and researchers to be able to provide refined tools and knowledge for resiliency and success across all areas of youth development.

The Present Study

The purpose of this study was to explore adolescents' perceptions of relevant mental health challenges, substance use, and relationship issues to determine what they deem as problematic and how they describe these situations. Further, this study aimed to explore how youth would support their friends who are experiencing a range of potentially harmful behaviours and emotions.

The current study has used archival data collected by a former Master's student of Western's Faculty of Education, Tessa Alexander, whose thesis was titled *Understanding and Promoting Help-Seeking Among Adolescents*. Alexander (2017) devised four scenarios describing issues adolescents may be exposed to, to prompt the participants' recognition of unhealthy behaviour, identifying various means of help and what advice or assistance they could provide to the fictional youth. All participants had completed the Healthy Relationships Plus Program prior to their participation in the study.

Research Questions

The current study aimed to address three questions: firstly, what situations do adolescents view as problematic, how do they describe them, and with what depth of understanding do they describe problematic behaviours. Secondly, what help or supports do adolescents suggest to

peers. Finally, what do adolescents believe they could do to help their peers experiencing the problematic behaviours depicted in each respective scenario?

It was hypothesized that:

1. Situations alluding to mental health symptomology, including suicidal ideation, compared to scenarios depicting substance misuse and unhealthy relationships will be more likely to be perceived as problematic. Similarly, participants will capture the essence of the perceived problem more wholly in their descriptions when given scenarios pertaining to mental health distress and suicidal ideation in comparison to participants who had scenarios regarding unhealthy relationship behaviours and substance misuse.
2. Participants will be more likely to offer formal sources of support such as doctors or therapists to situations describing mental health symptomology and will offer informal support, for example parents or teachers, to situations inferring substance misuse and unhealthy relationships.
3. Emotionally supportive offers of help will be displayed more frequently across all scenarios in comparison to an active facilitation of help, a blend of active and supportive assistance, and no support.

The current research study utilized a mixed-methods approach to address the posed research questions. Data were collected from participants via self-report surveys with both open-ended questions and questions asking the participant to rate their responses on a scale as answers to the scenarios they were given. As this project was a part of a larger study investigating help-seeking, the current study's approval was granted by the Western Research Ethics Board (see Appendix A) based upon the original proposal submitted by T. Alexander. Further, the respective research

departments of the school boards where the data were collected had granted their approval of the larger-scale project which included the scenario questionnaires.

Method

Participants

Participants were recruited by approaching adolescents who were taking part in the Healthy Relationships Plus Program across five groups in two provinces. There was a 76% consent rate among youth who agreed to participate in the research (Alexander, 2017). Three groups were running in Saskatchewan, and two groups were in Ontario, where a total of sixty-three (N=63) participants elected to complete the study. The average age of respondents was 13.9 (SD=1.22), with the youngest participant being 11 years of age, and the oldest participant being 16 years of age. The majority of participants identified as Caucasian (71.9%), while a proportion of the sample identified as First Nations, Inuit, or Metis (9.9%), and the remaining participants selected Asian, Arab, African or other as their self-reported ethnicity. Some participants (5.6%) chose not to disclose their ethnic descent (Alexander, 2017). Three gender categories emerged; 39.7% (n=25) identified as male and 55.5% (n=35) were female. Under the category 'other,' 0.03% participants (n=2) identified as gender fluid and 0.01% (n=1) did not respond.

Measure

The use of fictional yet realistic scenarios has been a helpful methodology in assessing adolescents' understanding of mental health (see: Lubman et al., 2017; Allen et al., 2006; Leighton, 2010). It has been suggested that responses to scenarios mirror responses given in real-life situations yet also provide some distance from personal experience (Leighton, 2010). Additionally, youth are less likely to give socially desirable responses as they are not directly

asked about their own experience. If a participant does not have personal experience it provides the opportunity to think of how one may act, as well as being presented with a chance to allow teens to define their own ideas of what well-being means to them (Kandemir & Budd, 2018; Leighton, 2010; Barter & Renold, 2000).

For the purpose of the current research project, four scenarios were designed to align with various behavioural issues tackled in the HRPP curriculum. These brief scenarios portrayed an adolescent experiencing a mental health issue, substance misuse, aspects of suicidal thinking, and warning signs of an unhealthy dating relationship. The questions following the scenarios asked participants to identify whether they thought the character in the scenario was experiencing a social, emotional, or mental health problem and to elaborate on exactly what they believe the character's problem was. Further questions prompted participants to think about whether the character needed help, who they thought would best help the character, and what the participant could do if they were the character's friend. The questions aimed to extract information on whether adolescents who have completed the HRP Program can identify signs of problematic behaviour, whether they would recommend informal or formal help for the character, to evaluate how helpful (e.g., active or passive) their advice was to their hypothetical friend, and how realistic they believed the scenarios were. The scenarios and the corresponding questionnaire can be found in Appendix B.

Procedure

Prior to youth participating in the research, they completed the HRP Program which was delivered by facilitators with formal, manualized training. HRPP facilitators obtained consent from youth participants as well as parental assent on behalf of the research team prior to the initiation of the study. Adolescents participated in focus groups and as a priming activity before

the focus group discussion, each participant answered written questions based on the aforementioned hypothetical scenarios. Participants were randomly assigned two scenarios out of the possible four created by the original researcher. The answers provided to the scenarios will be the focal point of the current investigation.

Data Analysis

Initially, analyses were used to determine whether the scenarios reflected realistic experiences youth may encounter. The ratings affirmed that the scenarios captured real situations that youth themselves or their peers may experience. Suicidal ideation (93.8%) was thought to be the most realistic, followed by substance misuse (77.5%), unhealthy relationships (75.8%), and finally, mental health challenges (75.1%).

Frequencies were utilized as a supplementary analysis to provide added context to the data; however, the main tool for analysis was thematic content analysis modelled after Braun and Clarke's (2006) six-step method. The first step involved becoming familiar with the data by actively reading and searching for patterns and repeated keywords or phrases. Then, a list of initial codes was generated. The third step had the coder explore the data further, looking for themes and focusing on the broader level of themes rather than codes. Next, various codes were formed into possible groupings of themes. Initial codes were analyzed to observe both overarching themes as well as sub-themes within them. Next, themes were reviewed and refined where decisions were made based upon whether themes were deemed redundant and thus removed, whether certain themes could be collapsed into each other, or if any new themes should be generated. The fifth step required themes to be defined, named, and organized in a coherent order. Finally, the last step involved connecting evidence from the data such as supportive or counter-supportive statements to answer the posed research questions.

Results

The first research question sought to explore what situations adolescents viewed as problematic and how much of the problematic behaviour was captured in their descriptions. Frequencies, as well as thematic content analysis, were conducted to address this question. Overall, the majority of youth perceived each scenario as problematic. Participants viewed substance misuse the least troubling of the four scenarios with 87.5% of participants affirming they thought this behaviour problematic. Gender differences demonstrate that males (92.3%) were more likely to identify this behaviour as problematic compared to female (88.2%) participants. In comparison, the unhealthy relationships scenario garnered a categorization of problematic by 89.3% of participants who analyzed that situation. All eleven participants (n=11) who identified as male responding to this scenario categorized the unhealthy relationship behaviours as problematic, whereas 17.6% of the seventeen female participants (n=17) did not deem this behaviour as troublesome. Of those with the mental health challenges scenario, 93.8% found the behaviours a cause for concern. Of the female participants assigned this scenario, 94.4% believed the character exhibited concerning behaviours and were slightly more likely to make this categorization versus their male counterparts, where 92.3% of male participants perceived the character's behaviour as troubling. One hundred percent of adolescents who were given the suicidal ideation scenario viewed it as a significant cause for concern.

While most participants found each scenario problematic, the level with which youth were able to capture the essence of the problematic behaviours in their descriptions was dependant on the situation. Each description of the problem was given a code of *not well understood*, *somewhat understood*, or *well understood* based upon set criteria. To preface this section of results, it should be noted that the coding process was challenging in this instance due

to the subjectivity of what constitutes a deep understanding conveyed in participants' descriptions. There were no right or wrong ways to describe a problem, especially as the majority of the youth had already indicated they had perceived the behaviour as problematic. Thus, decision making on the level of understanding in which a youth captured the problematic behaviour in the descriptions given were made based upon how they wrote about key aspects and utilized core concepts or vocabulary of the problematic behaviour in their descriptions. For example, in the unhealthy relationship scenario, key concepts included withdrawing from friends, and commitments, or vocabulary used such as "controlling," "unhealthy relationship," and "bully" would be considered when determining how completely the youth captured problematic behaviours. For each scenario, a description for the three levels of understanding were devised. The descriptions and examples for each scenario are provided in tables 1 to 4.

Consistent with previous findings by Lubman and his colleagues (2017), participants were more likely to portray deeper levels of understanding in their descriptions of the mental health challenge scenario (28.1%) in comparison to substance misuse (6.3%). With the addition of unhealthy relationship behaviours and suicidal ideation scenarios to this study, results indicate that youth were the most capable of advanced, well-understood observations when describing the warning signs of suicidal ideation with 31.3% of participants citing thoughts of death or hopelessness as warranting the most concern. Finally, while it appears participants are capable of relaying their understanding while describing warning signs of an unhealthy relationship (27.6%), it is also important to note that compared to all other scenarios, those given the unhealthy relationship scenario were the most likely to provide incomplete and convey the least understanding in their descriptions of the problematic behaviour (31%).

Exploring how adolescents describe problematic behaviours revealed two overarching themes across all four cases. Many participants commented on the withdrawal from commitments that the characters exhibited as a sign that something may be amiss. Secondly, participants highlighted across all four scenarios how peer pressure and bullying could be a force behind the character's actions and emotions.

Assessing the content of the descriptions provided by youth assigned the substance misuse case revealed the widest range of diversity in responses. A pattern in vocabulary emerged where the character's behaviour was defined using terminology such as *drug addiction*. For example, one participant stated: "I think that Lily is becoming addicted to drugs or alcohol. This is affecting her life negatively, as is seen in her grades and moods." This is counter to the terminology taught in the HRPP which uses *substance use*. Alternate explanations of the problematic behaviour included drug misuse as a coping mechanism triggered by social dilemmas involving friends and family, or identifying the issue of substance misuse as potentially comorbid with a mental health disorder. Further, some participants noticed the character in the situation was not assertive when pressured to use substances which they believed to be the source of the issue; for instance, "She is being pressured into doing things instead of being assertive." Others chose to solely illuminate the character turning to theft to support her habit as problematic; for example, one adolescent commented, "She is stealing money from her parents' house to buy drugs."

Responding to the unhealthy relationship scenario, the majority of participants indicated the partner displayed controlling behaviour, yet not all participants connected this trait to unhealthy relationship behaviour. Some described how the partner's control led to isolation and a loss of freedom; for example, one teen writes, "I think [she] is in an unhealthy relationship

Table 1

Adolescents' Level of Understanding in Identifying Substance Misuse and Accompanying Schema for Coding Decisions

Level of Understanding	%	Decision Rules for Coding	Example 1	Example 2
Not Well Understood	15.6	Gives a vague description of the problem or misinterprets the behaviour as non-problematic.	"Lily is out of her mind. I think she doesn't know what she is doing."	"Lily should not be doing that kind of thing."
Somewhat Understood	65.6	Identifies some aspects of problematic behaviour and uses some key vocabulary.	"She is being influenced by her peers and she feels pressured to take these things."	"She is stealing money from her parents' house to buy drugs."
Well Understood	6.3	Identifies that the behaviours exhibited are problematic and connected to negative functioning.	"I think that Lily is becoming addicted to drugs or alcohol. This is affecting her life negatively, as is seen in her grades and moods."	"Lily is abusing drugs and using them to get high for no other reason than it feels good. The drugs are becoming big in her life and she now relies on them."

Table 2

Adolescents' Level of Understanding in Identifying Unhealthy Relationship Behaviours and Accompanying Schema for Coding Decisions

Level of Understanding	%	Decision Rules for Coding	Example 1	Example 2
Not Well Understood	31.0	Gives a vague description of the problem or misinterprets the behaviour as non-problematic.	"She is not facing any problems. What she is, is being unreasonable."	"She isn't being true to herself and is facing emotional problems."
Somewhat Understood	34.5	Identifies some aspects of problematic behaviour and uses some key vocabulary.	"Jenni is making her life revolve around her boyfriend. She is letting her boyfriend control her."	"She is missing out on the fun she could be having in sports. Her boyfriend is controlling her."
Well Understood	27.6	Identifies that the behaviours exhibited are problematic and connected to negative functioning .	"I think that Jenni's boyfriend may be controlling the relationship. Jenni may feel that she needs his approval for everything and that isn't healthy."	"I think it's the beginning of an unhealthy relationship. This may become abusive"

Table 3

Adolescents' Level of Understanding in Identifying Mental Health Symptoms and Accompanying Schema of Coding Decisions

Level of Understanding	%	Decision Rules for Coding	Example 1	Example 2
Not Well Understood	25.0	Gives a vague description of the problem or misinterprets the behaviour as non-problematic.	"Lost his girlfriend and people are bullying him."	"I think Kyle is facing social problems because he isn't spending time doing what he loves."
Somewhat Understood	40.6	Identifies some aspects of problematic behaviour and uses some key vocabulary.	"It sounds like Kyle is taking drugs because of a problem he is facing."	"I think Kyle is depressed and has body dysmorphia."
Well Understood	28.1	Identifies that the behaviours exhibited are problematic and connected to negative functioning	"Kyle could be facing stress and anxiety which would explain the sleeping through class because he can't sleep at night."	"Mental health problems because Kyle is not eating and sleeping through school and not going to hockey practice so Kyle needs help with mental health."

Table 4

Adolescents' Level of Understanding in Identifying Suicidal Ideation and Accompanying Schema for Coding Decisions.

Level of Understanding	%	Decision Rules for Coding	Example 1	Example 2
Not Well Understood	15.6	Gives a vague description of the problem or misinterprets the behaviour as non-problematic.	"He is struggling to find his identity."	"Emotional problem."
Somewhat Understood	53.1	Identifies some aspects of problematic behaviour and uses some key vocabulary.	"The problem that Luke is facing is that he has no friends. He has trouble at home and gets picked on so he thinks he is worthless."	"He is depressed because he feels like he is worthless."
Well Understood	31.3	Identifies that the behaviours exhibited are problematic and connected to negative functioning	"Luke has serious problems, he is most likely depressed and especially since he wonders if he would be better off dead."	"Yes, because he doesn't want to be alive."

considering she has to ask to hang out [with friends] and isolation is starting to show.” While many identified aspects of control, only eight participants directly reference the presence of an unhealthy relationship. Another noteworthy theme that was made apparent by a couple of participants is that the character may be too afraid to tell anyone about the control her boyfriend is exerting over her. In contrast, several others rated this as not a problematic scenario, while one participant commented on why the behaviour did not warrant caution. She states, “[She] is not facing any problems. What she is, is being unreasonable.”

In response to the mental health scenario, many participants made connections to disordered eating and body image. About half of these statements were adamant the character was presenting traits of an eating disorder with statements such as, “He has body dysmorphia” and “He feels pressured to be skinny.” The other half were cognizant of broader mental health symptomology which may include reduced appetite, in addition to making connections to other expressions that could indicate mental health distress such as changes in mood, not sleeping, as well as withdrawal from friends and interests. Three respondents expressed concern that the cause of the symptoms in the scenario was related to drug use and others suggested the behaviours were the consequence of being the victim of bullying.

Finally, looking at how the last scenario depicting suicidal ideation was described, participants inferred that many problems portrayed were the result of social problems, particularly the bullying this character endured. Numerous youth accounted for how being the recipient of peer victimization is connected to self-esteem and positive mental health. For instance, one adolescent described this character’s problem as, “I believe he’s getting bullied repeatedly and it’s starting to give him low self-esteem and he could be suffering from depression.” Others explicitly labelled the problematic behaviour as a mental health problem or

overtly referred to the character's suicidal thoughts as the most blatant cause for concern such as this youth's comment, "[He] has serious problems, he is most likely depressed especially since he wonders if he would be better off dead." Participants seem to be aware that thoughts of death and feelings of hopelessness are warning signs for suicidal ideation.

The second research question sought to examine what type of help youth suggest to their peers. Each response was coded to indicate whether the participant offered a formal source of help, an informal helping source, or both. The working definition for a formal help source was adults with professional training such as a doctor, psychologist, or social worker. Informal help sources encompassed persons who did not possess any formal training in wellness. Participants who reported an informal source of help were then sub-coded to determine if the informal source was an adult or a child; for example, if the participant suggested the character get help from a teacher, it would be coded as an informal source and sub-coded as an adult informal source of help. Should the participant say the character should seek help from a close friend, it would be coded as an informal helping source, and sub-coded further to indicate it was a child informal source. Then, all responses generated by youth identifying the specific sources of help (e.g., coaches, guidance counsellors, community resources, siblings, etc.) were tabulated to observe the explicit individual resources youth selected to help a peer in each scenario.

Results indicate that the source of help recommended is dependant on the situation. The scenario depicting suicidal ideation had the highest rate of recommendations for formal supports, where 76.7% of youth believed the character should seek help from a professional source. Of those who did select an informal confidant, the majority recommended the character speak to an adult. On the other hand, a significant proportion of youth (83.4%) recommended informal sources of help to the character experiencing unhealthy relationship behaviours. Unhealthy

relationship behaviours warranted the most recommendations to disclose to another child compared to the three other scenarios. For the situations depicting substance misuse and mental health issues, it was divided evenly between formal help and informal help, where adults were most likely to be recommended as confidantes versus same-age peers.

The gender of participants also contributed to the results. Across all four scenarios, females were more likely to recommend formal sources of help compared to their male counterparts. In particular, the unhealthy relationship scenario displayed a great amount of disparity in the recommended source of help. Male participants overwhelmingly favoured informal help sources exclusively (87.5%) in contrast to female participants (37.5%). However, females were more inclined to recommend a child as their informal source whereas males advised informal support from an adult. Tables 5-8 demonstrate the recommended type of help per scenario.

Looking closer at the specific resources that were suggested by adolescents, a wide array of sources emerged. Of the youth given the substance misuse and the unhealthy relationship cases, one-quarter of participants recommended the character speak with their parents over any other helping resource. Youth were also readily directing the character experiencing unhealthy relationship warning signs to friends almost as frequently as they directed the character to a parent. This case had the highest percentage of youth suggest their peer speak with a close friend over many other possible resources compared to all three other scenarios. Among adolescents with the scenarios pertaining to mental health challenges, the most frequently suggested sources of help was mental health professionals and parents. Those with the suicidal ideation scenario were most likely to refer the character to a mental health professional. An interesting finding for this scenario revealed youth were more likely to refer this character to a teacher, friend or other

trusted adult in the stead of a parent for assistance. This pattern deviates from the other three scenarios, where parents are one of the more popular choices for youth to turn to. Community resources did not garner many referrals from youth, yet the participants who did suggest this source of help recommended the Kid's Help Phone, as well as support groups run through local settings such as a pharmacy for drug use reduction. A summation of these findings can be found in Table 9.

The final research question aimed to address how youth themselves offer help to peers experiencing distress. To investigate this query, offers of support were coded into four categories. The first category was *direct action*, which was defined by the youth actively engaging to assist their peer to seek help. For example, those that specified they would take them to get help or to tell the person's parents. The second category a response could be sorted into was *offers of support*, which entailed a youth taking an inactive approach to their style of helping; for instance, saying they would listen to their peer, or that they would be there for them or commiserate with the peer with their own experiences. The third option encompassed both *direct action* and *offers of support* from participants. An example of a blended response would be, "I would tell someone or help him myself, like telling him I am there for him and that we are friends." Finally, the last option included an *unsupportive-vague* category, where comments made such as blaming their peer or vague statements such as "I would help them," would be placed. Next, each category was then further sub-coded to label whether the support offered to their peer was *helpful* or *unhelpful*. For example, "I would help her find a professional" or "Ask him if he wants to talk and always be there for him," would be classified as helpful suggestions of support that would benefit the peer. In contrast, comments such as "I'd tell him this is life and to stop doubting," and "Tell him to get back to what he did," would be categorized as unhelpful

Table 5

Adolescents' Recommended Sources of Help for the Substance Misuse Scenario

	Identified as Female		Identified as Male		Total Participants	
	%	N	%	N	%	N
Formal Source of Help	23.5	4	0.0	0	12.5	4
Informal Source of Help	29.4	5	38.5	5	37.5	12
Adult as Informal Source of Help	63.6	7	72.7	8	70.8	17
Child as Informal Source of Help	0.0	0	9.1	1	4.5	1
Both Adult & Child as Informal Source of Help	36.4	4	18.2	2	25.0	6
Both Formal & Informal Sources	35.3	6	46.2	6	37.5	12
No Help Source Identified	11.8	2	15.4	2	12.5	4

Table 6

Adolescents' Recommended Sources of Help for the Unhealthy Relationship Scenario

	Female		Male		Total Participants	
	%	N	%	n	%	N
Formal Source of Help	6.3	1	0.0	0	4.2	1
Informal Source of Help	37.5	6	87.5	7	54.2	13
Adult as Informal Source of Help	41.7	5	62.5	5	50.0	10
Child as Informal Source of Help	25.0	3	12.5	1	20.0	4
Both Adult & Child as Informal Source of Help	33.3	4	25.0	2	30.0	6
Both Formal & Informal Sources	37.5	6	12.5	1	29.2	7
No Help Source Identified	18.8	3	0.0	0	12.5	3

Table 7

Adolescents' Recommended Sources of Help for the Mental Health Challenges Scenario

	Female		Male		Total Participants	
	%	N	%	n	%	N
Formal Source of Help	38.9	7	15.4	2	28.1	9
Informal Source of Help	27.8	5	30.8	4	31.3	10
Adult as Informal Source of Help	30.0	3	25.0	2	26.3	5
Child as Informal Source of Help	0.0	0	0.0	0	5.3	1
Both Adult & Child as Informal Source of Help	60.0	6	62.5	5	57.9	11
Both Formal & Informal Sources	22.2	4	23.1	3	21.9	7
No Help Source Identified	11.1	2	30.8	4	18.8	6

Table 8

Adolescents' Recommended Sources of Help for the Suicidal Ideation Scenario

	Female		Male		Total Participants	
	%	N	%	n	%	N
Formal Source of Help	33.3	6	27.3	3	30.0	9
Informal Source of Help	16.7	3	27.3	3	23.3	7
Adult as Informal Source of Help	66.7	8	50.0	4	57.1	12
Child as Informal Source of Help	33.3	4	37.5	3	38.1	8
Both Adult & Child as Informal Source of Help	0.0	0	12.5	1	4.8	1
Both Formal & Informal Sources	50.0	9	45.5	5	46.7	14
No Help Source Identified	0.0	0	0.0	0	0.0	0

Table 9

Identified Sources of Help for Peers Experiencing Substance Misuse, Unhealthy Relationship Behaviours, Mental Health Symptomology, and Suicidal Ideation

	Substance Misuse	Unhealthy Relationship	Mental Health	Suicidal Ideation
	%	%	%	%
Doctor	4.92	-	8.82	9.23
Mental Health Professional	22.95	12.96	19.12	27.69
Parent	29.51	25.93	19.12	10.29
Teacher	1.64	11.11	8.82	13.85
Guidance Counsellor	-	7.41	8.82	7.69
Coach	1.64	3.70	2.94	-
Trusted Adult	14.75	5.55	2.94	16.92
Friend	13.11	20.37	16.18	12.31
Sibling	1.64	-	1.47	-
Significant Other	-	5.55	1.47	-
Community Resources	4.92	-	1.47	1.54
Vague	3.28	3.70	5.88	-
No Response Given	3.28	3.70	2.94	-

Note. Percentages calculated by dividing the number of suggestions made for a specific help source by the total number of suggestions given.

comments to a peer who needed aid.

The vast proportion of adolescents took an active stance in their approach to helping their peers across all scenarios, which is visible in Table 10. Further, regardless of the type of scenario, participants often incorporated a combination of both direct actions to assist their peers and offers of support. Notably, participants with the suicidal ideation case were the most likely to actively direct their peers to support, perhaps due to the urgency of these traits as they may pose an imminent threat to well-being. On the other hand, the unhealthy relationship scenario prompted the greatest amount of unsupportive and vague comments, with 25% of participants giving unhelpful advice. Offering to be a support to a peer in need appeared to be frequently offered to those experiencing mental health distress and suicidal ideation in comparison to unhealthy relationships and substance misuse.

Table 10

Types of Help Offered by Adolescents to their Peers

	Substance Misuse	Unhealthy Relationship	Mental Health Distress	Suicidal Ideation
	%	%	%	%
Direct Action	50.0	57.1	50.0	62.5
Offers of Support	12.5	7.1	15.6	15.6
Combination of Direct Action & Offers of Support	25.0	10.7	15.6	15.6
Unsupportive- Vague	12.5	25.0	18.8	6.3

Across all scenarios the youth gave some similar pieces of advice to their peers. It was commonly acknowledged that if the participant were their friend they would encourage their peer to seek out help from a professional or talk to a trusted adult on the behalf of their friend to aid with the troubles their friend is experiencing. Many adolescents offered reassurances and comfort with statements such as, “I would tell him it would all be okay and that he is great and to not put himself down,” and “I would tell her that I won’t judge [if she wanted to talk about it] and we’re friends.” Additionally, participants said they would emphasize their friendship by reiterating they would be there for them no matter what and would make a marked effort to include them in other activities that did not involve toxic peer interactions. Another similar theme aligned with offering support; participants mentioned how they would ask their friend if something were the matter as they had noticed changes in their friend, thus providing them with an opportunity to share. One participant states: “I’d ask her if there’s something that’s making her sad or if she’s struggling with something. Maybe she is taking drugs to distract herself from her feelings.” Adolescents also sought to give advice by targeting areas where good behaviour

could be improved such as driving their friend to their sports commitments, helping them study to catch up on schoolwork, and encouraging a more balanced sleep schedule. Finally, youth voiced how they would stand up to the bullies thus being the advocate and ally their friend needed.

In contrast, there were other teens who gave unhelpful and unclear advice. While there were not many instances of this sort of statement, some youth put the blame on the peer. One participant shared their advice in response to the character exhibiting signs of mental health distress, “I’d tell him this is life. You will have ups and downs. You just have to fight your emotions and believe in yourself. Stop doubting.” A different adolescent suggested, “following him to see what he is up to.” Many of the vague responses included comments of turning the friend’s life around or getting them back on track without any mention of how they would assist their friend to do so. One participant admitted that they did not know how to help a friend experiencing an unhealthy relationship; they were the only youth to state they were unsure of how to handle a particular situation.

A promising finding revealed that despite what approach they took to help a peer, an overwhelming majority of youth gave helpful and thoughtful advice. Participants evidently give the most helpful advice when presented with mental health distress (81.3%) and suicidal ideation (93.8%), in contrast to unhealthy relationship behaviour (67.9%) and substance misuse (75%). This may suggest that further training should focus on how to help teens assist friends who are experiencing the beginnings of unhealthy relationship patterns and substance misuse.

Discussion

The purpose of this study was to examine youths’ perceptions of hypothetical scenarios portraying challenges that peers may face including suicidal thoughts, mental health challenges,

substance misuse, and unhealthy relationship behaviours. Results of this study show that while most of the youth find mental health distress, substance misuse, unhealthy relationships, and suicidal ideation troubling, participants were more likely to view cases of mental health challenges and suicidal ideation as more problematic in comparison to substance misuse and unhealthy relationship behaviours. These findings are echoed in a similar study where researchers examined youths' perceptions of substance misuse and mental health concerns. Participants were slightly more apt at identifying depressive symptoms in comparison to substance misuse (Lubman et al., 2017). It may be the case that adolescents view mental health concerns such as depression and anxiety as a greater threat to well-being, especially in instances where thoughts of suicide are apparent as there may be a direct imminent threat to safety. The potential dangers that abusing substances and unhealthy relationships can pose may be overlooked as they do not seem as though there is an immediate risk to well-being. Additionally, as there has been a broader societal shift towards awareness and acceptance of mental health distress, an increase in mental health literacy resources can be observed. For example, The Mental Health Commission of Canada (2019) has evolved since its inception in 2007 to provide an online inventory of webinars, a library of relevant articles, training modules and online toolkits on various mental health topics. Further, with awareness campaigns such as *Bell Let's Talk*, Mental Health Awareness Week, and *Jack.org* bringing to light mental health concerns, adolescents may be more willing to discuss their experiences with mental health challenges. With information becoming easily accessible it may be the case that adolescents have already been exposed to this material and are aware of the potential harm not addressing mental health distress may cause.

On the other hand, more adolescents deemed unhealthy relationships and substance misuse to be less problematic. Unhealthy relationships and ADV do not seem to have as many programming options as compared to mental health and substance misuse programs. For instance, between the years of 1990 and 2007, only thirteen studies were included by a researcher conducting a meta-analysis on dating violence prevention programs specifically targeted for adolescents (Ting, 2009). Whereas a more recent meta-analysis on dating violence prevention and awareness in youth analyzed a total of twenty-three studies (De La Rue, Polanin, Espelage & Pigott, 2017). Furthermore, existing programming typically focuses on preventing ADV within heterosexual, Caucasian relationship dynamics however, more attention needs to be given to Indigenous youth or youth of ethnic minorities who experience immensely higher rates of dating violence (Crooks, Jaffe, Dunlop, Kerry & Exner-Cortens, 2019; Government of Canada, 2011).

While numerous programs exist to teach youth about substance misuse, programming historically carried a “just say no” message that has proven to be ineffective especially due to the lack of training on how exactly to say no, nor providing opportunities to practice saying no (Canadian Centre on Substance Abuse, 2017). In contrast, the HRPP provides situational practice with peers informing them on various ways to say no, as well as instills a harm reduction approach versus an anti-use message. Perhaps the view of substance use as less problematic stems in part from recent legislation passed to legalize cannabis use. There seems to be a perception among youth that cannabis use is common among those in adolescence and any sort of preventative measure would not do much to sway the use of cannabis. However, adolescents felt they could not discern between credible sources on the internet about the harms and benefits

of cannabis use, and desired unbiased evidence with a focus on how to be safe while using cannabis (Canadian Centre on Substance Abuse, 2017).

The results supported the hypothesis that the depth of understanding in descriptions of the problematic behaviours would be greater for the scenario depicting mental health distress and suicidal ideation. While a cultural shift may play a contributing role to the level of understanding in their writing due to heightened awareness and exposure to mental health language, it is possible that adolescents did not possess the skills to use written language to convey the problem behaviours. Perhaps youth did recognize warning signs in the scenarios yet were unable to relay their knowledge in a way that conveyed a deeper understanding. Research conducted by Gibbons and his colleagues (2015) suggested that asking participants to portray their mental health knowledge utilizing literacy skills may not fully encapsulate their mental health knowledge as person to person interactions provide behavioural cues such as facial expressions, eye contact, and tone of voice that contribute to a person's understanding of warning signs of mental health distress. Thus, how youth describe and articulate problematic behaviour may not be as important as the youth recognizing there was something amiss in a peer that may prompt a conversation with the person experiencing concerning behaviours.

The hypothesis was only partially supported in estimating the type of help based upon the scenario the participant was analyzing. It was thought that formal sources of help would be the most recommended for cases of mental health distress and suicidal ideation, whereas unhealthy relationships and substance misuse would prompt assistance from informal sources. Results of this study revealed that both a blend of informal and formal help sources and solely informal sources of help were the most likely to be sought in instances of mental health distress, substance misuse, and unhealthy relationships. This pattern is partly consistent with previous research

where teen dating violence and depression were studied and informal sources of help, especially parents and friends, were the most recommended help resource (Ocampo, Shelley & Jaycox, 200; Schonert-Reichl, Offer & Howard, 2013). As trust appears to be a central feature, adolescents may feel more drawn to informal sources of support where there already is an established relationship. Knowing that a close friend or adult went through something similar, or feeling assured that a friend or parent would respond without overreacting and provide encouragement towards professional help may be the initial support needed (Lubman et al., 2017; Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003).

The suicidal ideation scenario was the only case that warranted a majority of participants recommending both formal sources and informal sources with most saying a trusted adult is necessary. Surprisingly, the most popular individual identified to go to for assistance with someone experiencing suicidal thoughts after a professional was a teacher. As this scenario posed the greatest imminent threat to someone's well-being and safety, it is understandable that participants chose a combination of both professional help and trusted adults to assist someone with thoughts of suicide, however, it is curious as to why teachers were selected as a source of help over parents. A recent study examining how individuals with suicidal ideation decide to disclose their feelings to support networks revealed that oftentimes they do not want to worry their family. Instead, they decide to tell someone whom they trust to assist them with getting help but with more social and emotional distance between them (Frey, Fulginiti, Lezine & Cerel, 2018). Youth may turn to teachers when they are seeking help for suicidal thoughts as they are aware that while the teacher cares for them, they may not be sick with worry like their parents nor have the opportunity to constantly monitor them as a parent might after hearing this type of disclosure.

Interestingly, when delving into the specific types of help sources categorized as informal and adult, parents were one of the most highly referred to source of assistance. Yet, many parents may not know themselves how to respond to substance misuse, unhealthy relationships, mental health challenges. Further, parents may feel nervous or overwhelmed in the face of their child – or their child trying to assist a friend – experiencing distress. A systematic review of parent interventions targeted towards adolescent substance misuse reported the most successful programming is intensive in nature (Kuntsche & Kuntsche, 2016). For example, one intervention for vulnerable youth utilized regular meetings for parents to learn strategies and have the opportunity to support other parents, which were followed up by individual sessions at home to transfer the skills from group meetings to their youth with the assistance of a facilitator (Kuntsche & Kuntsche, 2016).

Youth who choose to disclose mental health challenges or ADV to their parents echo the need for their caregiver to respond with care, offers of comfort, sharing personal experiences, and to provide options for the youth to make their own decision on how to proceed (Black & Preble, 2016; Buchholz, Alyward, McKenzie & Corrigan, 2015). While many parents may not have the time or resources to dedicate towards more intensive interventions for their youth, it is important that parents feel supported should their youth disclose to them. Having resources online in the form of webinars or infographics can be both informative and encouraging for parents to provide the warm support their adolescent is seeking. It seems that services offering mental health and problematic behaviour support are moving forward positively online. Examples such as the previously mentioned Mental Health Commission of Canada has created numerous online resources for youth and parents alike, while the Fourth R Program has also provided online webinars for parents on subjects such as preventing ADV and other related

problematic behaviours, cyberbullying, and navigating social media (Mental Health Commission of Canada, 2019; The Fourth R, n.d.). Another resource includes Parents for Children's Mental Health which also offers online resources on family engagement, how to navigate advocacy on the behalf of their child, and set up support groups for parents across Ontario (Parents for Children's Mental Health, 2019).

While doctors were not identified as overly helpful with the other scenarios, none of the adolescents who responded to the unhealthy relationship scenario recommended doctors as a helpful source. There could be several reasons for this finding, including youth not thinking of unhealthy relationships as a medical malady that warrants a general physician. On a broader scale, research has indicated that adolescents are typically distrustful of doctors as they fear their doctor will tell their parents or be dismissive of their experiences. Moreover, adolescents felt their doctor was not a warm or approachable person with whom they would feel comfortable sharing intimate and private parts of their life (Corry & Leavey, 2016).

Ontario's Domestic Violence Action Plan (ODVAP; 2019) entitled, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* has recently reported on their progress in raising public awareness, increased training for professionals, greater choices and supports for survivors, and creating safer workplaces, campuses, and communities. In particular, Ontario has invested \$1.7 million dollars in training frontline workers, including doctors and nurses, to be better equipped to recognize and support patients in their care who may be experiencing intimate partner violence (ODVAP, 2019). While the initiative aims to reach both adolescent and adult women, the results of this study may indicate that adolescents experiencing unhealthy relationships that could potentially lead to intimate partner violence may not utilize doctors as a source of help. This can have implications for young women who are struggling to seek help.

Some may be overlooking the help that could be given by their general physician or other healthcare staff who have recent training on how to support women in these situations, yet on the other hand, young women attending a doctor's appointment for a different matter may be screened by their doctor and thus receive some assistance for intimate partner violence. Further, as the exact training regime for health care providers was not disclosed, it is possible that doctors are focused on warning signs of physical violence, yet a patient experiencing a more insidious form of emotional abuse may not be as visible to doctors for beginning a conversation about resources. As the ODVAP progresses over its four-year implementation, perhaps statistics will be gathered as to the age of patients who disclose intimate partner violence, as well as information regarding the frequency in which patients seek out an appointment to receive aid for dating violence versus those who are screened at an appointment they had for a different reason. These data would shed some light on future directions for Ontario to target their education and promotional networking in addition to the support of adolescents who may require more outreach to ensure they are aware of the services that the healthcare system can provide in relation to intimate partner violence.

Contrary to the hypothesis and previous literature, the vast population of adolescents took an active stance in their approach to helping their peers which was shown consistently across all scenarios. This may be due to the nature of the HRPP's curriculum where participants are actively taught how to make a harm reduction plan, where to find local resources, as well as practice how to facilitate conversations about problematic behaviour with friends through the use of role-playing. The design of the program itself gives adolescents a voice and encourages them to be active participants in their lives by making informed choices and to take proactive measures to ensure their mental and physical well-being. Unfortunately, it is difficult to

determine the likelihood of youth who would follow through with these offers of assistance in real-life cases where their friend is experiencing troubling behaviour. Previous research has shown a strong correlation between intention and actual behaviour, however a meta-analysis analyzing studies using experimental design, demonstrated that while having medium to strong intentions does influence a small to medium change in behaviour, it is not as significant as previous correlational research has suggested (Webb & Sheeran, 2006). It may be feasible that with the appropriate skillset and the intention to help a friend that the likelihood of the actual helping behaviour occurring may increase, however further research would be required to investigate this further.

Of note is the proportion of participants that gave vague or unsupportive offers of help. Dependant on the scenario, the frequency of vague and unsupportive responses ranged from 6.3 – 25.0%, with the unhealthy relationship vignette garnering the greatest amount of these responses. Overlapping with other results in this study, it is possible that as this situation was seen as the least problematic by youth, they did not have advice to give to a peer experiencing unhealthy relationship behaviour. Further, many adolescents do not want to overstep a boundary with a friend's relationship by discussing their unhealthy romantic relationship in fear of jeopardizing that friendship (Ocampo et al., 2007). It may be the case that participants in the HRPP require further practice in how to diplomatically broach the subject of unhealthy relationship behaviours with friends in addition to further education about the risks of unhealthy relationships budding into intimate partner violence.

Limitations

Some limitation exists within the current study. Firstly, a flaw in the methodology regarding the procedure occurred due to time constraints on the original research study

conducted by Alexander (2017). As the scenarios and corresponding questionnaire were utilized as a warmup activity and as a primer for consecutive focus groups, each participant was randomly given two of the four scenarios to assess. As participants did not complete all four of the scenarios, no comparisons across the respective scenarios could be made. Furthermore, as there was no baseline assessment on youths' knowledge of SEL-related skills and mental health literacy, the observable differences in learning outcomes after participating in the HRPP could not be identified. In addition, participants were asked to read the scenarios and corresponding questions and formulate a written response; so while their literacy skills were not observed it is possible that some participants may have struggled with comprehending the questions thus skewing their answers, or perhaps they had a detailed response but relaying their thoughts into words posed a greater challenge.

Furthermore, while the results of this study revealed overwhelmingly positive offers of help from participants towards the fictional peer in the scenarios it is difficult to translate the actual intentions and anticipated actions of youth. The current research is unable to demonstrate the intention of the participant to help a friend experiencing problematic behaviours in the context of their own lives. Moreover, even the intention to assist someone experiencing distressing behaviours is quite different than actually assisting a friend get help. A study conducted by Yap and colleagues (2011) indicated that the use of vignettes in help-seeking research evokes a recommendation of seeking help from a professional. Despite this finding youth also reported distancing themselves from a peer whose behaviour was perceived as problematic and unpredictable. The researchers cited stigmatization as a reason why youth may tend to avoid peers exhibiting signs of distress. However it is still unknown whether these intentions and self-reported behaviours prompted through the use of vignettes translate to the

actual help-seeking for friends in real-life. Further research will be necessary to investigate the relationship between help-seeking intentions and real-life help-seeking behaviours.

Finally, generalizability to the broader population of adolescents is limited. Youth in this study completed the HRPP before participating in the current study thus making it challenging to say that these results would apply to adolescents who have not received targeted SEL training. As previously mentioned, the shift towards mental health awareness may contribute to youth having a greater sense of the signs to look for in themselves and others to identify symptoms of mental health distress, and perhaps to know what community resources exist. More research is required to assess the difference in help-seeking beliefs and behaviours between groups who have SEL training and groups who do not have SEL training.

Recommendations and Future Research Directions

How adolescents perceived and responded to the problematic behaviour and mental health challenges of their peers was dependent upon the scenario itself. While most adolescents in this study were capable of identifying problems and were somewhat sophisticated in describing these issues, it is evident that youth still struggle to understand the seriousness of unhealthy relationships and substance misuse. Perhaps within SEL-based programs greater emphasis or more time can be dedicated to discussing the long-term implications of unhealthy relationship behaviours and unhealthy substance use. Further, both vignettes, but especially the situation describing unhealthy relationships, received the greatest proportion of vague and unsupportive offers of advice from participants. Previous research states that youth may feel uncomfortable bringing up these topics with friends (Ocampo et al., 2007), thus more practice scenarios may be required with the HRPP curriculum to assist youth in feeling more at ease with bringing these conversations to their peers.

Additionally, to fully understand the learning outcomes after partaking in the HRPP in relation to problematic behaviours further research should be conducted using different methodologies. For example, utilizing a pre-test and post-test to reference adolescents' perceptions and knowledge of these issues before and after participation in the HRPP. Further, the use of written vignettes may be limiting to some youth as their literacy skills may not be fully developed. Thus, the use of video vignettes may be a useful medium to present problematic behaviours as well as provide youth with the opportunity to observe body language cues to aid in their analysis of problematic behaviours.

As parents were one of the most highly recommended sources of help, it would be beneficial to receive more information on how parents perceive helping their adolescent child with mental health, relationship, and substance misuse problems. The results of the research could inform the creation of a parent-centered mental health literacy program as well as create additional accessible resources for parents on topics relevant to their adolescent's needs. Future studies aiming to investigate why adolescents view the use of doctors as a resource for intimate partner violence as unhelpful would also be beneficial. Particularly with Ontario's Domestic Violence Action Plan, understanding why youth are reluctant to disclose their unhealthy relationship status to a medical doctor could help inform educational campaigns as well as statistics to better understand who accesses their doctors to help with intimate partner violence, and who receives assistance in these cases as a consequence of being screened during an unrelated medical appointment.

Finally, the response of youth to peers experiencing problematic behaviours was to predominantly provide direct action to get help, followed by a blend of both direct action and offers of support. While adolescents' ideas and responses to hypothetical scenarios reflect the

training provided by the HRPP further research could examine the likeliness of youth to actually follow through with the advice they gave. Circumstances in real-life friendships and relationships are complex, and while good intentions are evident in this study it would be useful information for creators of SEL-based programs to possess knowledge on how adolescents respond to real-life cases of their peers experiencing mental health distress, suicidal ideation, the start of an unhealthy relationship or substance misuse.

Conclusion

After the completion of HRPP, adolescents are overall adept at recognizing problematic behaviours. Almost all of the participants were able to perceive that something was troubling the character in the vignettes. This is a positive finding as it appears that youth who undergo SEL training, such as with the HRPP, are capable of identifying warning signs of problematic behaviour and mental health challenges, and are more prepared to actively assist a peer while providing further emotional support. Findings also indicate that depending on the situation roughly 12-20% of youth would refer a peer experiencing trouble to a trusted friend, and after participating in an SEL-based program, same-aged peers also may be more prepared to respond to these disclosures. Regardless of the type of scenario, participants often incorporated a combination of both direct actions to assist their peer and offers of support. Additionally, despite what sort of approach an adolescent took to assist a peer, the majority of adolescents gave positive, thoughtful, and helpful pieces of advice. As the HRPP is designed to teach youth how to incorporate both active listening skills, as well as how to navigate help-seeking methods when indicated, this is a positive finding that indicates participants may be using the skillset that the program's curriculum was designed to foster. Skills learned through an SEL-based program may be an added complement to more frequent exposure and access to resources on well-being.

The results of this study highlight the need for additional education on the potential immediate and long-term effects of unhealthy relationships and substance misuse, in addition to the possibility of providing more support for parents who are approached for help with these issues. Further research is required to fully understand the learning outcomes of the HRPP and whether youth actually implement help-seeking behaviours learned in relation to these specific problematic behaviours.

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Appendix

Appendix A: Western Research Ethics Board Approval



Research Ethics

Western University Non-Medical Research Ethics Board
NMREB Amendment Approval Notice

Principal Investigator: Dr. Colin Oswald
Department & Institution: Education Faculty of Education, Western University

NMREB File Number: 156318
Study Title: Promoting healthy relationships, wellbeing, and preventing risky behaviours: Implementation of the Family & Healthy Relationships Plus Program
Sponsor: King's College, University of Toronto

NMREB Revision Approval Date: May 04, 2015
NMREB Expiry Date: July 26, 2015

Documents Approved and/or Received for Information:

Document Name	Comments	Version/Date
Revised Western University Protocol		2015-02-25
Institutional	Student Focus Groups	2015-02-26
Assent	Youth Assent Form	2015-02-26
Letter of Information & Consent	Parent Consent	2015-02-26
Letter of Information & Consent	Youth Consent	2015-02-26

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the amendment to the above named study under the NMREB Amendment Approval Notice cited above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, continued to timely submission and acceptance of NMREB continuing ethics review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (HIPA, 2003), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as investigators in research studies do not participate in discussions related to, or vote on such studies when they are presented to the EB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00100941.

Offices Office, or I called Dr. Ryan Harris, NMREB Chair

Offices Office, to Contact for the information: Ina Boudie, Roxeyn Harris, Nicole Kankki, Grace Kelly, Vicki Tran

Appendix B: Scenarios and Corresponding Survey

Scenarios

Scenario A: Lily is in grade 9. She has several friends who host parties while their parents are out of town. Lily attends these parties and has been encouraged to drink in the past. Sometimes she drinks and sometimes she smokes marijuana. Lily's parents notice her grades are dropping, and she is becoming forgetful and angry. They also notice that money keeps disappearing from the house and suspect Lily is using it to buy drugs.

Scenario B: Jenni is always texting her boyfriend in class and they spend all their spare time together. Jenni seems happy, but she has started to distance herself from her figure skating team and stopped doing homework regularly. She always has to ask her boyfriend for permission before she hangs out with any of her friends, including you.

Scenario C: Kyle is 16. Kyle's teacher, Mrs. Smith, recently called home to discuss Kyle's classroom behaviour; Kyle often shows up late to homeroom class, sleeps through the class, and does not complete homework assignments. Kyle has missed the last several hockey practices even though he loves hockey. Kyle's mom tells Mrs. Smith that she is also concerned about Kyle because his eating habits have changed and he has lost a significant amount of weight.

Scenario D: Luke is 14. He is teased and picked on because he is smaller than the other guys in his grade 9 gym class. People think he is gay and his friends know this and make fun of him for it. At home, Luke often feels like he is an annoyance to his mother. They never have enough money to do anything fun. Luke is wondering if there is a purpose to his life anymore, or if he would be better off dead.

Survey

What is your gender? Please circle your response.

Male

Female

Other (Please specify) _____

What is your age?

Question 1: Do you think [character] is having a social, emotional or mental health problem?
Please circle your answer.

Yes

No

Question 2: If yes, in a brief response please describe the problem you believe [character] is facing.

Question 3: Do you think [character] needs help from someone to cope with what is going on?
Please circle your response.

Definitely Probably Maybe No

Question 4: If you do think s/he needs help, who would you recommend to help him/her?

Question 5: If [character] was your friend, what could you do to help him/her?

Question 6: Reflecting on question 5, how likely are you to help [character]? Please circle your response.

Very Likely Likely Maybe Not Likely

Question 7: On a scale of 1 – 5, please rate how realistic you think the scenario with [character] is. Please circle your response.

1	2	3	4	5
Not Very Realistic				Very Realistic

Curriculum Vitae

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Post-secondary Education and Degrees: Western University
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2010-2014; Honours B.A.

Western University
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Honours & Award: Dean's Honour List; Western University
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