



Inspire Ireland Insights Report 2012

A report on awareness, attitudes, knowledge and behaviour related to youth mental health and help-seeking online



Inspire Ireland Insights Report 2012



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Report overview

Acknowledgements

We would like to thank all of the young people involved with ReachOut.com; our interns, both past and present, our youth ambassadors and our youth advisory network members.

We are grateful to our programme and community partners with whom we collaborate with on an ongoing basis.

Last but not least, a huge thanks to all of the visitors to ReachOut.com since our launch at the end of 2009, especially to those who completed our user-profile survey.

Foreword

In 2009 Inspire Ireland was set up to improve youth mental health in Ireland and help prevent suicidal behaviour by supporting young people through the innovative use of technology. Over the last three years, we have carefully planned and developed safe and evaluated online services and programmes which provide support for young people and for those adults who care about and can support youth mental health.



Our flagship programme ReachOut.com is at the centre of our work. Since it launched in early 2010 there have been almost 300,000 unique Irish visits to the site. It has become a trusted brand and service, providing young people with the support that they need through the medium that they use everyday. In this context, it's important to note that the issue of mental health is consistently identified as the key priority for young people today and we are providing an innovative and accessible means of addressing this issue.

The Internet plays a central role in young people's lives. Indeed, it is the number one source of information, entertainment and social connection for many young people. It stands to reason that the Internet is the first port of call for young people seeking mental health information and this information needs to be presented in a format and language that they can relate to.

Research and evaluation underpins all of our work at Inspire and we are committed to adapting our services based on our findings. This report provides an overview of our work in the past 18 months including the development of new and acquired services and our second ReachOut.com user-profile survey. This allows us to share what we have learned about those who visit ReachOut.com and demonstrates the value the Internet provides in supporting young people.

Inspire's objective is to ensure that online youth mental health help and supports are relevant, safe and accessible to more and more young people in Ireland every year. Additionally we aim to integrate the online and offline environments so there are clear pathways for young people to get the best support they need, when they need it, wherever they are. To truly support young people, we also aim to educate parents and other gatekeepers in relation to their mental health literacy and digital literacy so they can best advise young people on where and how to find support themselves.

In these challenging times, Internet-based technology continues to offer the most effective way to bring information, connection and supports to young people in a way that is meaningful for them. Over the coming years, the continued roll out of next generation broadband across Ireland will serve to scale and grow the delivery of online mental health supports.

Inspire's strategy is driven by the continued growth and development of ReachOut.com, both as a service and as a youth brand in the Irish online market. We will continue to develop our related projects and services in order to achieve the best possible mental health outcomes for young people.

Inspire Ireland and our partners share a vision of a society where every young person knows where to get information, advice and support when they are going through a tough time. We are supported in achieving this vision by our valued board members, The Atlantic Philanthropies and the HSE National Office for Suicide Prevention. Together, and in a spirit of collaboration, we know we can continue to make a real difference in the lives of the young people we serve.

Elaine Geraghty
Chief Executive Officer
Inspire Ireland Foundation

Executive Summary

Our approach and philosophy

Good mental health

When we talk about mental health, we don't just mean the absence of a mental health problem. Inspire believes in promoting good mental health which means being able to:

- Relate positively to other people
- Engage in meaningful activity in day-to-day life
- Cope with everyday problems when they happen.

Our level of mental health is not fixed and can change throughout our life. The most important thing we can do is to look after our mental health in good times and bad while always looking out for those around us.

Mental health problems

In our everyday work, Inspire Ireland makes the distinction between mental health and mental health problems. In this context, the term 'mental health problem' is used by Inspire as an umbrella term to capture any situation characterised by:

- **Feelings, thoughts or beliefs that negatively affect our day-to-day lives and activities which we cannot seem to, or don't know how to, move past.**

Mental health problems can range from temporary but debilitating feelings of stress or depression to longer term, or chronic feelings of deep depression or severe anxiety. Mental health problems also relate to the experience of psychosis which can involve hallucinations, delusion or impaired insight. In more simple terms, the experience of psychosis is sometimes described as losing touch with reality.

Mental health literacy

Mental health literacy was introduced as a concept, building on the concept of health literacy, by Anthony Jorm and colleagues as follows:

"Health literacy has been defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health. By extension, we have coined the term "mental health literacy" to refer to knowledge and beliefs about mental disorders which aid their recognition, management or prevention." (Jorm et al, 1997).

Mental health literacy shifts the emphasis in responsibility for mental health to the individual and his or her social network or community. This shift is helpful in one sense but it must not mask over the State's role in the provision of appropriate mental health support for those who need it.

Inspire Ireland advocates the approach articulated within critical psychiatry which promotes awareness of the **critically appraised value of neurological, psychological, social, economic, political and spiritual determinants of our mental health and well-being** (Middleton H, 2007).

Our research

This report includes an analysis of findings from our second annual ReachOut.com user-profile survey, a sentiment analysis of comments and questions to ReachOut.com and an analysis of data from Google analytics.

User-profile survey results

The second annual ReachOut.com user-profile survey took place between December 2011 and January 2012 - a similar data collection period to the first annual survey.

- In total, 612 ReachOut.com visitors gave consent to participate over a five week period. The survey questionnaire completion rate was 62.5%.
- In contrast to the fairly even gender balance found in the first annual survey, females make up the majority of this survey's sample (71%).
- The majority of respondents (56%) said their main reason for visiting ReachOut.com was that they were going through a tough time and were looking for help.
- The proportion of respondents answering 'excellent' and 'very good' in relation to knowledge about help-seeking has increased on last year's results, and the proportion of those answering 'not good at all' has decreased showing a positive increase in mental health literacy among this year's sample.
- Similar to results from the first annual survey, respondents among this sample also report being more confident in their ability to help a friend than to access help, support or information for themselves. This strong level of confidence should be reinforced and encouraged by support services in the context of messaging around peer support and looking out for each other.
- High levels of engagement with health professionals were found when exploring previous help-seeking behaviour – 48% of the sample having visited a health professional to get help through a tough time (compared with 35% in our first annual survey).
- The high levels of engagement with health professionals suggest that people going through a tough time seek support from various sources and that a combination of online and face-to-face support can work to help people get through their tough times.
- ReachOut.com is the most likely source of support for this sample when/if they are going through a tough time with 68.5% reporting that they would be likely or very likely to visit.
- 75% of respondents are experiencing moderate or severe levels of psychological distress, as measured by Kessler's K10 scale, which is much higher than the general population or even primary care population. This strongly suggests that ReachOut.com is being accessed by people who are currently going through a tough time and are in much need of support (this is an increase of 12% on last year's survey sample).

As the rates of psychological distress and the levels of engagement with health professionals among the sample were so high, it was decided to conduct further analyses to explore relationships between psychological distress, help-seeking behaviour and other selected variables. The results of this additional analysis found many interesting results, a selected finding being that willingness to talk to family and friends has an important influence on levels of psychological distress.

Sentiment analysis

The main aim of the sentiment analysis was to learn more about the visitors to ReachOut.com and their needs so that the delivery of ReachOut.com can be shaped to provide the best possible help.

The site's functionality enables visitors to submit comments on the hundreds of factsheets, blogs, and videos. 'Ask the expert' is ReachOut.com's newest feature and it encourages visitors to submit questions to a different expert each month. Each expert covers a range of youth mental health topics from depression and anxiety to bullying and relationships and visitors are encouraged to submit questions on the topics the experts are covering.

- From June 2011 to the end of May 2012, there were a total of 503 comments submitted to ReachOut.com, all of which are included in the analysis. The re-designed version of ReachOut.com has made it much easier for users to submit comments and this has been reflected in a significant increase in the number of comments being submitted.

- 38% of commentary occurred during regular working hours (Monday to Friday, 9am to 5pm). The remaining 62% occurred outside of regular working hours. This finding has shaped the way the ReachOut.com team work in terms of moderation and we now moderate seven days a week.
- The most common type of comment was from people looking for help and information for a tough time they themselves are going through (69%). The second most common type of comments were general comments (22%), which included positive remarks about content or about ReachOut.com and our third main category of comments consisted of those seeking help and information for a friend or family member who was going through a tough time (9%).
- The most frequently mentioned topics were depression and anxiety. These findings were expected, as it is known from our analytics that depression and anxiety are the most visited sections on ReachOut.com.
- Contained in the comments mentioning depression were many environmental issues, such as isolation and money worries, that were seen to have an effect on how the person was feeling. These environmental issues were mentioned as causes, triggers, and as apparent consequences of depression.

ReachOut.com analytics

- The 12 month period, June 2011 – June 2012, saw 143,652 Irish visits to ReachOut.com (114,185 unique visitors) representing a 10% increase on traffic from the previous year.
- The majority of visitors to ReachOut.com find their way there through a Google search. The second largest source of traffic referrals come from Facebook.
- The top entry points to the site are the homepage and factsheets on depression, anxiety and eating disorders. Once entered into the site, the most popular content are the 'real stories'. The popularity of these stories from other young people highlights their value as a way of promoting coping strategies for getting through tough times.

Our activity and youth engagement

Our programmes

All of our work at Inspire connects back to our flagship programme ReachOut.com. However, in order to reach young people in different ways and to resource adult gatekeepers that care about young people, a number of additional programmes and projects have been developed. These programmes and projects include:

- PleaseTalk – third level colleges campaign and signposting service
- Minding our mental health – online training programme
- WorkOut – mental fitness application for young men
- Bridging the digital disconnect – research study targeting adult 'gatekeepers'.

Community engagement

People are not computers. ReachOut.com and Inspire's other programmes are designed to support real people get through tough times. As we continue to develop programmes and supports that people trust we actively engage with young people across Ireland and with colleagues in the youth mental health sector. Recent highlights in the area of community engagement detailed in this report include:

- Launching our first annual film competition 'Inspire a Generation'
- Taking a lead role in getting 193 candidates, 73 of whom are now elected TDs, 'on board' for youth mental health through our Get on Board campaign
- Continuing our partnerships with festivals like Oxegen and Kings of Concrete
- The launch of PleaseTalk in Northern Ireland and the celebration of its 5th anniversary with President Michael D. Higgins
- ReachOut.com winning an Irish Internet Association award for best 'Social Contribution'.

1. Inspire Ireland Foundation

About us

Inspire Ireland Foundation is a charitable organisation that helps young people lead happier lives. We are part of an international network of foundations with the same mission, operating in Australia and the USA. Inspire Ireland achieves its mission through the delivery of ReachOut.com, an online service to help young people aged 12-25 get through tough times and other programmes including PleaseTalk, WorkOut and Minding Our Mental Health.

Our history

Inspire was established in Australia in 1996 in direct response to Australia's then escalating rates of youth suicide. Combining technology with the direct involvement of young people it delivered an innovative and practical online programme that helps prevent youth suicide and improves young people's mental health and wellbeing. Building on a shared vision between like minded Australian and Irish colleagues who wanted to make a real difference in the lives of young people, Inspire Ireland was incorporated in 2009, launching ReachOut.com in early 2010.

Working together

To deliver an impact in Ireland we are building an Inspire community of young people, sector partners, professionals, families, investors, teachers and supporters who care deeply for young people and their well-being.



ReachOut.com Youth Ambassadors

In its first three years of operating, Inspire Ireland has collaborated with academic and programme partners to assist with the development and evaluation of innovative training and education resources and campaigns. These resources and campaigns promote positive mental health and improve mental health literacy.

As the ReachOut.com brand has been firmly established in the Irish youth mental health sector, Inspire Ireland has acquired and developed new brands and programmes that allow us to continue our work in empowering and supporting young people.

Our approach and philosophy

For Inspire Ireland, when we talk about mental health, we don't just mean the absence of a mental health problem.

Good mental health

Having good mental health is about feeling good about ourselves and being able to get on effectively in daily life.

In particular good mental health means:

- Feeling good about ourselves and our lives
- Being able to positively relate to other people
- Being able to work effectively and get on with daily life
- Being resilient, i.e. being able to cope with everyday problems when they happen.

Our level of mental health is not fixed and can change throughout our life. There are lots of things we can do to improve our level of mental health.

Good mental health and resilience are essential to our physical health, our relationships, our education, our training, our work and to achieving our potential.

How are mental health and mental illness related?

Separate but related

We all experience a level of mental health – be it good or bad. Our level of mental health is not fixed, and day-to-day experiences can affect our mental health, for better or worse.

Mental health and mental illness can be viewed as two separate, yet related, domains. Health in general, is about more than not having a health related problem or illness; it is about the idea of a 'good life'. Mental health is a component of our overall health, and by extension, mental health is not just about the absence of mental illness.

Mental health problems

It is considered a 'mental health problem' when our feelings, thoughts or beliefs negatively affect our day-to-day lives and activities and we cannot seem to, or don't know how to, move past those feelings, thoughts or beliefs.

Mental health problems can range from temporary but debilitating feelings of stress or depression to longer term, or chronic feelings of deep depression or anxiety. Mental health problems also relate to the experience of *psychosis* which can involve hallucinations, delusion or impaired insight. In more simple terms, the experience of psychosis is sometimes described as losing touch with reality.

Problem or illness?

The terms 'mental health problem' and 'mental illness' are sometimes used to signify different levels of severity; with mental illness being more serious than a mental health problem. Other times, the terms are used interchangeably (Leighton, 2009).

In psychiatry, clear cut-off points have been identified whereby a mental health problem can be diagnosed as a mental disorder, or mental illness. These cut-off points are based around a range of identifiable symptoms associated with different disorders or illnesses.

This approach represents the dominant paradigm, or way of thinking, guiding mental health service provision and anyone can explore these symptoms and their related diagnostic categories in the International Classification of Diseases* (ICD) or the Diagnostic Statistical Manual** (DSM).

However, there is some debate and controversy about the validity of this approach to diagnosis, for example, through the Critical Psychiatry Network***.

In our everyday work, Inspire Ireland clearly makes the distinction between mental health and mental health problems. In this context, the term 'mental health problem' is used as an umbrella term to capture any situation characterised by:

- **Feelings, thoughts or beliefs that negatively affect our day-to-day lives and activities which we cannot seem to, or don't know how to, move past.**

Mental health literacy

The concept of *mental health literacy* is a relatively recent topic of mental health research, having a fairly straightforward genesis in 1997 when the Australian psychiatrist Anthony Jorm and some of his colleagues sought to extend the concept of health literacy to the area of mental health. Jorm introduced this now popular concept as follows:

"Health literacy has been defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health. By extension, we have coined the term "mental health literacy" to refer to knowledge and beliefs about mental disorders which aid their recognition, management or prevention." (Jorm et al, 1997).

In general, Jorm communicates a commitment to public mental health in his desire for increased knowledge of disorders and treatment, albeit starting from a narrow psychiatric perspective. In a 2000 review article written for the British Journal of Psychiatry he explains that within the mental health literacy framework "the person affected by the symptoms (either personally or through close contact), is seen as the primary agent of symptom management with professional help being one of the strategies he or she might try. This perspective is important because it leads to greater public emphasis on increasing public (rather than professional) knowledge and skills about mental health and on the person experiencing the disabling symptoms".

In this manner, and in a similar vein to positive psychology, mental health literacy shifts the emphasis in responsibility for mental health to the individual and his or her social network or community. This shift is helpful in one sense but it must not mask over the State's role in the provision of mental health support for those who need it. Furthermore, it should be pointed out that the "knowledge" Jorm refers to remains the same, i.e. it is knowledge of diagnostic psychiatry, whether held by the public or by health professionals.

*<http://www.who.int/classifications/icd/>

**<http://www.psych.org/practice/dsm>

***<http://www.criticalpsychiatry.co.uk/>

Jorm acknowledges some of the limitations in his approach, stating, that “the concept of mental health literacy assumes the superiority of expert knowledge over lay beliefs” and that “the concept could be criticised for seeing the sufferer’s interpretation of his or her condition as less valid”.

Of more interest, however, is his confidence in the future of mental health literacy in policy contexts. In a 2011 article, he reflects on the fact that mental health literacy has a fairly short history (15 years) as a topic for research and action, going on to assert that “enough has been achieved to justify further efforts in this area.” Jorm is particularly confident that mental health literacy will be increasingly seen as a goal of health policy, on a par with what occurs for major physical disorders and he points to the example of a number of countries and provinces where it is already being embraced.

The prospect of mental health literacy as a goal of national health policy highlights the importance of promoting a broad based approach. Inspire Ireland advocates the approach articulated within critical psychiatry which promotes awareness of the critically appraised value of neurological, psychological, social, economic, political and spiritual determinants of our mental health and well-being (Middleton H, 2007).

2. Our research

A strong commitment to research and evaluation underpins the work of Inspire Ireland. As Inspire Ireland's flagship programme, ReachOut.com has to date been the focus of our research and evaluation strategy. However, the introduction and addition of new programmes necessitated an expansion of our research and evaluation strategy to ensure that our commitment to research and evaluation permeates all our programmes and work.

ReachOut.com is evaluated in a variety of ways:

- 1) An annual user-profile survey; cross sectional survey of visitors to ReachOut.com conducted via the website
- 2) A sentiment analysis of commentary to the site including comments submitted to 'Ask the expert', ReachOut.com's newest feature
- 3) Content reviews
- 4) Youth engagement research
- 5) Using web statistics to understand and evaluate trends in the behaviour of visitors to the ReachOut.com using Google Analytics.

In this section we present findings from our second annual user-profile survey, insights from sentiment analysis of commentary on ReachOut.com and our website analytics.

For more information or to discuss any of our research and evaluation projects, please email research@inspireireland.ie.

ReachOut.com user-profile survey

This section presents the findings from the second annual ReachOut.com user-profile survey. Our first annual user-profile survey was conducted over the period November 2010 – January 2011 with the aim of exploring the use of the Internet in supporting young people going through tough times.

This second annual user-profile survey has the same primary aim and where appropriate, results will be compared to the first annual survey. However, it should be taken into account that this is a different self-selected sample to the previous survey and so results are not directly comparable.

Background

The survey aims were to explore:

- Demographics of visitors to ReachOut.com
- Views about ReachOut.com
- Help-seeking knowledge, preferences and behaviour
- Attitudes to mental health and mental health literacy
- Psychological distress.

Method

The second annual ReachOut.com user-profile survey took place between December 2011 and January 2012 - a similar data collection period to the first annual survey. During the data collection period, visitors to ReachOut.com were invited to participate in the survey through a pop-up on the homepage. The pop-up directed participants to an online questionnaire powered by SurveyMonkey*. Once data collection ceased, data were exported into a spreadsheet for analysis. Further analysis with selected variables was conducted using SPSS (Version 16).

The questionnaire followed a similar structure to the first annual survey with some learnings particularly around length and number of questions taken into account. The first annual survey was designed based on a format used by ReachOut.com in Australia with amendments made to reflect different priority areas of interest in the Irish context.

Ethics and consent

Ethical approval to conduct this survey was received from the Social Research Ethics Committee (SREC) of University College Cork. Consent was sought by asking potential participants to click a "yes" or "no" button. Only those who clicked on the "yes" button were eligible to access the questionnaire. Those who clicked "no" were directed to the ReachOut.com homepage.

Two forms of consent were required for participants under 18 years old. Potential participants were asked to show a parent the survey information and then ask the parent to click on the consent button as well as providing their own consent.

Participants were not required to provide their name or email address and computer IP addresses were not stored by the research team to protect the anonymity of survey participants (the storing of IP addresses is a feature that can be turned on or off when using the SurveyMonkey software).

*<http://www.surveymonkey.com>, LLC, Palo Alto, California, USA

Questionnaire

The questionnaire consisted of a total of 23 items; a mix of multiple choice dichotomous, multichotomous, and open-ended questions. Skip and filter questions were easily applied thanks to the nature and format of the online survey.

ReachOut.com attracts many visitors from across the world; however for this particular piece of research, the researchers were interested only in those respondents living on the island of Ireland. To filter out those not living on the island of Ireland, a 'location' screening question was applied to the survey. Once consent had been provided, respondents were asked whether they lived in the Republic of Ireland, Northern Ireland or none of the above. Respondents who selected 'none of the above' were automatically disqualified from the survey and directed to a new web page where it was explained to them why they had been filtered out. Respondents who selected 'Republic of Ireland' or 'Northern Ireland' were directed to the next survey question.

Survey results

In total, 612 ReachOut.com visitors gave consent to participate over a five week period. The survey completion rate was 62.5%. Learnings from the first annual survey were taken into account and the second annual survey was successfully revised and shortened resulting in a higher completion rate.

Demographics of visitors to ReachOut.com

Gender

In contrast to the fairly even gender balance found in the first annual survey, females make up the majority of this survey's sample (71%). This uneven gender balance is in line with results from previous ReachOut.com Australia user-profile surveys where females generally make up about 70% of survey respondents. Taking this into account, Inspire Ireland have developed initiatives including WorkOut, our mental fitness website, in order to engage higher numbers of young males (see workoutapp.ie).

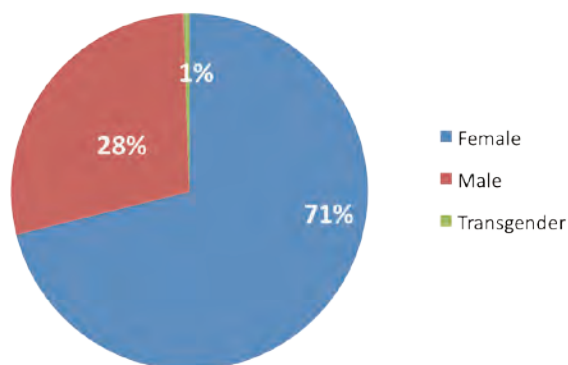


Figure 1: Gender

Age

As presented in Figure 2 below, over 50% of the sample is among ReachOut.com’s target age group of 12 to 25 years. Similar to the results from the first annual survey, a significant number of respondents are over 26 years of age. It should be taken into account that the survey was a self-selection survey and was open to all ReachOut.com visitors wishing to take part.

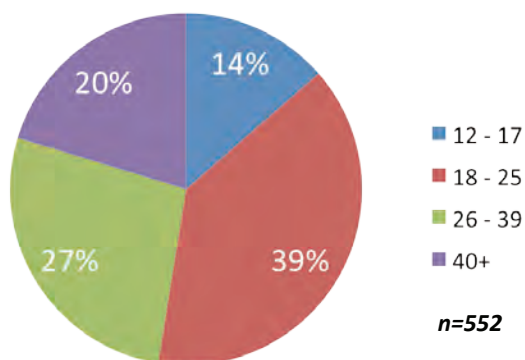


Figure 2: Ages grouped

Location

ReachOut.com Ireland receives visitors from all across the world, and so to ensure a robust Irish sample, those not living in either the Republic of Ireland or Northern Ireland were filtered out using a screening question at the very start of the survey. The ‘where do you live’ question therefore pertains to the Republic of Ireland and Northern Ireland only.

As presented in Figure 3 below, over a third of visitors to ReachOut.com live in rural areas. This is quite encouraging and perhaps reflects the good work being done by Inspire Ireland’s community engagement team and our Youth Advisory Network in travelling to and setting up events all across Ireland.

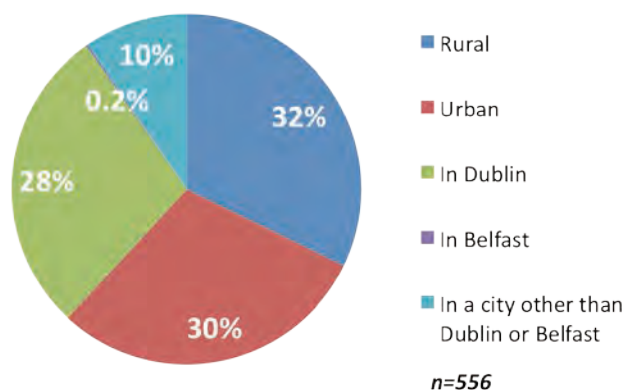


Figure 3: Where do you live

Employment

A significant number of respondents (40%) are employed either full or part-time and 13% are unemployed. These groups of people are often hard to reach with mental health campaigns and the fact that ReachOut.com is available 24 hours a day and is free means it is possible for those who are working and for those who are unemployed to get the mental health information that they need at a time that suits them.

Responses to the 'Other' category include volunteers, those unable to work due to illness, self-employed and retired.

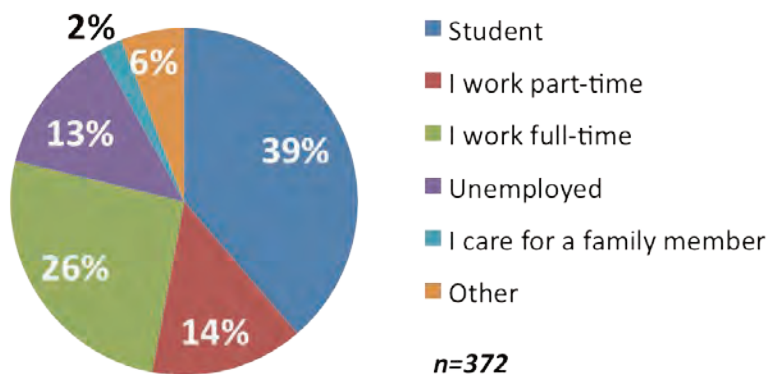


Figure 4: Employment - which of the following best describes you?

Where did you first hear about ReachOut.com?

The majority of respondents (55%) to ReachOut.com find out about ReachOut.com from an online search, with a link from another website the second highest source of traffic (15%). These findings are consistent with previous and ongoing ReachOut.com Google analytics tracking.

The remaining 30% is made up of a mix of responses including events at school and college, Facebook, from a friend, teacher or parent. Responses to the 'Other' category include 'Youth club' and 'a leaflet from Grow'.

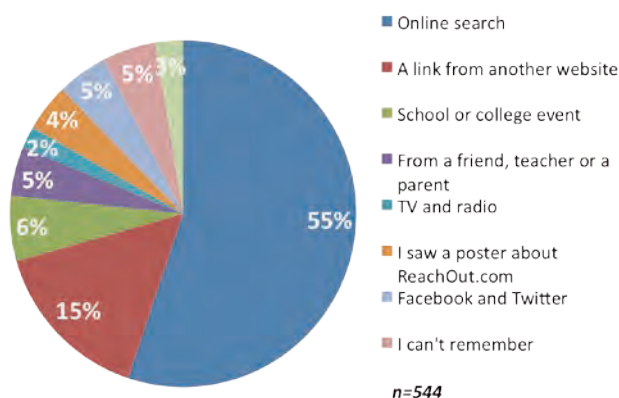


Figure 5: Where did you first hear about ReachOut.com?

Screening question

People visiting the site in a parental / professional / teacher or gatekeeper capacity (who shall henceforth be referred to as adult gatekeepers) were filtered out of questionnaire items relating to views about ReachOut.com, help-seeking knowledge, behaviours and preferences and levels of psychological distress. For these questionnaire items, the researchers were interested only in the views of young people visiting the website to get support or information for themselves or to help a friend going through a tough time. As presented in Figure 6 below, it can be seen that 23% of survey respondents (n=122) identified themselves as completing the survey in an adult gatekeeper capacity.

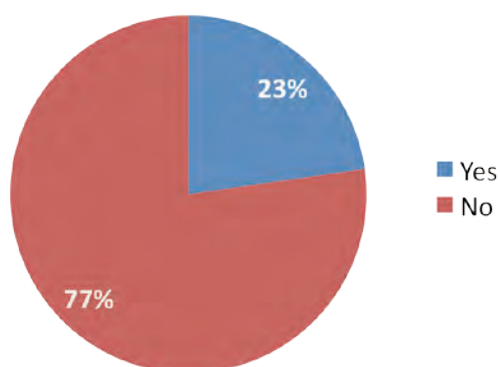


Figure 6: Are you completing this survey in your capacity as a parent /health professional / teacher or gatekeeper?

Main reason for visiting ReachOut.com today

The majority of respondents to this question (56%) said their main reason for visiting was that they were going through a tough time and were looking for help. This finding is not unexpected and reinforces ReachOut.com’s position as an information and support service for people going through tough times. The responses to this question are consistent with the findings of the sentiment analysis reported later in this report. The sentiment analysis explored the ‘Type of comment’ submitted by visitors to the site. It was found that 69% of comments were submitted by people looking for information and support for themselves. There are many benefits to using the Internet to provide mental health information and support and one of these benefits is the anonymity provided. The ‘my friend has a problem’ style of getting help with a personal problem is no longer necessary and people can ask for information or support for a personal problem online.

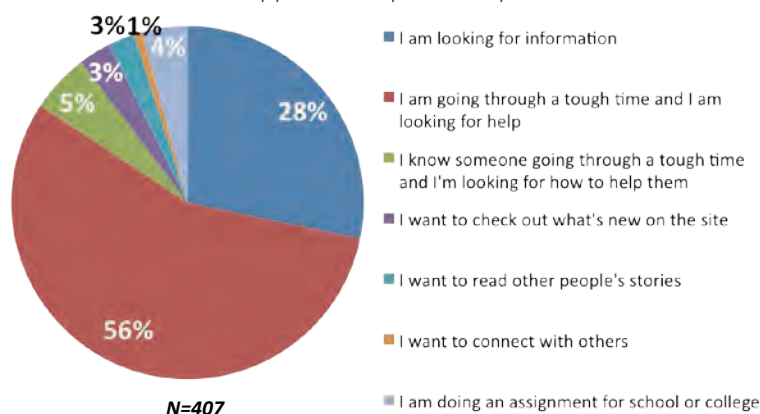


Figure 7: What is your main reason for visiting ReachOut.com today?

Will you visit ReachOut.com again?

This question is a new question and did not appear in the first annual survey. The full sample of respondents were asked this question and encouragingly, nearly a third of respondents stated that they will visit ReachOut.com again as shown in Figure 8 below. The majority of respondents would visit again 'if I need to' highlighting that for many people, ReachOut.com is a needs driven website.

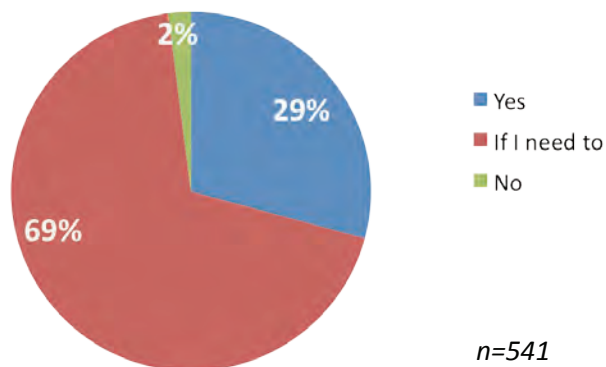


Figure 8: Will you visit ReachOut.com again?

Views about ReachOut.com

Similar to the results of the first annual survey, the views about ReachOut.com are positive and encouraging with high levels of agreement with the statements and very low disagreement with the statements.

A large number of respondents (83%) reported that the day they took the survey was their first time visiting ReachOut.com and although respondents were asked to familiarise themselves with ReachOut.com before completing the survey, some respondents may have not spent any or enough time on ReachOut.com to form an opinion. This might help to explain the significant percentages of "don't knows" in response to the statements about ReachOut.com.

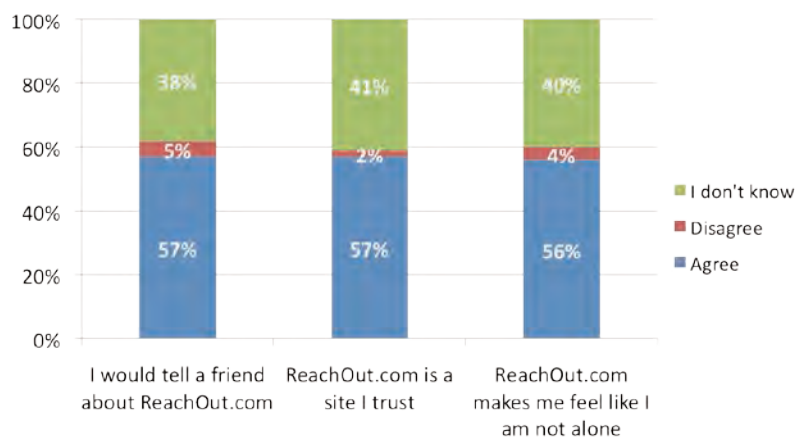


Figure 9: Views about ReachOut.com

Help-seeking knowledge, behaviours and preferences

Knowledge about help-seeking

The proportion of respondents answering 'excellent' and 'very good' in relation to knowledge about help-seeking has increased on last year's results, and the proportion of those answering 'not good at all' has decreased showing a positive increase in mental health literacy among this year's sample.

Over 20% reported that their understanding of how to access a health professional was 'not good at all'. This is a slight decrease on last year, when 25% reported that their understanding of how to access a health professional was 'not good at all'.

Similar to results from the first annual survey, respondents among this sample also report being more confident in their ability to help a friend than to access help, support or information for themselves. This strong level of confidence should be reinforced and encouraged by support services in the context of messaging around peer support and looking out for each other.

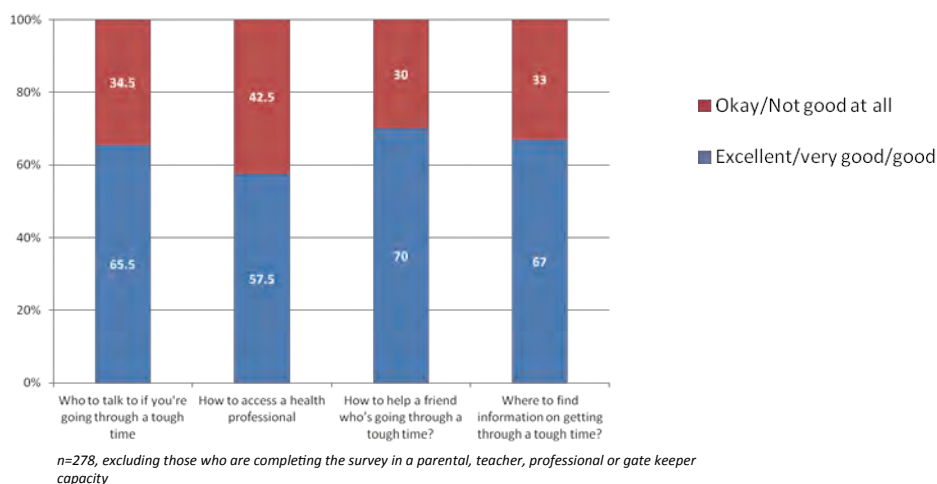


Figure 10: How would you rate your understanding of the following?

Help-seeking behaviour

High levels of engagement with health professionals were found when exploring previous help-seeking behaviour as shown below in Figure 11. These levels of engagement were even higher than those found among the first annual survey sample when 35% reported having spoken to a health professional to get help through a tough time.

The high levels of engagement with health professionals suggest that people going through a tough time seek support from various sources and that a combination of online and face-to-face support can work to help people get through their tough times.

Similar to findings of the first annual survey sample, 'a friend' is still the person the majority of respondents have turned to in the past when going through a tough time. Interestingly, there appears to be a higher reluctance among this sample to talk to family than to talk to a health professional.

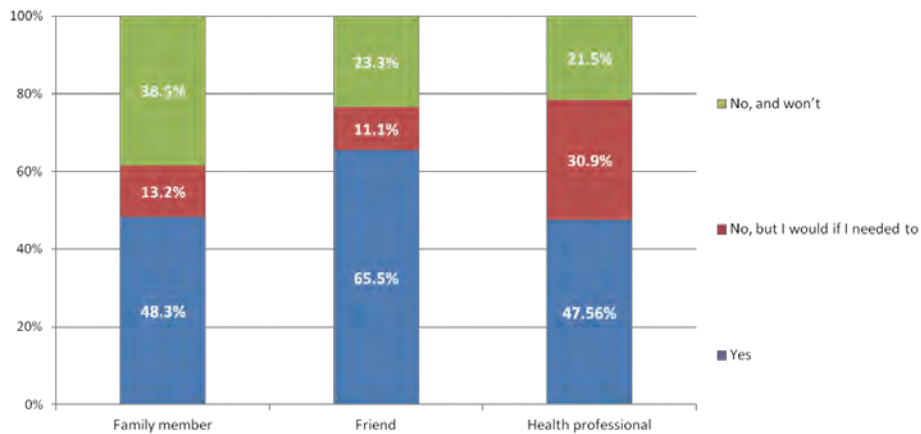


Figure 11: Have you ever spoken with any of the following to get help through a tough time?

Help-seeking preferences

The findings around help-seeking preferences in this section have important implications for ReachOut.com’s referring and signposting service. This questionnaire item asked respondents to rate their likelihood of turning to different sources of support if/when they are going through a tough time.

Where people are likely to turn

As highlighted in Figure 12 below, ReachOut.com is the most likely source of support for this sample when/if they are going through a tough time with 68.5% reporting that they would be likely or very likely to visit. It is recognised that as this is an online survey via ReachOut.com, the sample is likely to be biased towards the use of ReachOut.com and other websites. Friends and health professionals were other likely sources of support for our sample.

Where people are unlikely to turn

A high percentage of respondents report that they would be unlikely to call a helpline (81%). This illustrates that the people who use online resources are different people to those who use would use a helpline and highlights the need for the availability of a wide range of supports to ensure that everyone can find and access support from their preferred medium.

ReachOut.com signposts to a wide range of supports, including other websites as well as encouraging talking to friends, family and healthcare professionals such as GPs and counsellors.

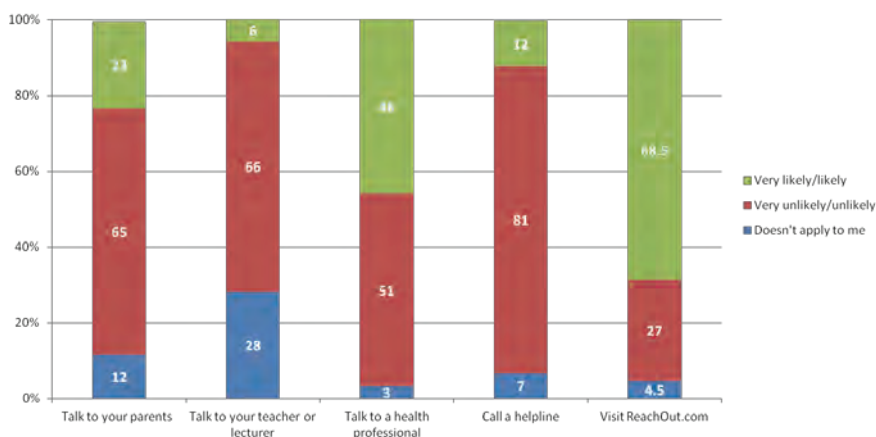


Figure 12: How likely are you to look for help from the following to get help through a tough time?

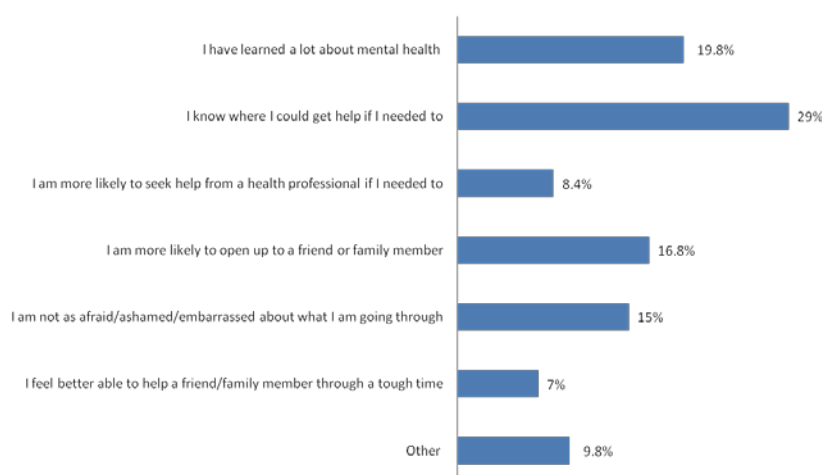
Since visiting ReachOut.com

This is a new question that did not appear in the first annual survey. It was introduced to explore the benefits of visiting ReachOut.com, more specifically, whether visiting the site affects help-seeking, attitudes and knowledge. Respondents could agree with as many statements as they wished.

The findings were quite positive, with just under one third of respondents say that since visiting ReachOut.com, they know where they could get help if they needed to. Nearly 20% of respondents say that they have learned a lot about mental health and nearly 17% are more likely to open up to a family member or friend since visiting ReachOut.com.

Responses to the 'Other' category include: '1st visit today', 'not enough info to make decision', 'did this survey without going into the site, so im not sure yet?', 'first time, still learning', 'I know Im not alone in my illness', 'I know im not alone', 'I know where to get information for my YSI project'.

Respondents were asked to familiarise themselves with ReachOut.com before completing the survey (if they hadn't already done so), but the qualitative responses shown above suggest that as this is their first time visiting ReachOut.com, they don't know yet how it may help them and also suggests that some respondents may have chosen to complete the survey before visiting ReachOut.com.



n=368 excluding those who are completing the survey in a parental, teacher, professional or gate keeper capacity

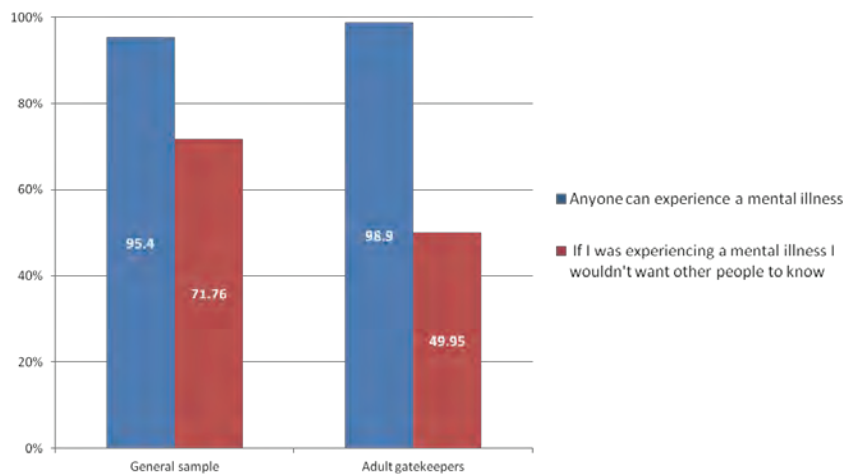
Figure 13: Since visiting ReachOut.com...

Attitudes to mental illness

This question was designed to explore attitudes to mental illness among the sample, which was split between adult gatekeeper and the general sample. An adult gatekeeper is defined as someone who identifies as being in a parental, teacher, healthcare or professional capacity.

The two statements shown below in Figure 14 are often used together as an indicator of stigma and participants are asked to rate their level of agreement with the two statements.

It can be seen that there is a much higher level of agreement with wanting not to disclose a mental illness among those not in the general sample of users compared with adult gatekeepers (71.76% vs. 49.95%).

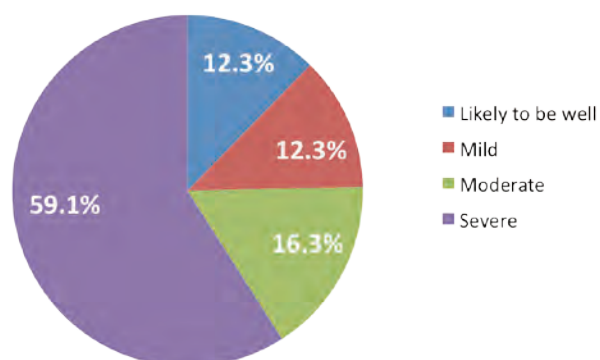


N= 269 general sample & 97 adult gatekeepers

Figure 14: Attitudes to mental illness

Psychological distress

The psychological distress of participants was measured using Kessler's psychological distress scale (Kessler et al., 2003). This 10-item validated scale is a measure of psychological distress based on questions about anxiety and depressive symptoms that a person has experienced in the previous four weeks. Typically 13% of the adult population will score mild, moderate or severe levels of distress and about 1 in 4 patients seen in primary care will score mild, moderate or severe levels of distress (Kessler et al., 2002 & Andrews et al., 2001). The results in the present survey showing 75% are experiencing moderate or severe levels of psychological distress are much higher than the general population or even primary care population and strongly suggest that ReachOut.com is being accessed by people who are currently going through a tough time and are in much need of support. Results from the first annual survey found that 63% of respondents were experiencing moderate and severe levels of psychological distress, thus suggesting an increase (12%) compared with last year's survey.



n=276, excluding those who are completing the survey in a parental, teacher, health professional or gate keeper capacity

Figure 15: Psychological distress

Additional analysis

As the rates of psychological distress and the levels of engagement with health professionals among the sample were so high, it was decided to conduct further analysis to explore relationships between psychological distress, help-seeking behaviour and other selected variables.

Talking to friends and family

It was found that talking to family and friends has an important influence on levels of psychological distress. This influence is shown by the following two findings which relate to willingness to seek social support.

- When asked, *have you ever spoken to a family member to help you through a tough time*, those who reported “No but I would if I needed to” were significantly less likely to score ‘severe’ on the K10 scale ($p=0.0016$) than those who responded ‘No, and won’t’ or ‘Yes’. While no causal relationship can be determined, one interpretation could be that where there is a willingness and an openness to talk about tough times, psychological distress levels can be lower ($n=240$).
- Similarly, participants were asked to rate their *likeliness of turning to different sources of support if/when they are going through a tough time*. It was decided to explore whether increased likeliness of turning to someone for support would have an effect on participant’s psychological distress. It was found that the more likely a person is to talk to a friend or a brother/sister, the less likely they are to score ‘severe’ on K-10 ($p<0.001$).

Both of these findings show the importance of having trusted people in our lives who we can talk to.

Talking to health professionals

One of the more interesting findings from the first annual user-profile survey was that of the participants who had spoken to a health professional in the past, **41% would be unlikely or very unlikely** to look for help from a health professional to get help through a tough time in the future.

It was decided to conduct the same analysis with the data collected during the second annual user-profile survey. With these data, it was found that of those who have spoken to a health professional in the past, **77% would be likely or very likely** to speak with one in the future. It is extremely interesting that in the space of a year, the results to the same question would be so different. It is acknowledged and accepted that the two samples are different and therefore results are not directly comparable, however the samples are comparable in the sense that they are all visitors to ReachOut.com over a similar time period ($n=269$). Along with findings in relation to help-seeking, this finding reinforces the sense that respondents in this survey are reporting higher levels of mental health literacy.

Accessing a health professional

The higher a person rated their understanding of how to access a health professional, the more likely they are to consider talking to a health professional if/when going through a tough time ($p<0.001$). This may seem quite an obvious finding, but it has been backed up by international researchers such as Rickwood et al., 2005, who found that positive attitudes towards help-seeking and increased knowledge and understanding of the help-seeking process can facilitate help-seeking by young people. These findings highlight the importance of websites like ReachOut.com which help young people to understand the help-seeking process and take the mystery out of accessing mental health services.

The higher a person rated their understanding of who to talk to when going through a tough time, the more likely they were to have spoken to a health professional ($p < 0.001$).

The higher a person rated their understanding of how to access a health professional, the more likely they are to consider talking to their parents if/when going through a tough time ($p < 0.001$).

The higher a person rated their understanding of where to find information on getting through a tough time, the more likely they are to visit ReachOut.com ($p < 0.001$).

This additional between-group analysis underlies the importance of accessible youth friendly resources that foster broad based mental health literacy.

Conclusion

The second annual user-profile recorded a much higher completion rate as a result of adjustments made to the length of the first annual survey.

- Encouraging levels of satisfaction with ReachOut.com were found, with high levels of respondents reporting they will or would visit again if they need to and ReachOut.com identified as the most likely source of future support when/if going through a tough time
- This year's sample has been more engaged with health services and also has higher psychological distress levels than last year's sample
- The respondents to the second annual survey report higher levels of mental health literacy.

ReachOut.com sentiment analysis

A new version of ReachOut.com was launched in June 2011. Commentary increased dramatically with the new version of the site. This section presents the findings gathered from an analysis of commentary and questions submitted to ReachOut.com from 1 June - 31 August 2012.

The main aim of this sentiment analysis was to learn more about users and their needs so that the delivery of ReachOut.com can be shaped to provide the best possible help.

This has brought to light much valuable information which is shaping the way ReachOut.com works in every aspect from our moderating policy to content creation.

The site's functionality enables visitors to submit comments on the hundreds of factsheets, blogs, and videos. 'Ask the Expert' is ReachOut.com's newest feature and prompts visitors to submit questions to a different expert each month. Each expert covers a range of youth mental health topics from depression and anxiety to bullying and relationships and visitors are encouraged to submit questions on the topics the experts are covering. The sentiment analysis was a retrospective qualitative examination of all comments, including 'Ask the Expert' questions submitted by visitors to ReachOut.com.

There were a total of 503 comments submitted to ReachOut.com, all of which are included in the analysis. The re-designed version of ReachOut.com has made it much easier for users to submit comments reflected in a significant increase in the number being submitted.

ReachOut.com is pre moderated which means that comments only appear on the site once they have been approved by a moderator. Our moderation policy states that we aim to review all comments submitted to the site within 24 hours.

Comments per month

Figure 16 shows the total number of comments received per month from the period 1 June 2011 – 31 May 2012. October received the highest amount of comments accounting for 16% of the overall commentary. The lowest amount of commentary received was in June which accounts for 3% of the 12 month periods commentary.

This finding is consistent with the traffic patterns on ReachOut.com with September and October found to be two of the busiest months. While looking at the commentary and the metrics side by side we can see that the users of ReachOut.com are most engaged with the site during the academic year and our lowest traffic and commentary is during academic holidays.

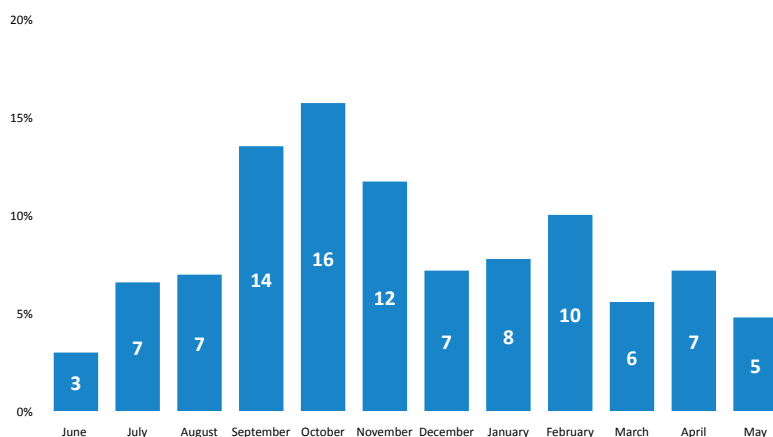


Figure 16: Comments per month

Comments per day

Figure 17 shows which days of the week users commented on ReachOut.com. Most comments were submitted mid-week, with a clear reduction in the number of comments submitted towards the weekend and the fewest comments submitted on Saturdays.

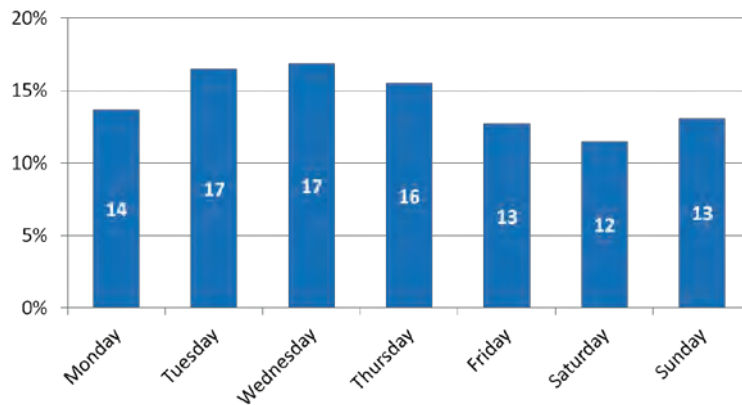


Figure 17: Comments per day (n=503)

Time of day

Figure 18 presents the time at which comments were submitted to ReachOut.com. It can be seen that 38% of commentary occurred during regular working hours*. The remaining 62% occurred outside of regular working hours.

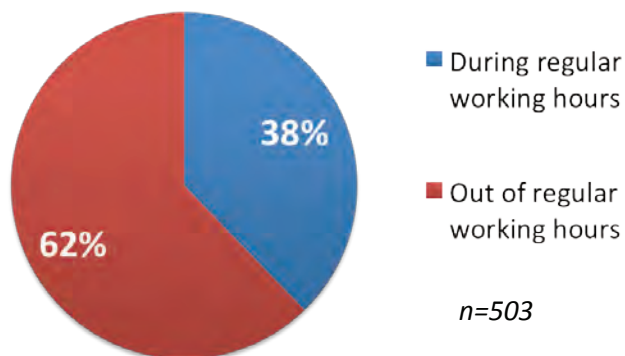


Figure 18: Time of day

*Regular working hours were defined as 9am to 5pm Monday to Friday

Gender

Figure 19 shows the gender of the users who commented on ReachOut.com in the period 1 June 2011 – 31 May 2012.

The gender of the commenter was determined by the username submitted and/or the name in the email address provided.

Out of the 503 comments analysed 254 commenters were identified as female (50%) 140 were identified as male (28%) and 109 commenters were in the unknown category (22%). The unknown category includes commenters with unisex names and people who chose gender-neutral usernames and email addresses.

The gender balance of commenters is reflective of the findings of the user-profile survey. The user-profile survey found that 28% of visitors to ReachOut.com identify as male and 71% identify as female. It is interesting to note that the number of men responding to our user-profile survey (28% of overall sample) is reflected in the commentary, with men accounting for 28% of commentary on the site. This indicates that men who visited ReachOut.com were as likely to engage with content and help as their female counterparts and indicates that ReachOut.com is doing a good job of engaging with men once they visit the site.

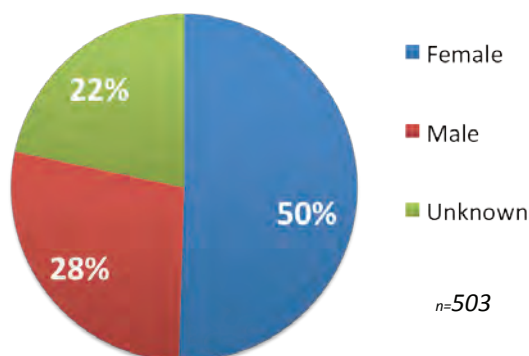


Figure 19: Gender

Types of comment

Upon examination of the comments submitted, three main categories of comments were discovered. The most common type of comment was from people looking for help and information for a tough time they were going through. Figure 20 shows that this type of comment made up 69% of the commentary. The second most common type were general comments (22%), which included positive remarks about content or ReachOut.com and included replies to and in support of other commenters. Our third main category of comment related to those seeking help and information for a friend or family member (9%).

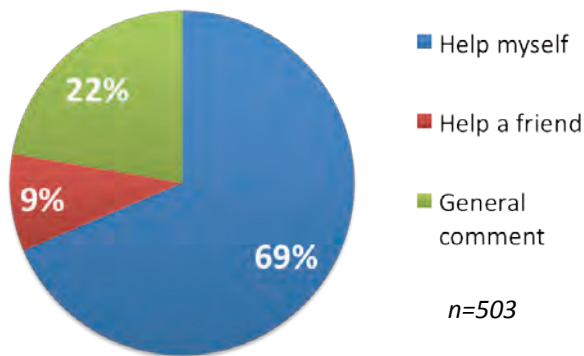


Figure 20: Type of comment

Frequently mentioned topics and issues

Many comments included more than one topic or issue. This is represented in Figure 21 below.

The most frequently mentioned topics were depression, referred to in 129 comments (26% of total comments), followed by anxiety, which was mentioned in 76 comments (15% of total comments). This is consistent with our analytics tracking that tells us depression and anxiety are the most visited sections on ReachOut.com.

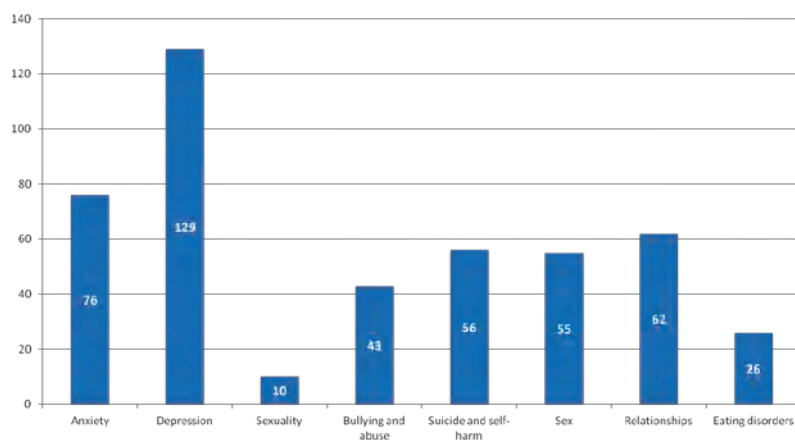


Figure 21: Frequently mentioned topics and issues

Please note relationships as mentioned in Figure 6 refers to romantic relationships.

What does depression mean?

Depression was mentioned in over a quarter of total comments. A frequently misunderstood word, depression and can often be used in a variety of contexts. To better understand what visitors to ReachOut.com mean by the term depression, a qualitative analysis was conducted.

Figure 22 shows that of those who mentioned depression the most common feeling expressed was feeling sad. Lack of motivation was another common emotion as was crying for no reason. Other emotions and feelings mentioned were lack of energy and experiencing mood swings.

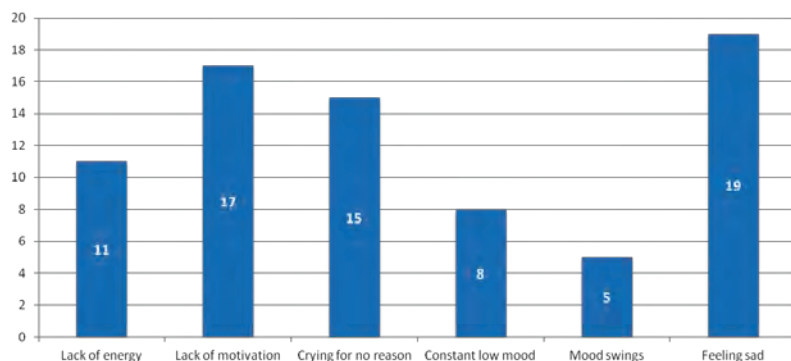


Figure 22: Feelings and emotions associated with depression

Environmental issues

Many environmental issues were referenced as having an effect on how the person was feeling. These issues were mentioned as causes, triggers, or as apparent consequences of depression. Figure 23 shows that of the comments relating to depression (n=129), isolation was mentioned 24 times and money worries were mentioned in 11 comments. 18 people felt that their depression was putting a strain on their relationships. It should be noted that some comments relating to depression mentioned more than one environmental issue.

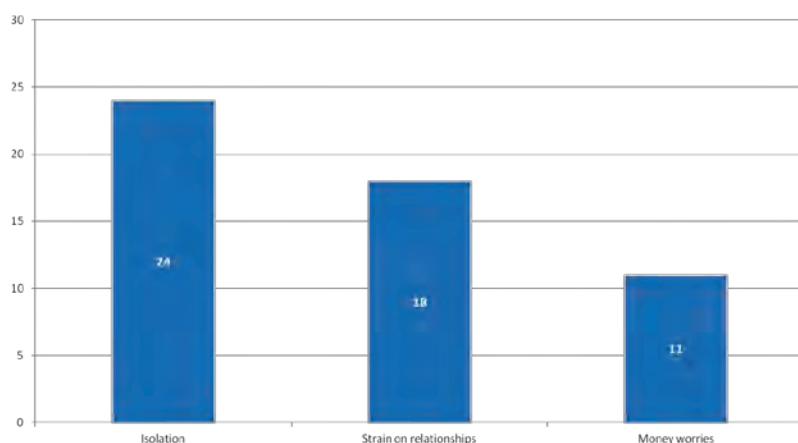


Figure 23: Environmental issues

Anxiety

Anxiety was another commonly mentioned feeling and as there can be many different types of anxiety. It was decided to explore these. Figure 24 shows the types mentioned by people who commented. Some comments mentioned more than one type and this is represented in the graph. 28 comments relating to anxiety mentioned the term "anxiety" or "general anxiety". 24 specifically mentioned "panic attacks" and 14 mentioned "social anxiety".

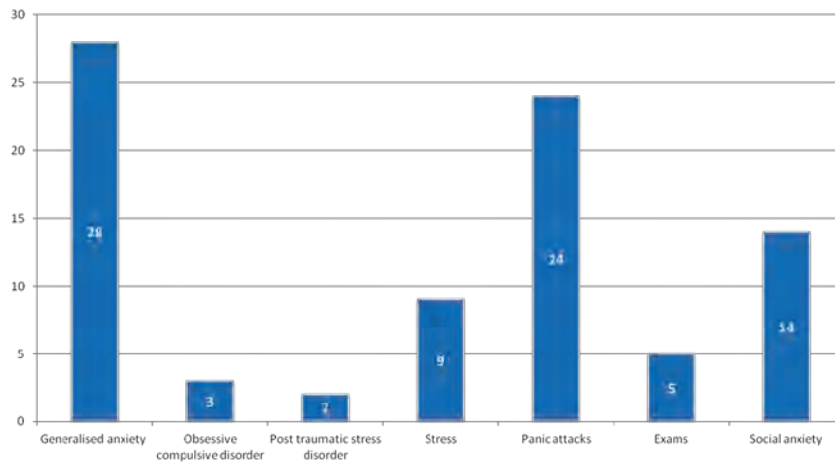


Figure 24: Types of anxiety mentioned

Conclusion

This was the first sentiment analysis conducted on the comments and questions submitted to ReachOut.com.

In conclusion, it was found that:

- The majority of commentary was posted outside of regular working hours showing the need for services like ReachOut.com, which are available 24/7
- The majority of commenters were looking for help and information for a tough time they themselves were going through and the most frequent topic mentioned was depression
- Commenters to the site experienced a number of feelings relating to depression and anxiety.

This type of analysis has given us a better understanding of our visitors and their needs. The results will be used to shape and improve service delivery in terms of content and moderation systems.

The undertaking of the sentiment analysis has been a learning experience and the methodology for future analysis will be adapted based on our learnings.

ReachOut.com analytics

The ReachOut.com website was re-designed and launched in June 2011. The re-design was conducted after an evaluation of the original design and usability of ReachOut.com and user-testing.

The traffic patterns discussed below cover a 12 month period from the re-launch in June 2011 to June 2012.

Traffic

Over the 12 month period, June 2011 – June 2012, there were 143,652 Irish visits to ReachOut.com (114,185 unique visitors) which represents a 10% increase on traffic from the previous year.

Over that 12 month period, January 2012 was the busiest month for visits followed by November 2011, then October 2011.

During the academic year, a fairly consistent trend in traffic can be seen, whereby the numbers visiting the website peak on Mondays and Tuesdays. The visitor numbers then tail off throughout the week with the lowest visitor numbers recorded on Saturdays.

This traffic pattern is in direct contrast with that of the Samaritans helpline which experiences peaks on Friday and Saturday nights (Samaritans Ireland, 2011). It could be argued that as the Samaritans helpline is not exclusively promoted among young people, the difference in patterns of traffic could be down to demographic differences but regardless, it is interesting to note the difference in traffic patterns depending on the medium of support.

Sources of referral

The majority of visitors to ReachOut.com find their way there through a Google search. The second largest source of traffic referrals come from Facebook. Spikes in traffic to ReachOut.com can be seen as a direct result of Facebook advertising and broadcast media coverage.

Popular content

The top entry points to the site are the homepage and factsheets on depression, anxiety and eating disorders. Once entered into the site, the most popular content are the 'real stories'. The real stories section contains stories on getting through tough times submitted by young people. Their popularity highlights their value as a method of disseminating coping strategies for getting through tough times.

ReachOut.com contains hundreds of informational factsheets and the most popular are 'depression', 'anxiety', 'bi-polar disorder', 'management and treatment options for depression' and 'what to do if you're being bullied'.

3. Activity and youth engagement

Overview of Inspire Ireland programmes

This section provides a brief overview of Inspire Ireland's programmes.

Programmes/brands include:

- ReachOut.com – the online service helping young people through tough times
- PleaseTalk – third level colleges campaign and signposting service
- Minding our mental health – online training programme
- WorkOut – mental fitness application for young men
- Bridging the digital disconnect – research study targeting adult 'gatekeepers'.



Inspire Ireland's programmes

Each of these programmes has a clear and specific audience and each one connects back into our flagship programme ReachOut.com. In addition to managing these five projects, Inspire has also taken on a leading role in the development and management of *Get on Board*, which is an advocacy campaign that was delivered in the 2011 general and presidential elections in Ireland to promote the issue of *youth mental health*.

For more information on any of Inspire Ireland's programmes, please email: info@inspireireland.ie

ReachOut.com



ReachOut.com, Inspire Ireland's flagship programme, is an Internet-based initiative that promotes the mental health and wellbeing of young people in Ireland and facilitates help-seeking through signposting face-to-face services as and when those services are needed.

ReachOut.com is generally psycho-educational, empathetic and youth friendly in approach and is based around the provision of accurate information on mental health issues and problems.

Accurate information on mental health problems can be of great benefit to young people who themselves are experiencing problems by helping them to better understand and manage what they are experiencing. While traditionally aimed at people experiencing problems, psycho-educational resources can also be of use to people who are concerned about the mental health of others and can help to educate the population generally, contributing to higher levels of mental health literacy.

Specifically, through ReachOut.com, we provide extensive information on every aspect of youth mental health. This information covers topics ranging from:

- lifestyle factors that become magnified during adolescence such as relationships and alcohol consumption through to
- common mental health problems like depression and anxiety.



ReachOut.com graffiti mural at Oxegen 2011 painted by ReachOut.com youth ambassador Kev

Armed with general knowledge of common mental health related issues, ReachOut.com explains to young people the many and varied ways of managing mental health problems, of getting through tough times. ReachOut.com explains how health services work (formal support) and underlines the importance of getting support from family and friends (informal support). All of this information is brought to young people by the *youth brand* of ReachOut.com which has been grown and developed on a daily basis through online communications and face-to-face community engagement in the places young people get together (from school canteens to the Kings of Concrete festival and Oxegen).

PleaseTalk



Please Talk was launched in January 2007 in University College Dublin in response to the deaths of a number of students by suicide. PleaseTalk has two main objectives.

- Firstly, the campaign has a core proactive message that **'talking is a sign of strength'**. This key message encourages students to talk to someone if they're going through a tough time.
- Secondly, the PleaseTalk website [www.PleaseTalk.org] highlights the extensive supports available to students on their respective campuses throughout the island of Ireland, as well as other external information and services.

In April 2012, PleaseTalk was joined by President Michael D. Higgins to celebrate its fifth anniversary in the Royal College of Surgeons in Ireland. Students, Students' Union representatives, mental health professionals and politicians from across the country gathered to mark the occasion and to re-enforce PleaseTalk's ethos that talking is a sign of strength.

August 2012 saw PleaseTalk host its third PleaseTalk Forum in Dublin Institute of Technology. Students and student support staff came together to workshop strategies on developing PleaseTalk on respective campuses across Ireland.



President Michael D. Higgins joins in PleaseTalk's fifth anniversary celebrations, August 2012.

PleaseTalk was formally incorporated into the Inspire Ireland Foundation in 2010 and is now present in 34 colleges across 32 counties following its launch in Northern Ireland in November 2011. Currently funded by the HSE's National Office for Suicide Prevention and delivered by Inspire Ireland. Our focus will be for PleaseTalk to have a home on every campus throughout Ireland by 2014 and that its core message will become synonymous with a person's journey through higher education in Ireland.

Get on Board



Get on board for Youth Mental Health is a campaign involving four organisations: Inspire Ireland, Headstrong, BeLonGTo and Foróige. This positive campaign was run ahead of both the Irish general election and the presidential election, urging candidates to make youth mental health a priority.

The campaign generated great momentum around the general election, with an average of 145 emails sent to candidates every day by constituents. Nearly 200 candidates got on board, 73 of whom are now elected TDs. As such, 45% percent of all sitting TDs have committed to the issue of youth mental health, including the Taoiseach and the Minister for Health.



All aboard! - Get on Board campaigners Anthony Muldoon and Amy Colgan with An Taoiseach Enda Kenny and Dan Neville T.D. all getting 'on board' for youth mental health.

Get on Board has since proven itself to be a brand that can work on many levels as an advocacy platform to get youth mental health on the political agenda from its success during the general election to the more recent presidential election when Inspire re-engaged with supporters of the campaign to lobby for the identification of youth mental health as a key issue for the presidential candidates. *Get on Board* is a dynamic campaign that can be adapted as opportunities arise to re-engage supporters in lobbying for youth mental health and suicide prevention related issues.

'Bridging the digital disconnect'



“Bridging the digital disconnect” is a collaboration between Inspire Ireland and the Health Promotion Research Centre in NUI Galway. The project came about through Inspire Ireland’s international partners Inspire Australia and their close links with the establishment of the Australia-based Young and Well Cooperative Research Centre (CRC). The project is funded by the Young and Well CRC (<http://www.yawcrc.org.au>).

This project involves a needs-assessment with a range of adult ‘gatekeepers’ and the development of a suite of tailored online youth mental health resources on the basis of the needs-assessment. The project researcher, based at NUIG, has completed a systematic review examining the evidence base in relation to (i) online mental health promotion and prevention strategies for young people and (ii) online gatekeeper training interventions.

Fieldwork has been completed with our first set of gatekeeper groups; parents. Over the next year fieldwork with other gatekeeper groups including youth workers, teachers, GPs and mental health professionals will take place.



Young and well Cooperative Research Centre

Along with the opportunity to develop academic partnerships in Ireland and build on our international partnerships, the nature of the project has facilitated the development of important partnerships in the Irish context. The national advisory group for the project, for example, includes representation from the Irish College of Psychiatry, the Social Personal and Health Education National Support Service, Foróige and the Health Service Executive.

Minding our mental health



Minding our mental health online

Inspire Ireland, with HSE National Office for Suicide Prevention funding, has developed a new online training programme called *Minding our Mental Health*. This online programme is an education based programme and the host platform, SilverCloud. It carries a series of interactive and instructive modules that trainees must complete in order to successfully 'graduate' through the programme.

The primary aim of *Minding our mental health* is to provide education and training in mental health and safe online communications specifically in relation to mental health. In achieving this aim, the training programme will increase levels of mental health literacy (in a broad sense, adopting a bio-psycho-social perspective) and increase capacity for moderating online communities.

There are two main parts involved in completing the programme:

- 1) An introductory face-to-face workshop which brings together a group of trainees to introduce the trainees to each other, provide an overview of the programme and a demonstration. Attendance at the workshop is compulsory and only after attending will login details for the online programme be made available to trainees.
- 2) The online programme itself consists of five modules to be completed over a five week period:
 - What is mental health?
 - Mental health problems
 - Mental health support
 - Minding yourself online
 - Applying new skills

Each module follows a similar structure and contains text-based educational content as well as video content, personal stories and interactive quizzes and activities. Throughout the programme trainees are guided by a designated 'peer supporter' who will check in with them online once a week for the five weeks to give feedback and to assist with any issues arising. Trainees who successfully complete the programme will qualify to apply as peer supporters themselves.



Screengrab of Minding our mental health online training programme

As this is an educational programme and is not intended to be therapeutic, it will be made available to anyone aged 18 years and over. Trainees will go through the programme as part of a group and will be recruited through youth organisations, schools, colleges and workplaces. In particular, *Minding our mental health* provides an efficient solution in the area of mental health for providers of workplace employee assistance programmes.

WorkOut

WorkOut

The Men's Health Forum Ireland was funded by the Health Service Executive in Ireland and the Public Health Agency in Northern Ireland to develop two pilot suicide prevention initiatives for young men – one south and one north of the border. The Institute of Public Health in Ireland managed the development of the overall project.

The pilot site selected for the project in the Republic of Ireland was the development of a website in collaboration with the Inspire Ireland Foundation. In order to pilot test the feasibility of an online suicide prevention / mental health promotion initiative the project advisory group decided to develop a mental fitness application called *WorkOut**. The 'WorkOut' mental fitness website was modelled on an application originally developed by the Inspire Foundation Australia.

The objectives of WorkOut are to:

- Use the Internet to promote help seeking amongst young men by
 - Challenging stereotypical attitudes of mental health
 - Provide them with the language and tools to take positive action
- Promote social connectedness
- Promote mental health literacy
- Challenge thoughts that impede help-seeking.

'WorkOut' is free to access and based around a series of brief online interventions (called missions) using the principles of cognitive behavioural therapy aimed at addressing the four areas of:

- Being practical
- Building confidence
- Taking control
- Team player.



Giovanni Trapattoni helping to launch WorkOut

'WorkOut' is a stand-alone website that young men can access in their own time and on their own terms, choosing as few or as many brief interventions as they want. 'WorkOut' is promoted on, and linked to, ReachOut.com.

*<http://www.workoutapp.ie>

Community engagement

The 18 month period January 2011 to June 2012 was very with highlights including:

- Launch of our first annual film competition *'Inspire a Generation'*
- Lead role in getting 193 candidates, 73 of whom are now elected TDs, 'on board' for youth mental health through our Get on Board campaign
- Partnerships with festivals like Oxegen and Kings of Concrete
- Launch of PleaseTalk in Northern Ireland and the celebration of its 5th anniversary with President Michael D. Higgins
- ReachOut.com winning an Irish Internet Association award for best 'Social Contribution'.

Key activities

Note to Self

This is our flagship community awareness campaign. Young people are encouraged to write their future selves a positive message which is later posted back to them at a random date. We launched this in January 2011 and by June 2012 had completed its first full academic year. Over 5,000 postcards were written throughout this period at events such as Dáil na nÓg, Young Social Innovators, and at events on third level campuses across the country.

Participation in Young Social Innovators' Annual Showcase in 2011 and 2012 resulted in two of the highest number of Note to Self postcards written at any event. Meeting motivated young people who are looking to actively participate in youth mental health and the world around them was a brilliant experience for ReachOut.com. We continue to support some YSI projects in the category of youth mental health.



Note to Self

Student mental health packs

The Union of Students in Ireland held their Mental Health Week in November 2011. Each college received an allocation of mental health packs which focused on the theme of 'What's Your Tip?' to looking after your mental health. Over 20,000 packs, which included ReachOut.com and PleaseTalk.org bookmarks and postcards with tips on how to look after yourself if you're going through a tough time, were sent to campuses across Ireland.

'So What Do You Think? A Guide for the Teenage Mind'

Clair Swinburne, an experienced secondary school teacher from Gorey, Co. Wexford is the author of 'So What Do You Think? A Guide for the Teenage Mind', of which proceeds go to ReachOut.com. Following the launch of the book in December 2011, Clair and Inspire Ireland's CEO, Elaine, featured together on RTÉ's 'Four Live' series to discuss mental health.

Film competition: Inspire a Generation

In June 2011 Inspire Ireland launched our first national film competition. The challenge set out by Inspire Ireland was to create a short film or animation, which explores youth mental health in a positive light. The films had to promote constructive attitudes and challenge stereotypes around mental health issues. Most importantly the films needed to demonstrate how young people can get through tough times.

As young people are at the centre of everything ReachOut.com does, it is important that they are involved in the creation of content to ensure its relevance to them. In this way ReachOut.com ensures content is accessible and engaging for all young people in Ireland and young people continue to feel a sense of ownership of the service.

We received 21 applications, of which 11 were invited to proceed to production. Our expert judging panel consisting of Rupert Morris from Cawley Nea, Ciaran Walsh from Le Cool, Gar O'Brien from Galway Film Fleadh, and Max Halley Independent Animator and ReachOut.com Advisory Network member. First prize in the competition was €2,000 and an internship with award-winning agency Cawley Nea.



Film competition finalists

An award ceremony was held in November 2011 at Denzille Cinema, Dublin.

Dun Laoghaire Institute of Art, Design and Technology (IADT) graduate, Dannielle O'Connell, beat off stiff competition with her winning animation, 'Monster in the Closet'. Her short motion piece features animated monsters with the voices of three young people speaking about their fears of communicating with others. It illustrates how talking about their problems was the first step in their recovery.

First runner up was Dara McLoughlin with his film 'Our Mental Health'. Second runner-up was Shane Power with 'Unfold'.

We also commended other finalists who promoted constructive attitudes and challenging stereotypes around mental health issues.

ReachOut.com would like to thank all of our judges for their time and their professionalism. All entries can be viewed on ReachOut.com.

Our second annual film competition was launched in May 2012 and results are expected to be announced at an awards ceremony before the end of 2012.

Youth engagement

ReachOut.com's Youth Advisory Network and Youth Ambassadors are an integral part of ReachOut.com, as we continue to ensure young people are at the centre of everything that we do. Their thoughts, time, energy and passion are very much appreciated and are central to helping ReachOut.com achieve its mission.

Volunteers get involved in three main areas with ReachOut.com; building community awareness, content creation and fundraising. To reflect these three key areas workshops were held throughout 2011 for all members of our Youth Advisory Network.

Early 2011 saw our first image workshop which was used to understand and gather feedback from young people on what images on ReachOut.com are appropriate for different issues and also to recruit volunteers to source images for the website.



Fundraising workshop in Google

In June 2011 we held a fundraising workshop in Google where we looked at how to build effective fundraising events. Volunteers were given a toolkit which serves as a guide to planning an event, from initial concept through to delivery. Towards the end of 2011, we held our final workshop on community awareness. Our Youth Advisory Network provided ReachOut.com with various ideas on ways to promote ReachOut.com in different communities and what methods and materials work better than others. They then received a presentation on ways to engage a large group of people on a certain issue, from the clarity of the message to the confidence and conviction of delivery.



Alan Quinlan and Denis Vavasour

RTÉ TV programme 'Four Live' partnered with ReachOut.com on an episode focused on youth mental health, as part of an overall series of shows on mental health. One of our longest serving volunteers, Denis Vavasour, was interviewed by former Ireland and Munster rugby player Alan Quinlan. It was an opportunity for Denis to share his personal story, showing others in similar situations how it is possible to get through tough times. Denis was happy to be able to discuss what really helped support him through his tough time, as well as being able to meet Alan and gain experience filming for television.

At the end of 2011 our first group of Youth Ambassadors came to the end of the one year programme. We held a graduation ceremony in the second week of December to thank everyone for their commitment to ReachOut.com and we also welcomed our new group of Youth Ambassadors who began their roles in January 2012.

Youth Ambassador Becca Keegan commented on her time with ReachOut.com to date

"In the last year and a half as an Ambassador for ReachOut.com, I have been given many great opportunities to take part in and attend workshops and to learn new skills. I was also given the opportunity to share some of my own experiences of studying for and completing the Leaving Certificate. I was allowed to use the website as a forum to share this experience with other young people who were themselves going through this stressful time. With the support of the staff at ReachOut.com I held a workshop in my local youth club, I used 'Notes to Self' to promote the services of ReachOut.com. I was also a part of the pilot group for Minding Our Mental Health Online. Being part of this taught me a lot about minding your mental health online. All of the above activities have benefitted me greatly and I hope to be able to continue being an Ambassador for such an amazing service."

Internships and volunteer work

Ian Lacey from Gorey, Co. Wexford worked as a Community Engagement intern with Inspire from September 2010 to March 2011. He is now completing his own fundraising challenge for the Carers Association of Ireland, by cycling from the northernmost part of North America to the southernmost point of South America.

Suzanne Byrne from Dublin joined Inspire Ireland as a Community Engagement intern between March 2011 and November 2011. Suzanne is now working in Malawi on a United Nations Volunteer Internship.

Nigel O'Callaghan from Cork began working with Inspire Ireland as a Community Engagement intern in September 2011. He was then offered his current role with Inspire Ireland as a Community Engagement Officer.

Sara Warren, a student of Applied Social Studies in the College of Further Education Dundrum, completed her work experience placement with Inspire in February and March 2012. She provided direct support to ReachOut.com's Community Engagement strategy, as well as contributing to our research and evaluation and online communications.

Nicole Paulie is a Counselling Psychologist, originally from Kansas City, U.S.A who has volunteered her time two mornings a week to Inspire since January 2011. Working from our Dublin office, she has been extensively reviewing and creating content for ReachOut.com.



Team giving it welly at Oxegen 2011

Festivals

During the summer months, festivals are the most appropriate events to reach young people and promote awareness of ReachOut.com.

Six volunteers over two days helped out with our basketball competition event at Kings of Concrete in the summer of 2011, our second collaboration with the urban street event. Their simple everyday ethos of 'do something' is a perfect match for ReachOut.com as we look to integrate looking after your mental health across all aspects of society by being in the everyday settings that young people are.

At Oxegen 2011, our 'Give it Welly' campaign evolved from the previous year's 'Pimp my Tent'. Spray painting wellies for festival goers became the central theme of the three days as the Community Engagement team worked closely with Youth Ambassador Kevin Robert and over 20 volunteers on the festival grounds. Engaging young people attending the festival was a great experience and ReachOut.com continued to open up the conversation around youth mental health in everyday settings.

Community fundraising

The Rubberbandits opened the annual Pig N' Porter Festival 2011 with a gig in Dolan's Warehouse, Limerick in July. All proceeds from the event went to ReachOut.com.

We held our second comedy night fundraiser in The Sugar Club, Dublin in July 2011. Sponsored by Macquarie Group Foundation, money raised from ticket sales and a raffle on the night was donated to ReachOut.com. We had performances from Fred Cooke, Jack Wise, Eric Lalor and Shazwanda.



Youth Ambassador Rachel Fitzsimons receiving a cheque from Bernard Brogan and Jim Mulqueen from Farrell Grant Sparks

Some high-profile table quizzes were held in aid of ReachOut.com over the period January 2011 to June 2012. These included the Irish Times 'The Ticket' table quiz hosted by Hugh Linehan and Conor Pope and the Dublin Media table quiz hosted by Ray D'Arcy. ReachOut.com was also nominated by our ambassador Bernard Brogan as the beneficiary of the annual Farrell Grant Sparks staff quiz.

In November 2011 the Paul Stafford Foundation Ball took place in the Mansion House, Dublin. The foundation was established in 2007 to raise awareness and address the serious issue of suicide in Ireland. Each year the foundation selects a related charity to support through the ball's fundraising revenue and we were delighted to be their choice for 2011.

For the second year running ReachOut.com took Oxegen by storm! In July 2011, armed with a team of 25 ReachOut.com staff and volunteers, we asked festival goers to 'Give It Welly' to raise money and show their support for the service ReachOut.com provides.

ReachOut.com's Youth Advisory Network have been very active with their fundraising endeavours.

- Carmel Sayers ran a concert in Tralee
- Nigel O' Callaghan ran the Cork City Marathon in 2011 in aid of ReachOut.com and inspired by his efforts, members of Inspire Ireland staff ran the marathon as part of a relay team
- Oliver Clare set himself the challenge of running 20 marathons throughout 2012. As of June 2012 he has successfully completed half of his goal
- The Dun Laoghaire Music and Dramatic Society held a concert on Dun Laoghaire Pier with all the proceeds going to ReachOut.com.

Awards

ReachOut.com was delighted and honoured to win the award for best 'Social Contribution' in the Irish Internet Association's Dot.ie Net Visionary Awards held in September 2011.

References and appendix

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<http://www.workoutapp.ie>
<http://www.psych.org/practice/dsm>

Appendix – Survey questionnaire

User-profile 2011

Consent

Consent for participants aged 18 and over

Q1. I am aged 18 years or over and I have read and understood the Participant Information and wish to continue with this survey

- Yes
- No

Demographics, part 1

Q1. Did you take part in the 2010 ReachOut.com online survey?

- Yes
- No

Q2. Are you...

- Male
- Female

Q3. How old are you?

- 18-21
- 22-25
- 26-30
- 35-40
- 40+

Q4. Where do you live?

- Rural (in open countryside or in a village)
- Urban (in a town with a population of 1,500+)
- In an Irish city other than Dublin
- In Dublin

ReachOut.com

Q5. Where did you first hear about ReachOut.com?

- College event
- School event
- From a friend/teacher/parent
- I saw a poster
- Facebook
- TV
- Radio
- Other, please give details _____
- I can't remember

Q6. How often do you visit ReachOut.com?

- Today is my first time visiting
- Once a day
- A few times a week
- Once a week
- Once a fortnight
- Once a month
- Once every 3 months
- Less than once every 3 months

Q7. What is your main reason for visiting ReachOut.com today? (select only one)

- I am looking for information
- I am going through a tough time and I am looking for help
- I know someone going through a tough time and I'm looking for how to help them
- I want to check out what's new on the site
- I want to read other people's stories
- I want to connect with others
- I am doing an assignment for school or college
- I am a parent looking for information
- I am a health professional or teacher looking for information
- Other, please specify _____

Q8. Since visiting ReachOut.com: (please tick all that apply)

- I have learned a lot about mental health
- I know where I could get help if I needed to
- I feel better able to help a friend/family member through a tough time
- I am not as afraid/ashamed/embarrassed about what I am going through
- I am more likely to open up to a friend or family member
- I am more likely to seek help from a health professional
- Other _____
- None of the above

Q9. Have you ever submitted a comment or question on a factsheet, blog, or to Ask the Expert?

- Yes, and I was happy with my answer
- Yes, and I was not happy with my answer
- No

If you wish to explain your answer, please do so here

Q10. To what extent would you agree or disagree with the following statements about ReachOut.com?

	Agree	Neither Agree nor Disagree	Disagree	Don't Know
I would tell a friend about ReachOut.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ReachOut.com is a site I trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ReachOut.com makes me feel like I am not alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. Will you visit ReachOut.com again?

- Yes, definitely
- Maybe
- If I need to
- No

If you want to give a reason for your choice of answer, please do so here

Help-seeking

We want to ask you some questions about going through a tough time

Q12. When/if you're going through a tough time, how likely are/would you be to:

	Very unlikely	Unlikely	Likely	Very Likely	Doesn't apply
Talk to a friend about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your parents about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your brother or sister about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your teacher or lecturer about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to a professional, like a GP or a counsellor about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Call a helpline (e.g. Childline or Samaritans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Talk to someone through email or online counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Look for help on ReachOut.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Look for help on websites other than ReachOut.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Look for help in a book or magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//
Look for help on, or by using a social networking tool (e.g. Facebook or Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	//

Q13. Have you ever talked about your tough time with:

	Yes	Would think about it	No, and won't
A family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. If you answered 'No, and won't' to the previous question, can you tell us why not? (Please select one only)

- I've never gone through a tough time
- I am too scared
- I am too embarrassed
- ReachOut.com has given me enough information to manage my tough time
- Other (Please specify) _____

Q15. We'd like to know about your understanding of how to get help or help others. How would you rate your understanding of:

	Not good at all	Okay	Good	Very Good	Excellent
Who to talk to if you're going through a tough time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to access a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to help a friend who's going through a tough time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to find information on getting through a tough time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal well-being

The following questions ask for your views about how you feel. If you are unsure about how to answer a question please give the best answer you can (i.e. the response that is best for you).

Q16. In the past 4 weeks about how often did you feel:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So restless that you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Understanding mental health

Q17. Please indicate your level of agreement with the following two statements:

	Strongly Agree	Agree the time	Disagree the time	Strongly Disagree	Not Sure
Anyone can experience a mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I was experiencing a mental illness I wouldn't want other people to know:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographics, part 2

Q18. Education – which of the following best describes you?

- I am in secondary school (but haven't yet done my Junior Cert)
- I am in secondary school (have done my Junior Cert)
- Have done my Leaving Cert
- I am completing a third level qualification
- I have an undergraduate qualification
- I have a Postgraduate qualification

Q19. Employment – which of the following best describes you?

- I care for a family member
- I work part-time
- I work full-time
- Student
- Unemployed
- Other _____

Q20. Where do you usually access the Internet from?

- Computer at home
- Computer at school
- Laptop
- Mobile Phone

Q21. Do you have any comments or suggestions for us?



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