2013 ReachOut.com Annual User Survey Results

Who uses ReachOut.com and how it helps them

REACH OUT.COM

by Inspire Foundation

Contents

List of Figures continued

Executive Summary

This report presents results from the 2013 ReachOut.com Annual User Survey, a large scale voluntary cross-sectional study of over 2,600 visitors to ReachOut.com. ReachOut is a web-based service that aims to improve mental wellbeing as well as prevent and intervene early in the onset of mental health problems in young people aged 14-25 years. First launched in 1998, ReachOut engages over 1.4 million unique visitors each year, making it one of the most widely accessed mental health services in Australia. Although ReachOut works across the Spectrum of Interventions for mental health[1], the service strategy gives particular priority to prevention, case-identification and early-intervention, and accordingly focuses on supporting young people who are experiencing the early onset of symptoms of mental health problems. This research follows on from the 2012 Annual User Survey[2] by again examining who uses ReachOut and their reasons for accessing the service. The results also provide insights into young people's experience of ReachOut and their views about how it has impacted on their mental health literacy and help-seeking intentions. A summary of key findings is provided below.

ReachOut engages young people with high levels of psychological distress who are likely to be in the early stages of developing mental health problems, but are not accessing other forms of professional support

The 2013 Annual User Survey data shows that ReachOut is engaging the key target groups it aims to reach. In 2013, 77% of young people accessing the service were experiencing high or very high levels of psychological distress, and the majority self-report that their mental health had worsened in the previous twelve months, suggesting they are accessing ReachOut.com in the early stages of developing mental health problems. Critically, one in two first time visitors experiencing high or very high psychological distress had not accessed any other forms of professional help before using the service, indicating that ReachOut is reaching young people with unmet mental health needs. By contrast, young people who had low or moderate levels of psychological distress were significantly more likely to report using ReachOut for school or university work. This highlights the potential of ReachOut to faciliate opportunistic mental health promotion and universal prevention-oriented strategies.

Analysis of time of access data found several possible relationships between purpose of visit, visitor type and the time of day when young people access the service. These insights highlight the potential for future service development to incorporate time-based content scheduling and search engine marketing to furtherenhance user experience and ensure young people get the help they need quickly and effectively.

Young people rate ReachOut positively and report that it gives them the information they are looking for

ReachOut continues to receive positive ratings in terms of utility, design, breadth and credibility of content, and the majority of young people surveyed reported that the service gave them the information they needed. Most young people (81%) also reported they were likely to return again in the future, and 83% would tell a friend about ReachOut if they were going through a tough time. These results indicate that ReachOut is regarded as a valuable, useful and well trusted resource by those who visit it. The 2013 data also showed improvements across most dimensions rated by young people when compared to the 2012 survey (undertaken prior to redeveloping the website). This finding affirms the significant investments made redeveloping the website's design, content and technical infrastructure in late 2012.

ReachOut motivates young people to seek further professional help who may not otherwise receive any support

While the cross-sectional study design limits the extent to which service impact and outcomes can be evaluated, the 2013 results once again suggest that ReachOut is positively influencing young people's help-seeking intentions. A high proportion of first time (41%) and repeat visitors (53%), who were experiencing high or very high levels of psychological distress, indicated they were more likely to seek support from at least one other professional source of help after visiting ReachOut, despite having not previously accessed any form of professional support. Given that seeking help early in symptom development and from appropriate sources is critical to reducing both the severity and duration of mental health problems, ReachOut offers significant potential for improving mental health outcomes by facilitating early-intervention. Future studies should seek to more rigorously test and clarify these observations.

Introduction and background

Purpose

This report summarises key findings from the 2013 ReachOut Annual User Survey, a voluntary cross-sectional study of visitors to the ReachOut website. It follows on from the 2012 Annual User Survey[2] by again examining who uses ReachOut and their reasons for accessing the service. The results provide insights into young people's experience of ReachOut and their views about how it has impacted on their mental health literacy and help-seeking intentions. The 2013 study also offers the first comprehensive assessment of the ReachOut platform since it was redeveloped in late 2012 and forms an integral component of the wider ReachOut Evaluation Framework. This report begins by presenting a brief overview of ReachOut and the survey methodology before outlining results. It concludes with a brief discussion summarising key conclusions, implications for service delivery and future directions in evaluation and research.

About ReachOut

ReachOut is a web-based service that aims to improve mental wellbeing as well as prevent and intervene early in the onset of mental health problems in young people aged 14-25 years. First launched in 1998, ReachOut underwent significant redevelopment in 2012 and works across the Spectrum of Interventions for mental health[1] (see Figure 1.0) with an emphasis on action in the following domains:

1. **Universal prevention and mental health promotion:** building protective factors (such as mental health literacy, self-efficacy and a sense of belonging) in all young people, in order to prevent the development of mental health problems and optimise wellbeing.
2. **Selective and indicated prevention:** supporting young people going through tough times and/or from populations known to be at greater risk of experiencing mental ill-health (such as lesbian, gay, bisexual, and/or trans* and intersex young people), by strengthening resilience and building adaptive coping and problem-solving skills.
3. **Early intervention:** engaging young people with high levels of psychological distress and/or early symptoms of mental illness, with an emphasis on facilitating recognition of symptoms (case identification) and help-seeking behaviour, particularly by those who are not currently accessing other forms of support.

Figure 1.0   The Spectrum of Interventions for Mental Health[1]
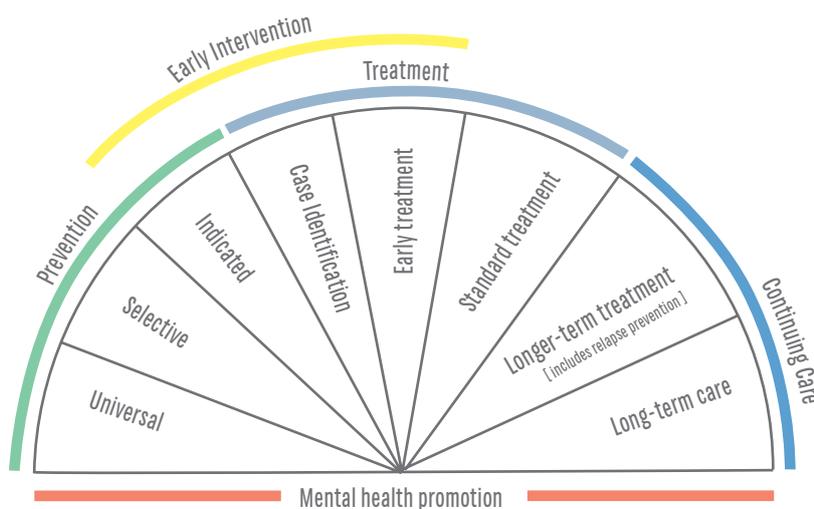
ReachOut provides evidence-based information and tools produced in partnership with clinical experts and young people in a variety of formats such as fact sheets, videos, personal stories, moderated online discussion forums (including both asynchronous and live discussions with peers and mental health professionals), online games, mobile apps and targeted social marketing campaigns delivered across traditional and social media channels. A more detailed overview of the ReachOut service model and its strategic focus on help-seeking is described in detail elsewhere [2,3].

Survey rationale and aims

The Annual User Survey provides an in-depth profile of the demographic characteristics and mental health status of young people who use ReachOut, as well as exploring how and why they visit. Since its inception in 2002, the survey instrument has undergone several revisions in order to ensure ongoing alignment with ReachOut's strategic objectives and service offering. The 2013 Annual User Survey maintains the same aims as the previous year, and therefore focuses on examining:

- who uses ReachOut and whether these service users reflect the intended target audiences
- how, why and when young people use ReachOut
- young people's satisfaction with and impressions of ReachOut in terms of key user experience goals
- whether ReachOut is meeting its core program objectives, with an emphasis on determining if the young people who use ReachOut with high levels of psychological distress feel it influenced their help-seeking.

The ReachOut web platform underwent a major redevelopment following the 2012 Annual User Survey. In addition to major technical upgrades, this redevelopment included amendments to the navigational structure of the website and content. Content was updated to ensure it reflected the current evidence base and was compliant with best practice for search engine optimisation (SEO) and ReachOut's User Experience (UX) goals. Accordingly, the 2013 Annual User Survey offers the first opportunity to assess young people's satisfaction with and experience of the ReachOut website following redevelopment by comparing these findings against data collected pre-redevelopment in mid 2012.

Findings from this survey also complement insights derived from other monitoring and evaluation methods such as Google Analytics, content management system (CMS) data, social analytics, other short intercept questionnaires, qualitative user experience and on-site community studies, randomised controlled trial studies of service components and apps, and large scale national market research surveys. Collectively, these comprise ReachOut's evaluation framework. The findings identify program strengths and challenges, and therefore play an important role in shaping future service delivery and development, as well as guiding future research and evaluation efforts.

Methodology

The 2013 Annual User Survey was conducted by ReachOut.com by Inspire Foundation using a secure online platform. All desktop users of the Australian ReachOut website were invited to participate via a pop-up triggered by interacting with any page (excluding the community forums, as these were hosted on a separate web server) over 11 weeks between June 24 and September 5, 2013. Mobile and tablet users were not presented with the pop-up and were therefore excluded from the study. The pop-up box contained the following text: 'Give us feedback? Please complete our 2013 Annual User Survey' with the options of 'Now', 'Later' or 'No'. Participants were also recruited via a link on banners displayed on ReachOut's homepage (n=44) and website header (n=174), and through advertising on the ReachOut forums (n=10), twitter and facebook pages (n=3), though respondents recruited from these channels comprised only a small proportion of the overall sample at 8.76% (n=231).

The survey was voluntary and the sample is therefore self-selected. A total of 2,637 site visitors consented to undertake the survey, and of these, 39% completed all questions for which they were eligible, with a mean completion time of 17 minutes. This represents approximately 0.8% of 321,447 unique visitors to the site registered in Google Analytics during the recruitment period. The response rate was significantly lower in 2013 than in 2012 (n=5,942, or 1.9% of all unique visitors). Web browser cookies were used to minimise the likelihood of returning visitors seeing and undertaking the survey more than once. A small proportion of respondents reported having participated in surveys conducted in previous years (11%). No identifying information was collected in order to ensure responses were anonymous. The online survey software, Qualtrics, was used to design the survey and collect data. All data was encrypted and stored securely. Data was only accessible to ReachOut staff with a password.

Participants were first provided with an information statement, explaining the purpose of the study and the types of questions asked, and were requested to tick a box if they consented to complete the survey. Participants were then filtered into three different survey branches, depending on their age and whether they indicated using the site for personal or professional purposes.

The survey consisted of both open-ended and closed (mostly multiple choice) questions. These included both existing standardised scales and questions developed specifically for the ReachOut evaluation framework. ReachOut.com by Inspire Foundation staff, ReachOut Youth Ambassadors, academic research partners and clinicians provided input into the survey and assisted with pre-testing for readability and usability. Broadly, the questions collected the following data:

- demographic information such as age, gender, post code, education, employment, cultural background and sexual orientation
- ReachOut usage in terms of frequency of visits, the type of information sought, the features used and reasons for visiting
- site satisfaction in terms of user experience, functionality, design and credibility of information provided
- current mental health status, as measured using the Kessler 10, a validated short scale of psychological distress[4]
- past and present utilisation of professional services and social sources of help, as well as perceptions about whether respondents felt their intentions to seek help after visiting ReachOut had changed
- current beliefs and attitudes about mental illness.

A number of amendments were made to the 2013 survey instrument and analysis protocol and accordingly caution is warranted in making comparisons between 2012 and 2013 data in some instances. Key changes include:

- linguistic diversity was assessed differently in 2013 to more closely align to the ABS Census survey questions[5]
- cultural diversity was assessed using three questions in 2013: main language spoken at home, respondent's country of birth, and the country of birth of the respondent's parents
- geographical distribution was coded using the ABS Australia Statistical Geography Standard correspondence coding index (post code to remoteness area classification, 2011)[6]
- site usage and satisfaction questions were updated to reflect the new ReachOut website structure
- self-reported alcohol consumption was included for the first time in 2013 and estimated using the graduated frequency method[7] and assessed against the NHMRC Guidelines[8]
- self-assessed mental health status was introduced to establish the recency of onset of (or improvement in) mental health symptoms
- sources of help were updated to better align to the 2007 National Survey of Mental Health and Wellbeing[9].

Furthermore, the Qualtrics survey platform was linked to the ReachOut Content Management System via API for the first time in 2013, providing data about the URL respondents were viewing at the time of completing the survey. This enabled a descriptive analysis of the content respondents were engaging with, and a comparative analysis of what content respondents were consuming against the topics they reported seeking support with or information about.

Most questions were 'forced-choice' and therefore participants were generally required to answer each question before being able to proceed to the next question. However, questions that were considered potentially sensitive, such as questions about sexual orientation however, were optional. Significant drop-off was observed (39% of respondents completed the entire survey), resulting in some variation in the number of responses between questions. New users and those with low levels of psychological distress were significantly less likely to complete the survey than repeat users and those with high levels of psychological distress ($p < 0.05$).

The findings presented in this report were derived from analyses conducted only with data from participants who identified as non-professional users of the site aged 25 years and below. This sub-sample comprised 61.85% (n=1,631) of all survey respondents, and provided sufficient power for most statistical analyses. Categorical outcomes were investigated using cross-tabulations, t-tests and chi-square tests as appropriate using SPSS. Qualitative data was thematically analysed and coded.

Results

Who uses ReachOut

The average age of participants in the under 25 cohort was slightly higher in 2013 (mean = 17.08 years with SD = 3.1 compared to 16.8 years of age in 2012). The youngest participant was 7 years old. As presented in Figure 2.0, most participants were female and a small proportion were intersex, transgender and/or genderqueer.

Figure 2.0   Age and gender distribution of young people accessing ReachOut

1.8%
trans, gender diverse and/or intersex

17.7%
male

80.7%
female

29%
14-15 years

10%
19-20 years

9%
23-25 years

7%
Under 14 years

37%
16-18 years

7%
21-22 years
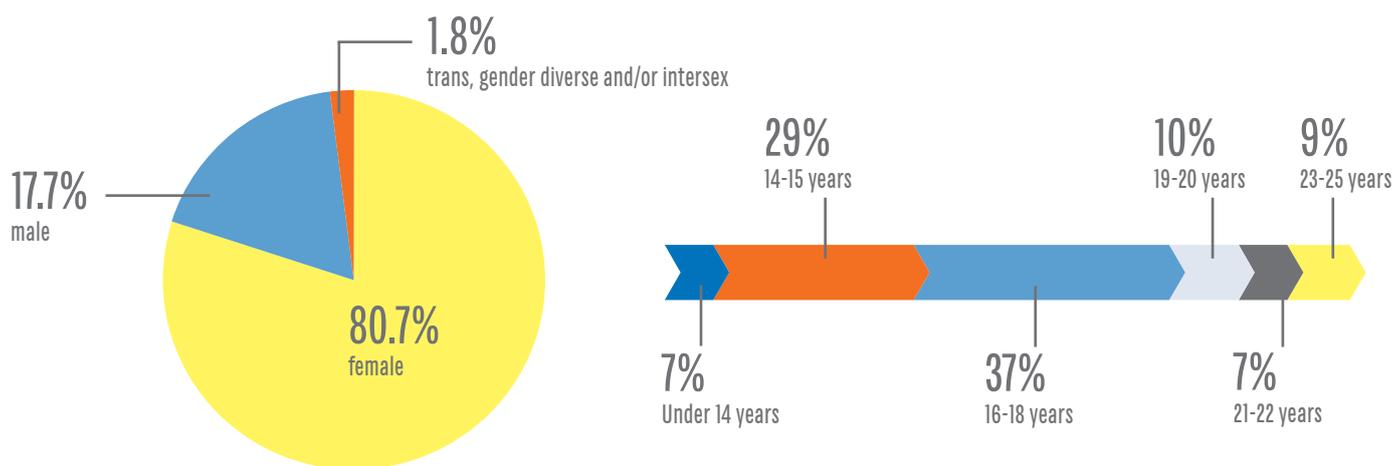
The majority (86%) of participants lived at home with parents or close family. Most respondents were born in Australia (83%), while 39% said at least one parent was born overseas and 9% reported that they mainly speak a language other than English at home. Furthermore, 2% identified as Aboriginal or Torres Strait Islander (4% of all 11-25 year olds in the 2011 Australian Census[10]) and more than one in four (27%) respondents identified as lesbian, gay, bisexual, queer, or questioning their sexuality. Figure 3.0 presents an overview of key characteristics of the young people who participated in the Annual User Survey.

Figure 3.0   Demographic characteristics of Young People who access ReachOut

Young people living in rural, regional or remote areas	21%
Young people who identify as lesbian, gay, bisexual, queer or other diverse sexualities	27%
Young people who report they were born overseas	17%
Young people who report at least one parent was born overseas	39%
Young people who report they mainly speak a language other than English at home	9%
Aboriginal and/or Torres Strait Islander young people	2%
Young carers	2%
Young people currently studying	83%
Young people in paid work	25%
Young people who said they were unemployed	12%

Geographical distribution of young people accessing ReachOut

Geographical location was determined by analysing post codes provided by survey participants and coding these in accord with the ABS Australia Statistical Geography Standard correspondence coding index (Post Code to Remoteness Area Classification, 2011)[6]. The majority of participants lived in Victoria (27%) or New South Wales (39%). Figure 4.0 presents the geographical distribution of participants aged 25 and under by post code. The majority of participants reported post codes that were classified as metropolitan, while 21% of participants resided in rural, regional or remote areas. A comparison of the post code data collected against the geographical distribution of all unique Australian visitors during the data collection period (determined by geocoding IP addresses) within Google Analytics is also provided. Based on this comparison it seems that, in terms of geographical characteristics, the sample is reasonably representative.

Figure 4.0   Comparison of self-reported location of Annual User Survey respondents (aged 25 and under only) to all unique visitors to ReachOut during the data collection period

	Annual User Survey 2013 25 and under	Google Analytics (all unique
New South Wales	39%	39%
Victoria	27%	22%
Queensland	15%	15%
Western Australia	9%	9%
South Australia	7%	10%
Australian Capital Territory	2%	3%
Tasmania	2%	2%
Northern Territory	0.5%	0.5%
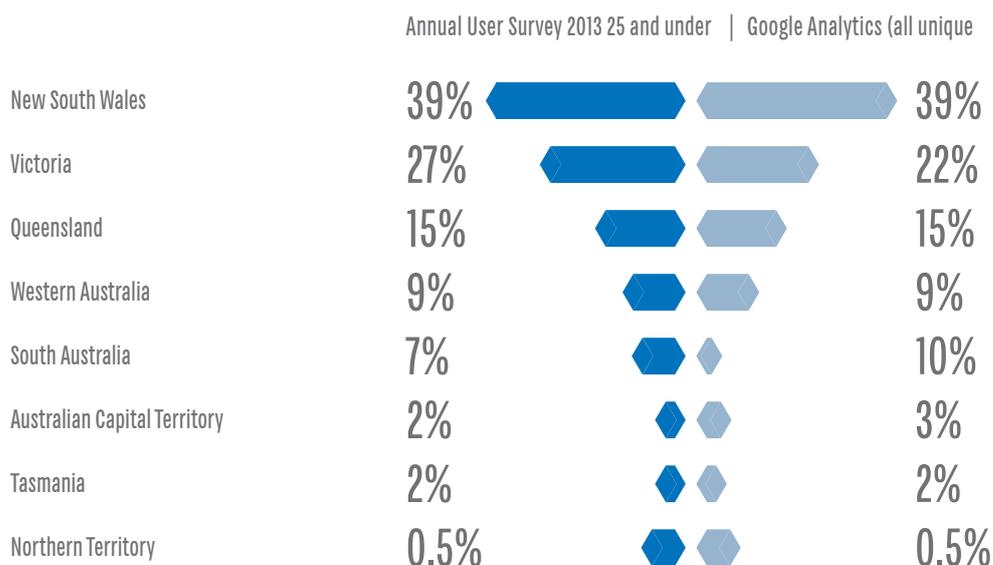
Psychological distress in young people accessing ReachOut

Young people experiencing high levels of psychological distress are one of ReachOut's priority target populations. In order to assess whether ReachOut is engaging this population segment, the survey included the Kessler 10 (K10) scale[4]. The K10 is often used to measure non-specific psychological distress in community health surveys and primary care. The scale uses a 10 item questionnaire on feelings of nervousness, anxiety and depression in the 30 days prior to the survey, with responses ranging from 'none of the time' to 'all of the time'. Although not a diagnostic tool, high scores on the K10 are strongly associated with indicating a need for mental health care[11].

Table 1.0 shows that 77% of Annual User Survey participants were experiencing high or very high levels of psychological distress at the time of visiting ReachOut (compared to 75% in 2012). These figures are significantly higher than observed in population health surveys (12%) and suggests that ReachOut is engaging young people who are likely to be experiencing moderate to severe mental health difficulties.

The majority of young people who access ReachOut [77%] are experiencing high or very high levels of psychological distress

K10 Score	ReachOut Annual User Survey, 2013	ReachOut Annual User Survey, 2012	Data from Australian Health Survey[12] 2011-12 (18-24 year olds)
Low (<16) "Likely to be well"	7%	12%	62%
Moderate (16-21) "Likely to have a mild disorder"	16%	13%	26%
High (22-29) "Likely to have a mental health disorder"	21%	21%	9%
Very High (>=30) "Likely to have a severe disorder"	56%	54%	3%

Self-assessed mental health status

The 2013 Annual User Survey introduced a brief series of questions asking respondents to self-assess their own mental health at the time of participating in the survey, and to compare their mental health to the same time twelve months ago. The majority (67%) reported their mental health was fair or poor, and 44% felt that their mental health was worse at the time of completing the survey than it had been twelve months earlier. Most (55%) of those who reported that their mental health had worsened, reported that it was 'a lot' worse, indicating that many young people who access ReachOut may do so in the early stages of the onset of symptoms of mental ill-health.

Chi-square tests found statistically significant differences between responses given by new and repeat visitors for two of the four variables measured. While there were no significant differences between how new and repeat visitors self-rated their current mental health status, a significantly higher proportion of repeat visitors (31%) than new visitors (24%) said that their mental health was "better" than it had been twelve months earlier and a higher proportion of new visitors reported their mental health had worsened in the previous twelve months (47% compared to 41%); $\chi^2(1) = 7.175$, p < 0.05. An equal number of new and repeat visitors said their mental health had not changed (29% for both new and repeat visitors) and there were no statistically significant differences between new and repeat visitors in relation to self-rating the extent to which their mental health had improved if they had said it was better than a year ago. However, amongst those who said their mental health had worsened in the last twelve months, statistically significant differences were observed between new and repeat respondents. Specifically, in response to "how much worse?", a greater proportion of repeat users said "some" (39% compared to 30% of new visitors), while more new visitors said "a little" (15% compared to 7% of repeat visitors); $\chi^2(1) = 10.735$, p < 0.01. There was no significant difference between the proportion of new and repeat visitors who described their mental health having worsened "a lot" (55% of new visitors compared to 54% of repeat visitors).

Figure 5.0   Self-assessed mental health

a) Overall, how would you rate your mental health, right now?
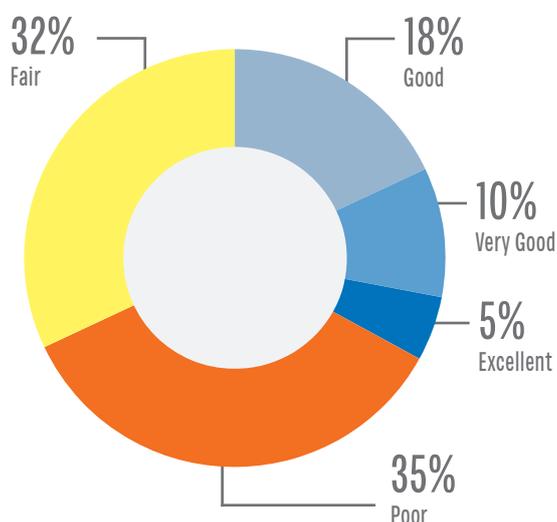
b) Compared to the same time last year, would you say that your mental health is…

32% Fair
18% Good
10% Very Good
5% Excellent
35% Poor

44% "Worse"   29% "About the same"   27% "Better"

c) How much better?

17% "A little bit"   37% "Some"   46% "A lot"

d) How much worse?

12% "A little bit"   33% "Some"   55% "A lot"

Alcohol consumption

Alcohol can interact with mental health in a variety of ways, increasing the risk of depression, anxiety and suicide, and comorbidity of alcohol dependence and mental health problems is also high[13]. The 2013 Annual User Survey sought to assess risky alcohol use amongst ReachOut users. 'Graduated frequency thresholds'[7] were applied to the Annual User Survey data in accord with the 2001 NHMRC Alcohol Guidelines[8]. These guidelines classify respondents' drinking behaviours as being at either low or high risk for both 'short term' and 'long term' harm. Although the 2001 NHMRC Alcohol Guidelines were updated in 2009, the most recent comparable population data available for the ReachOut sample is the 2007 National Drug Strategy Household Survey[14], which used the 2001 NHMRC Guidelines. Figure 6.0, shows that there is very little difference between ReachOut users' alcohol risk profile and what has previously been observed in the wider youth population. A minority of 12-17 year olds in both studies report drinking at risky levels for both short and long term harm, however nearly half of all 18-24 years in both the ReachOut (40%) and general youth population (44%) samples report drinking at levels that classify them as being at risk of short term harm.

Figure 6.0   Risk of short and long term harm from alcohol use amongst ReachOut users compared to the general youth population

Short term risk of harm

| 12-17 yo Abstained / Low risk | 12-17 yo Risky / High risk | 18-25 yo Abstained / Low risk | 18-25 yo Risky / High risk |

Long term risk of harm

| 12-17 yo Abstained / Low risk | 12-17 yo Risky / High risk | 18-25 yo Abstained / Low risk | 18-25 yo Risky / High risk |

■ ReachOut   ■ AIHW 2007 National Drug Strategy Household Survey cited in AIHW Young Australians - Their Health and Wellbeing 2011[14]

How, when and why do young people use ReachOut

How many users are first time visitors, and how did young people first hear about ReachOut

Over half of all respondents (59%) said that they were first-time visitors at the time of completing the survey. A higher proportion of female visitors were first-time users (57.6%) than repeat users (42.4%). Amongst male visitors, 62.9% were first-time users, while 37.1% were repeat visitors. Females were significantly more likely to report being repeat users than males; $\chi^2(1) = 10.841$, p < 0.01. A small proportion of young people were registered members of ReachOut (5%), newsletter subscribers (3%) and/or reported previous youth involvement as volunteers with ReachOut (2%).

59% Said they first visited today

21% Said they first visited sometime in the past 6 months

Said they first visited over 12 months ago

14%

First heard of ReachOut from school, uni or TAFE

25%

40% Heard of ReachOut from a search engine (e.g. Google)

The majority of young people reported first hearing about ReachOut either via a search engine such as Google (40%), or through school, university or TAFE (25%). The remaining 35% of respondents cited a variety of sources, most commonly from health care professionals, GPs, counsellors or youth centres (6%), advertisements (5%), or media coverage on TV, radio or a newspaper or magazine (5%).

ReachOut features and social channels used

Factsheets and stories continue to be the most commonly used features. Figure 7.0 presents the percentage of young people who used different website features and the most popular social channels. Figure 8.0 lists the most popularly viewed content in order of highest pageviews recorded in Google Analytics during the survey data collection period. Figure 9.0 presents the most popular keywords used by new visitors who were referred to ReachOut via organic and paid Google search results. Critically, 60% of young people who had not used the community forums cited being unaware of this feature as the main reason for not using them.

Figure 7.0   ReachOut features used by young people accessing ReachOut

Feature	%
Factsheets	73%
Personal stories	50%
Videos	11%
Community forums	21%
Smiling Mind App	10%
ReachOut Central (ROC)	6%
Links to other websites	20%
ReachOut on Facebook	9%
ReachOut on YouTube	6%
WorkOut Minisite	6%
Q&A	21%
ReachOut SMS Tips	7%
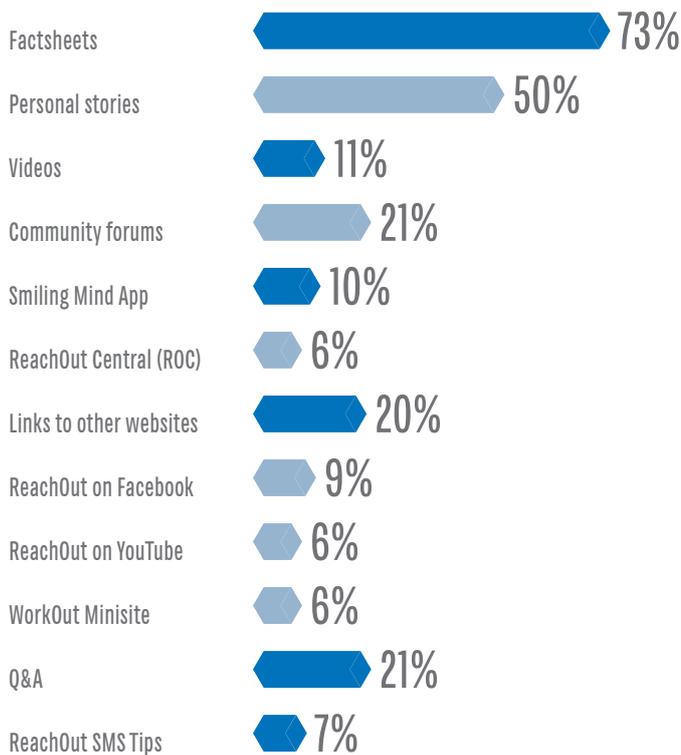
Figure 8.0   Top 5 content categories accessed in order of visits

1. Bullying
2. Sex
3. Friendships
4. Mood disorders
5. Abusive Relationships

Figure 9.0   Top 5 Google search keywords

1. Reach Out / ReachOut
2. Cyberbullying
3. Binge drinking
4. Schizophrenia
5. What is alcohol

Main reason for visiting

Participants were asked to indicate their reasons for visiting from a list of options. Respondents who selected more than one reason were asked to rank their selected reasons in order of priority. 'Going through a tough time' was the most commonly top ranked selected by all young people accessing ReachOut, except for those with low and moderate levels of psychological distress, who were significantly more likely to select 'doing an assignment for school or university' as the main reason for visiting $\chi^2(1) = 234.280$, $p < 0.001$. 'I'm going through a tough time and looking for help' was the most popular reason selected by both males and females, though a significantly higher proportion of females (57.2%) reported this as the main reason for visiting than males (48.5%) $\chi^2(1) = 23.265$, $p < 0.05$.

Figure 10.0   Top reason for visiting ReachOut [all respondents]

Reason	%
I'm going through a tough time and looking for help	56%
I'm doing an assignment for school or uni	20%
I'm looking for general information	8%
I want to check out what's new on the site	2%
I know someone going through a tough time and I'm looking for info about how to help	7%
Looking for tips on improving wellbeing	5%
Other	2%
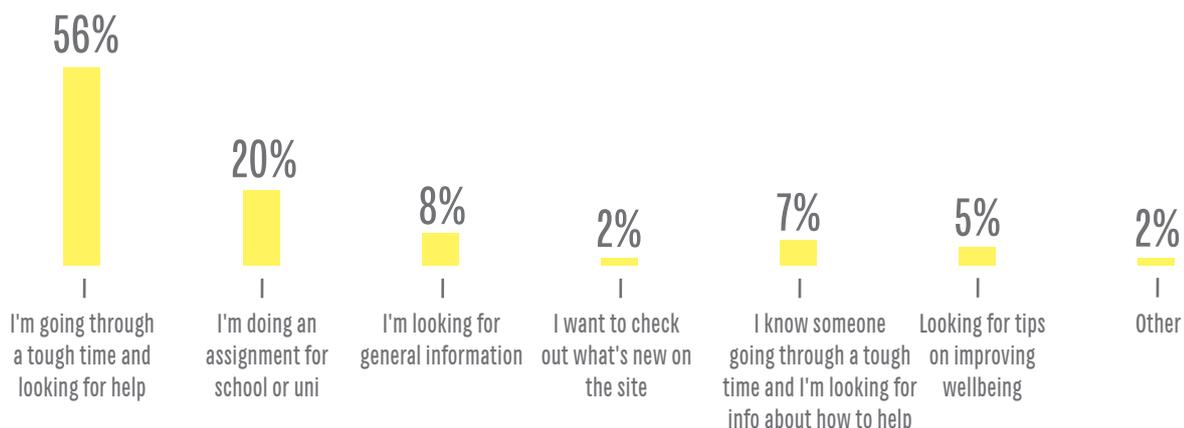
When do young people visit ReachOut

Date, day of the week and time of day data were available for each respondent from Qualtrics, enabling an assessment of when young people visit ReachOut. Over half (56%) visited ReachOut between 5pm and 9pm and 14% visited overnight (when other services are typically closed). The most visited hour of the day was 8-9pm, attracting 8% of all visits, while 12am-6am is the quietest period on all days of the week. Young people who reported using ReachOut for school or university assignments were significantly more likely to visit during school hours and accounted for 48% of participants completing the survey during this time period (9am-3pm) $\chi^2(1) = 63.492$, $p < 0.001$. Respondents who said they were visiting for help with a tough time were more likely to access ReachOut overnight (12am-6am) than young people visiting for other reasons, with 16% of this group accessing the site during this time; $\chi^2(1) = 16.971$, $p < 0.001$.

70% of young people surveyed visited ReachOut between 5pm and 6am - when most other services are closed

Reported topics of information sought

Survey participants were asked to "Briefly describe the main topic/s that you are looking for support/information on?" A total of 1,305 typed responses were recorded and coded into categories as defined in the 2012 Annual User Survey using thematic analysis. Over half of respondents (67%) indicated that they were looking for information or support for mental health difficulties. Of these, many referred specifically to depression and anxiety disorders. A further one in five (20%) also described seeking information about suicide and/or self-harm. A breakdown of the most common topics described by respondents is provided in Figure 11.0.

Topics that fewer than 5% of respondents cited in 2013 included: connecting with others, information for an assignment, sex and pregnancy, sexuality and gender, stress, school/university/work stress, getting involved, general information or browsing, loss and grief, living with and/or caring for someone and life transitions. It is noteworthy that while only a small number of respondents described seeking information for any given one of these themes, the overall proportion of respondents who mentioned at least one of these themes was 38%. Moreover, many respondents provided multiple reasons for visiting. This suggests that young people are presenting at ReachOut looking for help with complex and nuanced issues. Encouragingly, based on comparing responses to this question with URL data provided by Qualtrics, it seems that there was strong alignment between what young people were seeking information about and the content they were consuming at the time of participating in the survey.

Figure 11.0   Main topics of information sought by young people visiting ReachOut

67%	20%	10%	7%	12%	7%	6%	18%
Mental health difficulties	Self-harm / suicide	Eating disorders / body image	Contact details for help / advice / support	Developing coping skills	Relationships / divorce / family issues	Abuse / assault / family & domestic violence	Other (alcohol, bullying, helping others)
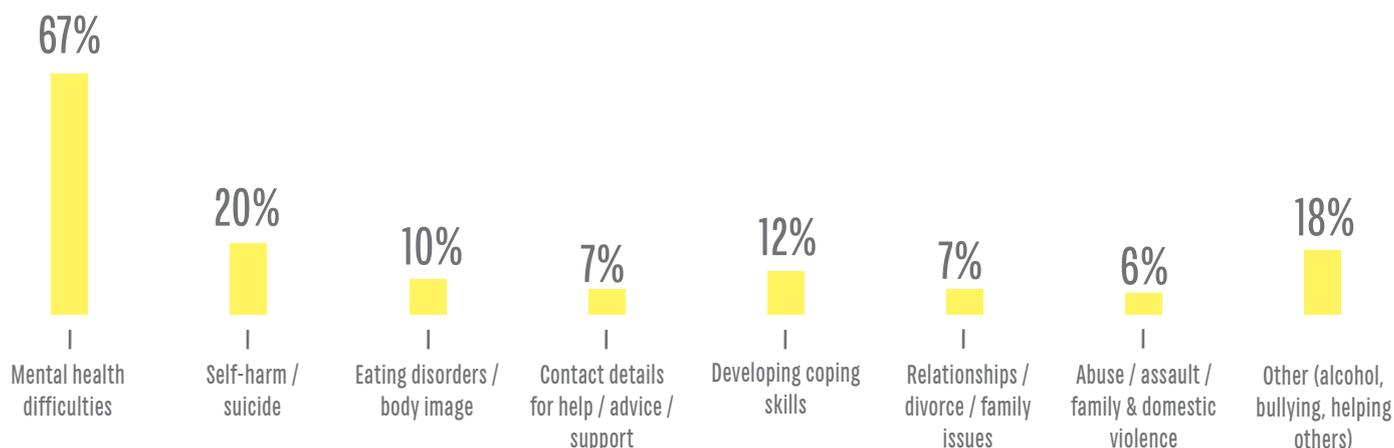
Young people's satisfaction with and impressions of ReachOut

Usability, design, credibility and range of information

The 2013 Annual User Survey again asked respondents to rate ReachOut in terms of the same attributes measured in 2012 (website usability, credibility, design and content) using the same five point scale of 'very 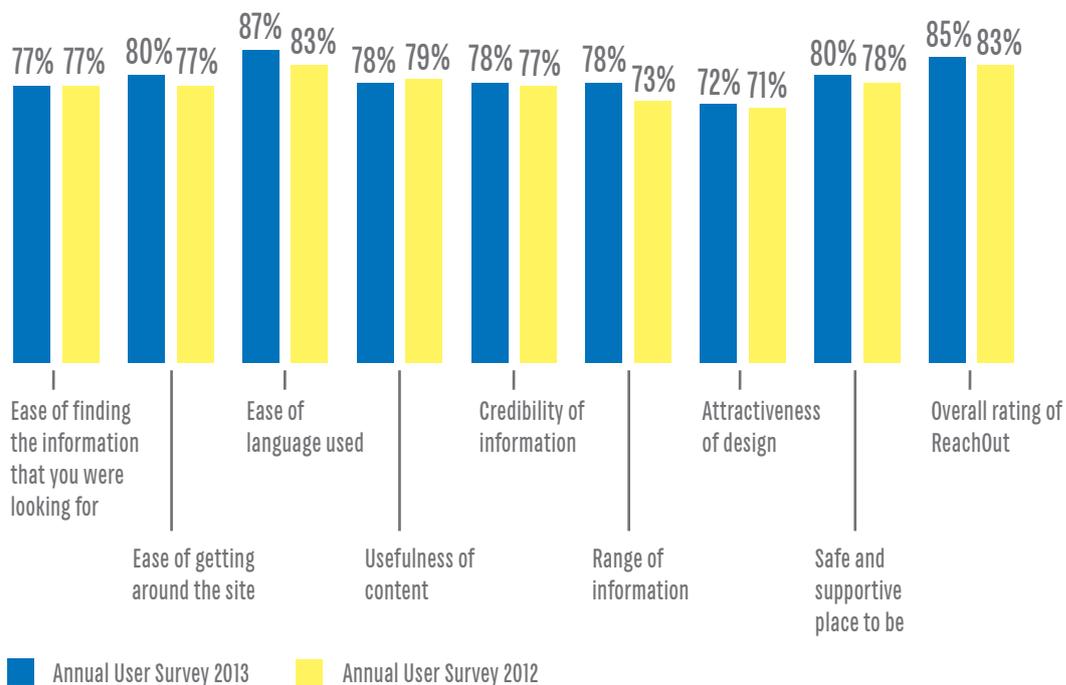poor', 'poor', 'neither good nor poor', 'good' or 'excellent'. As shown in Figure 12.0, the site was rated favourably by the majority of participants.

There were significant improvements in all dimensions rated in 2013 compared to the 2012 survey results, except 'ease of finding the information that you were looking for' and 'usefulness of content' which remained stable with 77% and 78% respectively rating each as 'good' or 'excellent' again. The largest observed improvements were in relation to 'ease of language used', the 'range of information' and 'credibility of information'.

Figure 12.0   ReachOut usability and credibility: % of respondents who rated each attribute as 'good' or 'excellent'.

Bar chart legend: Annual User Survey 2013 (blue), Annual User Survey 2012 (yellow).

Data: Ease of finding the information that you were looking for: 77% / 77%; Ease of getting around the site: 80% / 77%; Ease of language used: 87% / 83%; Usefulness of content: 78% / 79%; Credibility of information: 78% / 77%; Range of information: 78% / 73%; Attractiveness of design: 72% / 71%; Safe and supportive place to be: 80% / 78%; Overall rating of ReachOut: 85% / 83%.

Retention: are first-time visitors likely to return?

The overwhelming majority of young people surveyed indicated that they were "likely" to return to ReachOut in the future (81%), with only a small proportion reporting they were "unlikely" to return or "undecided". Amongst first-time visitors, 17% said they were "somewhat unlikely", "unlikely" or "very unlikely" to return (compared to 5% of repeat users). Repeat users were significantly more likely to indicate that they would visit again in the future, compared to first-time visitors; $\chi^2(1) = 58.1$, $p < 0.001$. An overview of responses to this question is provided in Figure 13.0.

Encouragingly, a larger proportion of first time visitors in the 2013 Annual User Survey said they intended to return in the future compared to the 2012 sample (77% compared to 58%) and far fewer were undecided (5% compared to 24%). Similarly, more repeat users reported they were "somewhat likely", "likely" or "very likely" to return again in 2013 (90%) compared to 2012 (80%), with fewer also reporting they were undecided (5% compared to 11%).

81% of young people say they are somewhat likely, likely or very likely to use ReachOut again in the future

77%
Likely

17%
Unlikely

5%
Undecided

First-time visitors

90%
Likely

5%
Unlikely

5%
Undecided

Repeat visitors
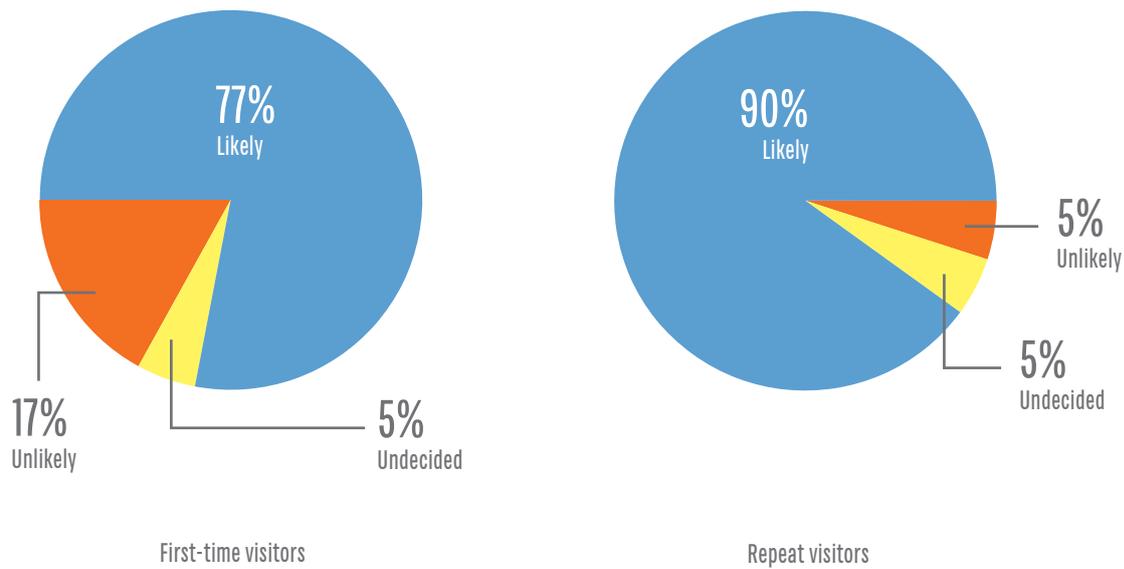
In their own words: what do young people like most about ReachOut

Young people were asked to share what they liked most about ReachOut by typing a short comment. A total of 377 participants provided a response. Key themes that emerged included the breadth of information available, ease of use and accessibility, and (as observed in previous years), that ReachOut is 'by young people, for young people' and normalises young people's experiences by presenting real stories about how other young people like them have gotten through tough times. A selection of responses is provided below and opposite.

" Accessible and concise information and tips on how to help friends.
I appreciate your focus on mental health rather than just mental illness. "
- 17-year-old female from NSW on what she likes about ReachOut

" Information that allows me to understand the mental illnesses that I'm facing
in easier words than what is received from medical specialists. "
- 20-year-old female from VIC on what she likes about ReachOut

" I like that RO gives young people information and stories on a wide array of topics that are easy to understand and relate to. I also like that RO is a safe supportive environment where we can discuss things that are happening in our life without judgement. "
- 17-year-old female from NSW on what she likes about ReachOut

In their own words: how ReachOut can be improved

The Annual User Survey also provided respondents with an opportunity to give comments or suggestions about how ReachOut could be improved. Of the 115 respondents who provided comments, the majority expressed that they felt ReachOut was meeting their needs and/or that they didn't have any specific suggestions for improvement. Common themes from those who did make suggestions for improvement included requests for more specific information on issues such as Asperger's and autism, how to talk with parents about seeking help, and more practical immediate tips to manage feelings.

" More fact sheets about different topics would be good. "
- 14-year-old female from Victoria on how ReachOut could be improved

" Make tests so people can see if there's a possibility they have a disorder or mental health problems. "
- 16-year-old female from Victoria on how ReachOut could be improved

" Have more options for online counselling for individuals. "
- 16-year-old female from Tasmania on how ReachOut could be improved

Subjective impact assessment

Young people's perceptions about whether ReachOut helped them with their 'tough time'

The Annual User Survey assesses subjective views about the impact of ReachOut by asking young people their opinions about whether ReachOut helped them with their tough time or influenced them to seek help in the future. In 2013, these questions were updated to include a 'not applicable' response item. In order to enable comparisons between 2012 and 2013, those who selected 'not applicable' were excluded from the results for this question. As shown in Figure 14.0, most young people reported that ReachOut provided the information they needed and that it helped them to deal with the issue they were experiencing and/or to better understand other people's experiences. Improvements were observed across ratings for all statements in 2013 compared to 2012 figures, except for 'helped you to feel more able to deal with the issue'.

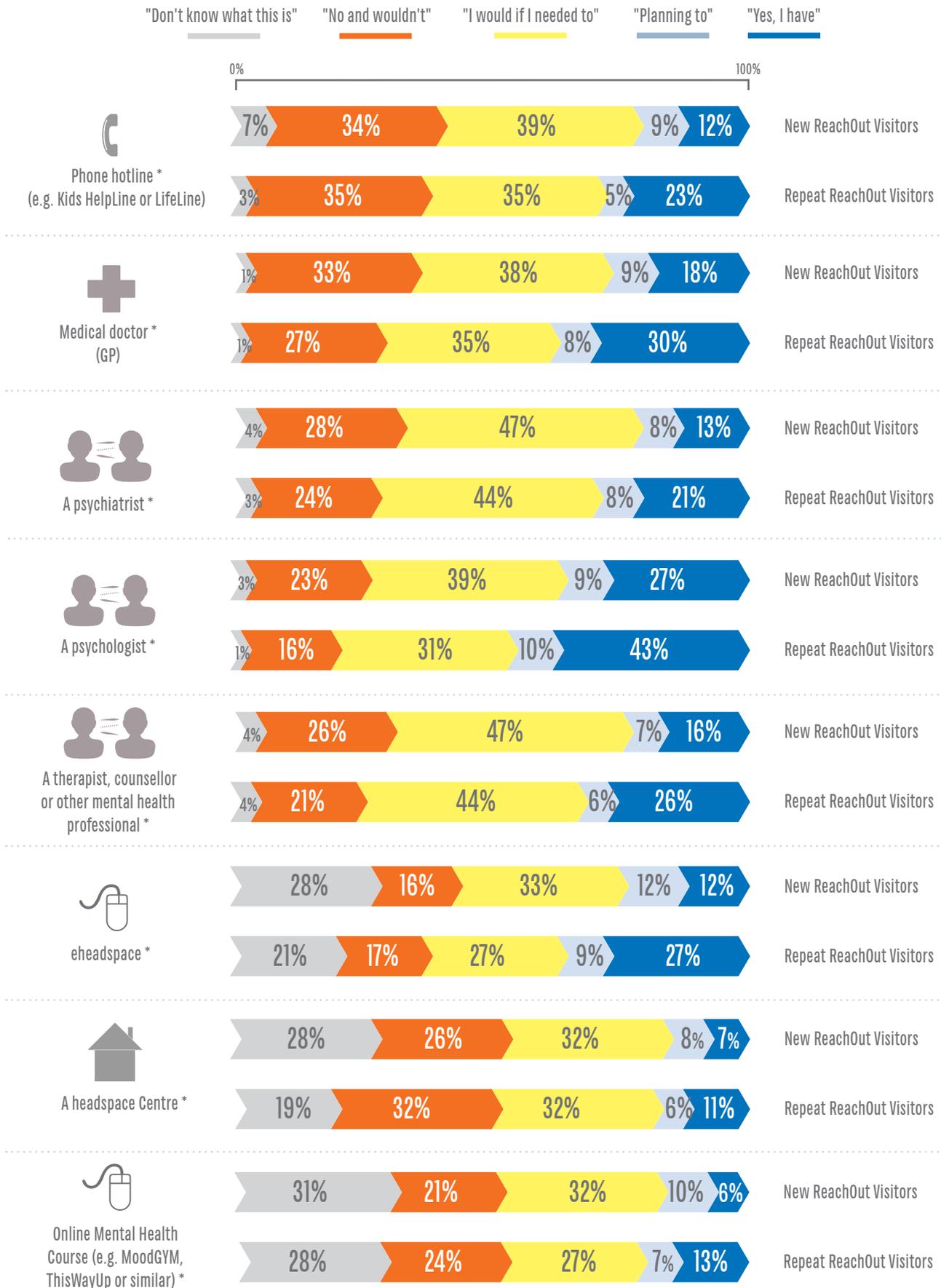Figure 14.0   Percentage of young people who reported that ReachOut helped 'somewhat', 'quite a bit' or 'a lot'

- 2013 Annual User Survey
- 2012 Annual User Survey

* Indicates statement was only presented to respondents who indicated they were or had previously visited for help with a tough time

Gave you the information you needed — 92% / 91%

Helped you to feel more able to deal with the issue * — 66% / 72%

Helped you to feel less alone * — 65% / 51%

Helped you better understand other people's experiences with the issue — 89% / 87%
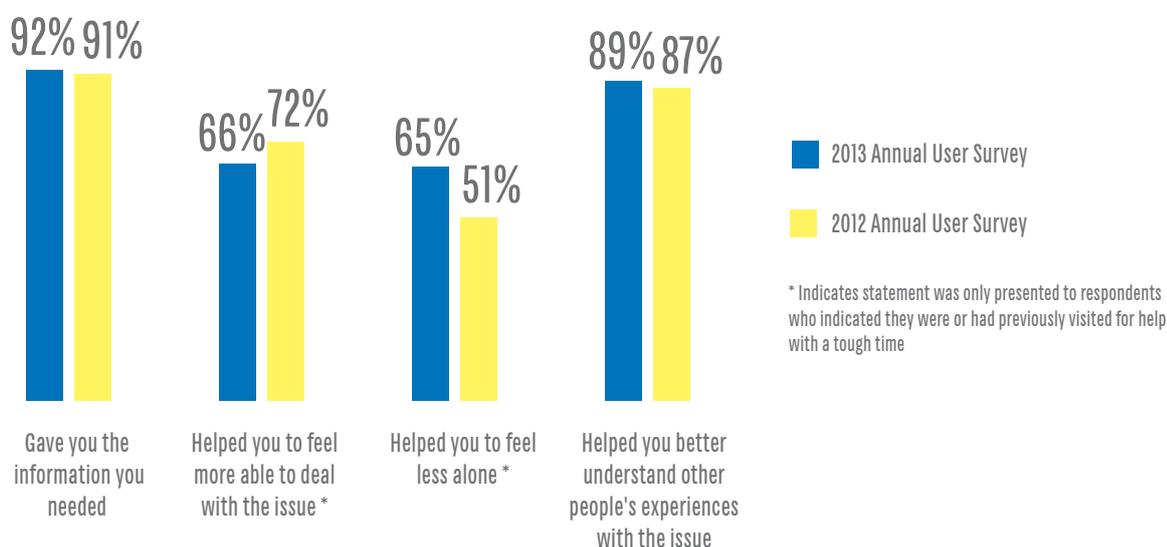
Past, concurrent and future help-seeking behaviours

One of the primary objectives of ReachOut is to facilitate help-seeking behaviours amongst young people experiencing high or very high psychological distress who are not receiving other forms of professional support. The 2013 Annual User Survey included the same questions as presented in the 2012 study, however some response options were revised to improve alignment with the sources of help examined in the 2007 National Survey of Mental Health and Wellbeing[9]. 'Other websites' was also introduced as a response option in 2013. The results to this set of questions assess future intentions to access help and account for previous or concurrent help-seeking behaviours. Young people were first presented with a list of social and professional sources of help and asked "Have you or would you talk to or go to any of the following to get through a tough time?". In response, participants were able to select from the following choices for each source: 'Yes, I have', 'Planning to', 'I would if I needed to', 'No and wouldn't' or 'I don't know what this is' (the latter was also newly introduced in 2013). Figure 15.0 displays the responses given by new and repeat visitors. As observed in 2012, the 2013 results again show only a small proportion of young people reported previously having sought help from other professional sources, while the majority of respondents selected that they would seek help if they needed to. This may indicate that most young people accessing ReachOut do not perceive they need help, despite many visitors experiencing high or very high levels of psychological distress. Approximately one third of first time users also indicated that they were not aware of headspace, eheadspace and online mental health programs such as MoodGYM. This lack of awareness may explain young people's low utilisation of these sources of support prior to using ReachOut. Repeat visitors were significantly more likely to report having previously or concurrently sought help from professional and social sources, including from friends, teachers, phone helplines, medical doctors, psychiatrists and mental health professionals. Figure 16.0 shows the proportion of new and repeat visitors who report having accessed other mental health websites. Again, repeat visitors were significantly more likely to report having visited other mental health websites than new visitors.

Figure 15.0

"Have you or would you look for information and support for a tough time in any of the following places?"
- Responses given by new and repeat visitors in relation to professional and social sources of help

Legend:
- "Don't know what this is"
- "No and wouldn't"
- "I would if I needed to"
- "Planning to"
- "Yes, I have"

0% — 100%

Phone hotline *
(e.g. Kids HelpLine or LifeLine)
- New ReachOut Visitors: 7% | 34% | 39% | 9% | 12%
- Repeat ReachOut Visitors: 3% | 35% | 35% | 5% | 23%

Medical doctor *
(GP)
- New ReachOut Visitors: 1% | 33% | 38% | 9% | 18%
- Repeat ReachOut Visitors: 1% | 27% | 35% | 8% | 30%

A psychiatrist *
- New ReachOut Visitors: 4% | 28% | 47% | 8% | 13%
- Repeat ReachOut Visitors: 3% | 24% | 44% | 8% | 21%

A psychologist *
- New ReachOut Visitors: 3% | 23% | 39% | 9% | 27%
- Repeat ReachOut Visitors: 1% | 16% | 31% | 10% | 43%

A therapist, counsellor or other mental health professional *
- New ReachOut Visitors: 4% | 26% | 47% | 7% | 16%
- Repeat ReachOut Visitors: 4% | 21% | 44% | 6% | 26%

eheadspace *
- New ReachOut Visitors: 28% | 16% | 33% | 12% | 12%
- Repeat ReachOut Visitors: 21% | 17% | 27% | 9% | 27%

A headspace Centre *
- New ReachOut Visitors: 28% | 26% | 32% | 8% | 7%
- Repeat ReachOut Visitors: 19% | 32% | 32% | 6% | 11%

Online Mental Health Course (e.g. MoodGYM, ThisWayUp or similar) *
- New ReachOut Visitors: 31% | 21% | 32% | 10% | 6%
- Repeat ReachOut Visitors: 28% | 24% | 27% | 7% | 13%

* Repeat visitors significantly more likely to report having sought help form this source (p <0.05)
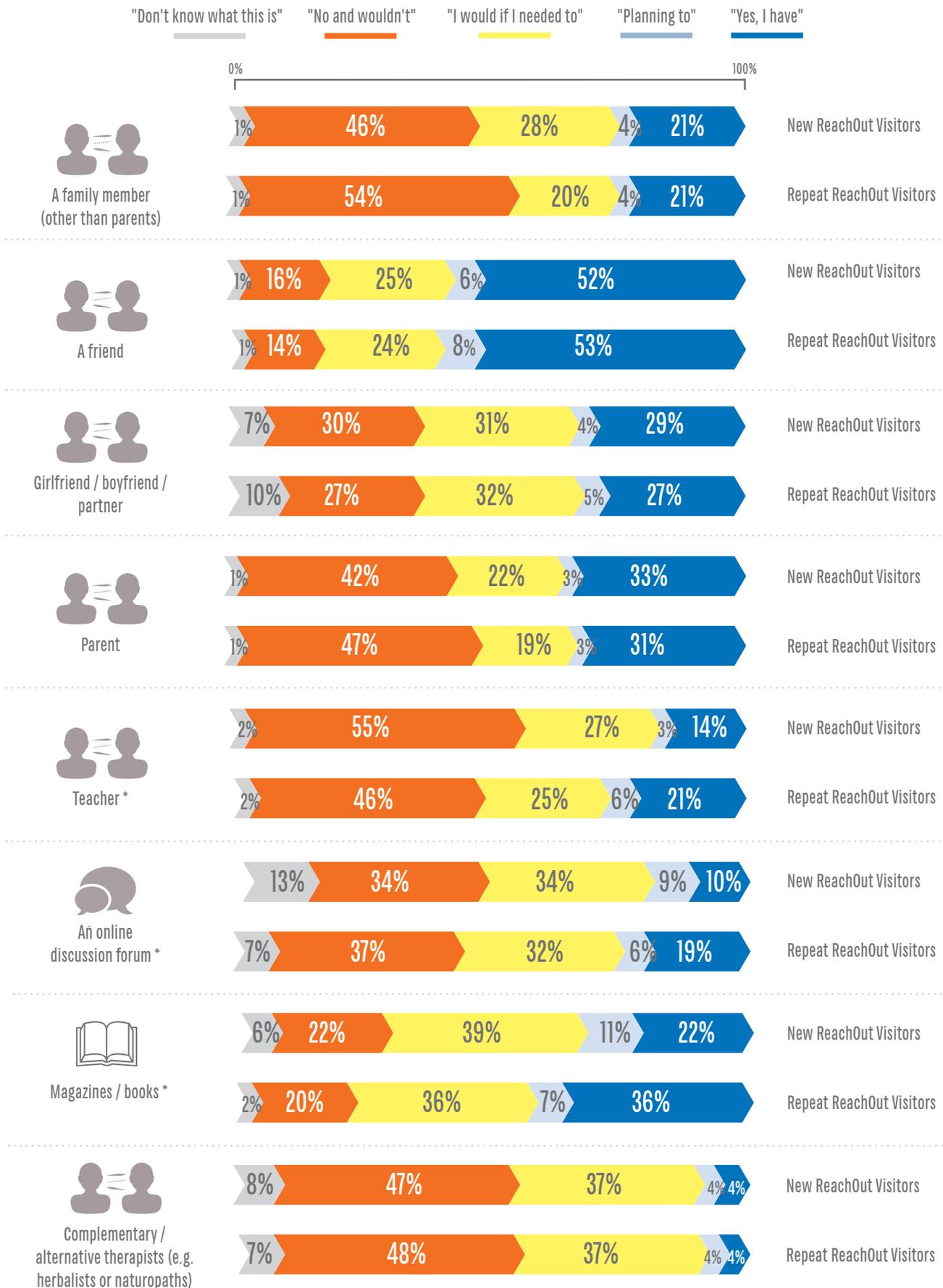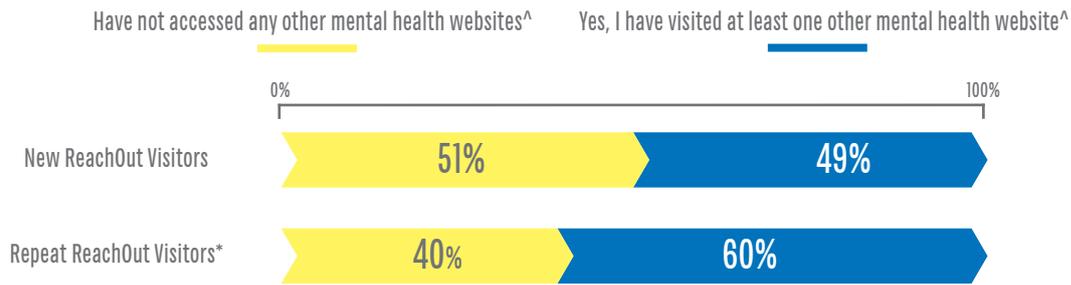
Figure 15.0
[continued]

"Have you or would you look for information and support for a tough time in any of the following places?"
- Responses given by new and repeat visitors in relation to professional and social sources of help

"Don't know what this is"   **"No and wouldn't"**   **"I would if I needed to"**   **"Planning to"**   **"Yes, I have"**

0%   100%

A family member (other than parents)
- New ReachOut Visitors: 1% | 46% | 28% | 4% | 21%
- Repeat ReachOut Visitors: 1% | 54% | 20% | 4% | 21%

A friend
- New ReachOut Visitors: 1% | 16% | 25% | 6% | 52%
- Repeat ReachOut Visitors: 1% | 14% | 24% | 8% | 53%

Girlfriend / boyfriend / partner
- New ReachOut Visitors: 7% | 30% | 31% | 4% | 29%
- Repeat ReachOut Visitors: 10% | 27% | 32% | 5% | 27%

Parent
- New ReachOut Visitors: 1% | 42% | 22% | 3% | 33%
- Repeat ReachOut Visitors: 1% | 47% | 19% | 3% | 31%

Teacher *
- New ReachOut Visitors: 2% | 55% | 27% | 3% | 14%
- Repeat ReachOut Visitors: 2% | 46% | 25% | 6% | 21%

Añ online discussion forum *
- New ReachOut Visitors: 13% | 34% | 34% | 9% | 10%
- Repeat ReachOut Visitors: 7% | 37% | 32% | 6% | 19%

Magazines / books *
- New ReachOut Visitors: 6% | 22% | 39% | 11% | 22%
- Repeat ReachOut Visitors: 2% | 20% | 36% | 7% | 36%

Complementary / alternative therapists (e.g. herbalists or naturopaths)
- New ReachOut Visitors: 8% | 47% | 37% | 4% | 4%
- Repeat ReachOut Visitors: 7% | 48% | 37% | 4% | 4%

* Repeat visitors significantly more likely to report having sought help form this source (p <0.05)

Figure 16.0 Percentage of new and repeat ReachOut visitors who have / have not previously accessed information or support from websites other than ReachOut

Have not accessed any other mental health websites^   Yes, I have visited at least one other mental health website^

0%   100%

New ReachOut Visitors   51%   49%

Repeat ReachOut Visitors*   40%   60%

* Repeat visitors significantly more likely to report having visited at least one other mental health website (p <0.001)
^ Respondents were asked "Have you or would you look for information or support for a tough time from websites (other than ReachOut)?". In response, participants were able to select from the following choices for each website: 'Yes, I have", "Planning to", "I would if I needed to", "No and wouldn't" or "I don't know what this is". Respondents who said "Yes, I have" are presented above as having accessed at least one other mental health website, all other respondents were coded as "have not accessed any other mental health websites".

Help-seeking histories amongst young people experiencing high or very high levels of psychological distress who were new visitors to ReachOut
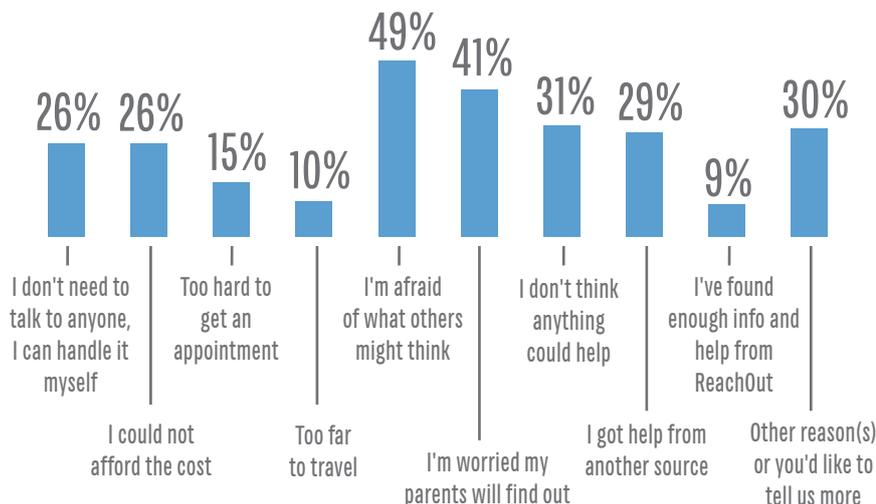
Over half (52%) of new visitors experiencing high or very high levels of psychological distress were not concurrently accessing (and had not previously sought) any help from other professional sources such as a medical doctor (GP), headspace centre, eheadpsace, psychologists, psychiatrists, mental health nurses, alternative or complementary therapists, or other generalist or specialist mental health professionals (such as youth and social workers, counsellors or therapists).

> One in two first time visitors who were experiencing high or very high levels of psychological distress had not previously accessed any other forms of professional help - indicating ReachOut is reaching young people with unmet mental health needs

Reasons young people said they have not and would not seek help

Young people who said they have not and would not seek help from one or more sources of those shown in Figure 15.0 were asked why they "would not talk to or go to any of these when going through a tough time?", and presented a variety of options to choose from as shown in Figure 17.0, as well as space to provide their own reasons. Some of the reasons selected are specific to particular sources of help (for example, "making an appointment" would not apply to social sources), and accordingly, this question provides only a very crude assessment of potential barriers to help-seeking.

Figure 17.0 Reasons given by young people who said they have not and would not seek help from at least one of the sources presented in Figure 15.0 (multiple responses were permitted)

26% I don't need to talk to anyone, I can handle it myself
26% Too hard to get an appointment
15% I could not afford the cost
10% Too far to travel
49% I'm afraid of what others might think
41% I'm worried my parents will find out
31% I don't think anything could help
29% I got help from another source
9% I've found enough info and help from ReachOut
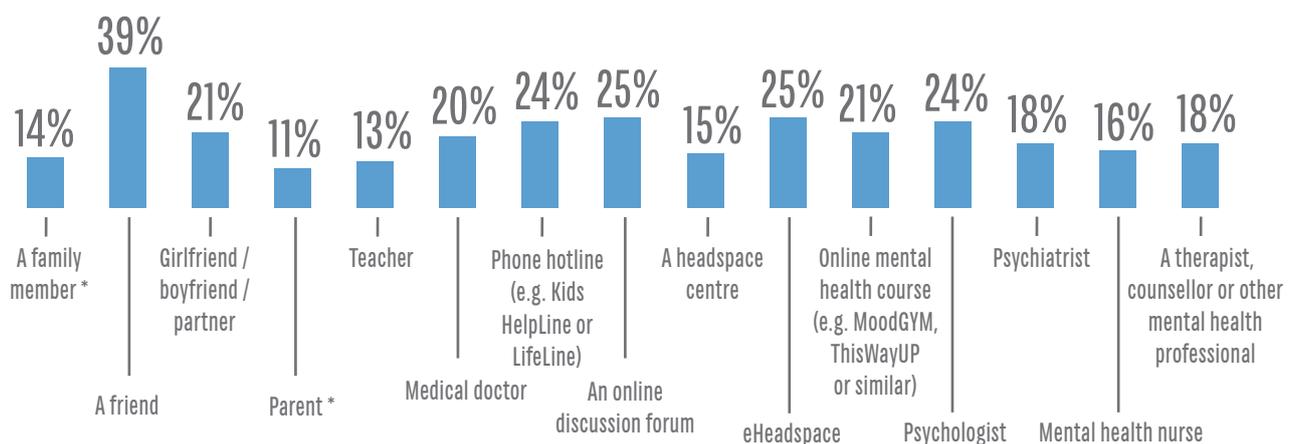30% Other reason(s) or you'd like to tell us more

Do young people experiencing high levels of psychological distress feel *more likely* to seek further help after visiting ReachOut?

Survey respondents were also asked whether, after visiting ReachOut, they felt they were "more or less likely to talk to or access support" from a list of social and professional sources of help. Figure 19.0 presents the responses given by both new and repeat visitors experiencing high or very high levels of psychological distress who had not previously accessed help from professional sources. One in five (20%) of this subsample said they were more likely to seek help from a medical doctor, 24% said they were more likely to seek help from a psychologist and 25% said they were more likely to seek support from eheadspace after visiting ReachOut.

Encouragingly, 41% of new visitors and 53% of repeat visitors who were experiencing high or very high levels of psychological distress and were not concurrently accessing (and had not previously sought) any help from professional sources reported feeling "more likely" to access support from at least one of the following professional sources after visiting: a medical doctor (GP), headspace centre, eheadpsace, psychologists, psychiatrists, mental health nurses, alternative or complementary therapists, or other generalist or specialist mental health professionals (such as youth and social workers, counsellors or therapists). Amongst those visitors with high or very high levels of psychological distress, repeat visitation was significantly associated with reporting feeling "more likely" to seek help from at least one of these professional sources; $\chi^2(1) = 4.185$, p < 0.05.

Figure 19.0   Percentage of all (new and repeat) visitors with high or very high psychological distress who have not previously accessed professional sources of help who said they were "more likely" to seek help from various sources after visiting ReachOut

* Repeat visitors with high or very high psychological distress were significantly more likely than new visitors with high or very high psychological distress to report they were "more likely" to seek help from this source after visiting ReachOut (p <0.05)

> 46% of young people experiencing high or very high levels of psychological distress said they were more likely to seek help from at least one professional source after visiting ReachOut

Reasons young people gave for saying that they felt *less likely* to seek further help after visiting ReachOut

Young people who said that they felt "less likely" to seek help from at least one of the sources shown in Figure 19.0 were asked an open-ended question about why they felt this way. A total of 274 young people provided responses to this question. Key themes that emerged from these responses included: a fear of judgement, a belief that help would be ineffective, a lack of trust, feeling uncomfortable, not perceiving any need for help, and feeling uncertain or scared. Several respondents also expressed concerns about confidentiality being broken, negative past help-seeking experiences, difficulties distinguishing whether their problems were serious enough to warrant intervention and not wanting to burden others. A small number of respondents who had said they would not seek help from parents, family members or a romantic partner also explained that they did not have such relationships in place.

While this question was designed to explore reasons young people might feel differently about seeking help as a result of their engagement with ReachOut, it is unclear from the responses about how the question was interpreted by respondents, given many of the reasons cited for "feeling less likely to seek help" did not explicitly relate to their experience with the service in any way and were generally consistent with the reasons given for having not sought help prior to visiting the site (as shown in Figure 17.0).
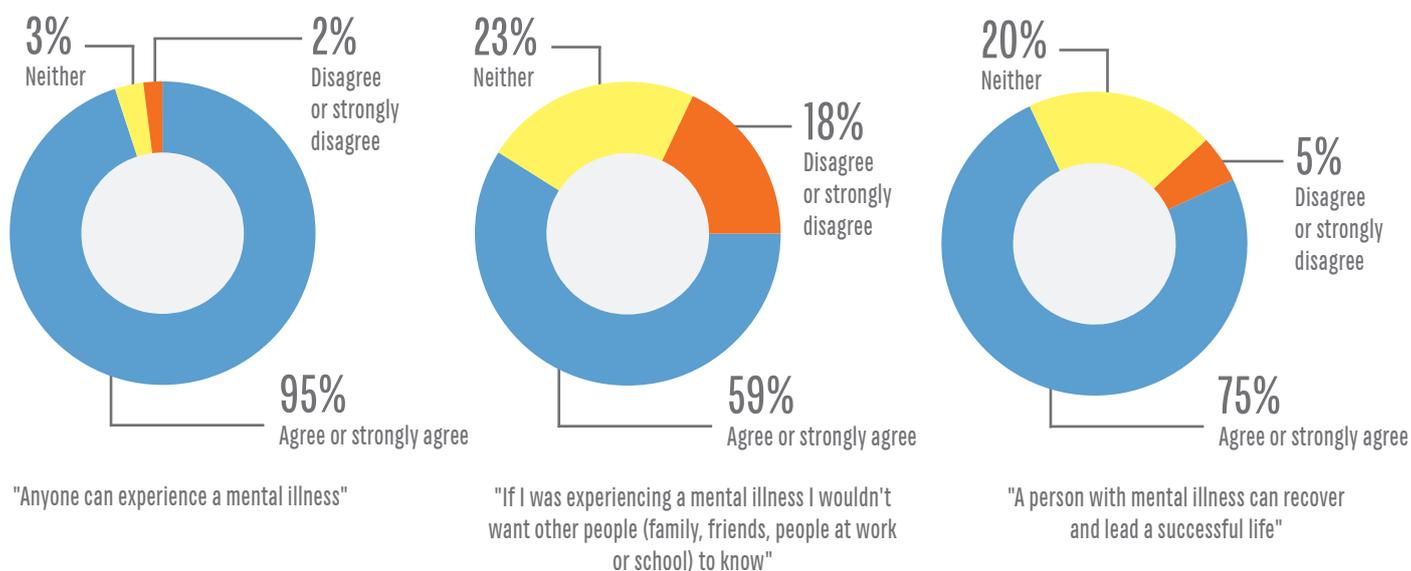
> " I am afraid of what people will think especially because I have no reason to be so upset. Talking to a real person would just be too humiliating and I just can't say it out loud. I especially don't want my parents to know."
>
> - 17-year-old female from NSW on why she would not seek further help

Attitudes and beliefs about mental illness amongst ReachOut users

Negative beliefs and attitudes about mental illness are often highlighted as potential barriers to seeking help[15]. Accordingly, the survey also explored young people's beliefs and attitudes towards mental illness by assessing the extent to which respondents agreed with three statements about mental illness as shown in Figure 20.0. There were no significant differences in responses given for each statement between new and repeat visitors, however significantly more young people who reported feeling more likely to seek further professional help after visiting ReachOut agreed or strongly agreed that anyone can experience a mental illness (97% compared to 92%; $\chi^2(1) = 13.487$, $p < 0.05$); and that a person with mental illness can recover and lead a successful life (78% compared to 71%; $\chi^2(1) = 12.017$, $p < 0.05$). There were no significant differences for responses given to two of the three statements between genders. However, males were more likely than females to select 'neither agree or disagree', 'disagree' or 'strongly disagree' to the following statement: "If I was experiencing a mental illness I wouldn't want other people (family, friends, people at work or school) to know"; $\chi^2(1) = 19.390$; $p < 0.05$. Conversely, young people with high or very high levels of psychological distress were more likely to agree with this statement than those experiencing low or moderate levels of psychological distress; $\chi^2(1) = 62.569$; $p < 0.001$.

Figure 20.0   Percentage of all (new and repeat) visitors who indicated agreed or disagreed with each statement

3% Neither
2% Disagree or strongly disagree
95% Agree or strongly agree

"Anyone can experience a mental illness"

23% Neither
18% Disagree or strongly disagree
59% Agree or strongly agree

"If I was experiencing a mental illness I wouldn't want other people (family, friends, people at work or school) to know"

20% Neither
5% Disagree or strongly disagree
75% Agree or strongly agree

"A person with mental illness can recover and lead a successful life"

Did ReachOut help young people to help a friend

Nearly one third (28%) of respondents reported that they were visiting ReachOut to assist them to help a friend, and for 7% of all visitors, this was their top reason for visiting the site. Just under half (48%) of all respondents who were looking to help a friend said ReachOut helped them "mostly" or "definitely" to help a friend, while 13% said ReachOut "mostly" or "definitely" did not help them to help their friend. The remaining 39% said ReachOut was "neither helpful or not helpful" in helping them to help a friend. Encouragingly, 83% of young people said they have or would tell a friend about ReachOut if they were going through a tough time.

Discussion

The 2013 Annual ReachOut Survey results provide important insights about the characteristics of (non-professional) service users aged 25 years and below, why they access ReachOut, what their experience of the site involves and whether it motivates those going through tough times to seek help in the future. It also provides the first opportunity to assess user experience ratings of the redeveloped ReachOut platform. The following discussion reflects on the survey results in relation to key evaluation aims.

Is ReachOut engaging its intended target groups?

The 2013 Annual User Survey findings show that ReachOut is engaging its intended target groups, in terms of user demography, mental health status and need, although they also reveal some population segments are either disproportionately overrepresented or underrepresented when compared to expected population distributions. The demographic profile of survey respondents also closely resembles the same pattern in terms of user characteristics observed in previous years. Most visitors accessing ReachOut were in the target age group of 25 years or below (62%), and most of these young people were school aged (73% of all visitors under 25 years were aged 18 or below). Once again, females accounted for the majority of ReachOut service users aged 25 and under who participated in the 2013 Annual User Survey (81%). While it is possible that young men are less inclined to participate in research surveys (raising the possibility of selection bias as an explanation for these gender differences), this finding is consistent with previous years and continues to reinforce the ongoing challenge that many mental health services face in terms of engaging young men.

Although ReachOut works across the Spectrum of Interventions for Mental Health[1] (see figure 1.0), the service strategy prioritises case-identification and early-intervention. Accordingly, young people who are experiencing early symptoms of mental health problems who are not otherwise receiving any forms of professional care or support are a key target group. Encouragingly, the 2013 results are reflective of this emphasis given a high proportion of first time visitors would be categorised as young people for whom case-identification is indicated. Specifically, 52% of those who scored high or very high on the K10 reported not having sought help from other professional sources - such as medical doctors (GPs), headspace centres, eheadspace, psychologists, psychiatrists, mental health nurses, alternative or complementary therapists, or other generalist or specialist mental health professionals (including youth and social workers, counsellors or therapists). This finding is also consistent with results from previous surveys of ReachOut users. Furthermore, by including measures of self-assessed mental health status, the 2013 survey results offer new, preliminary insights about young people's engagement with ReachOut, relative to the timing of onset of their symptoms. In particular, the survey found that most young people rated their own mental health as only 'fair' or 'poor', and most of these felt that their mental health had worsened over the previous twelve months. This may suggest that a significant proportion of the young people accessing ReachOut are doing so during the early stages of onset of mental health problems and affirms ReachOut's significant potential for facilitating early intervention in young people.

Notwithstanding ReachOut's emphasis on early intervention, the service includes a variety of universal prevention and mental health promotion strategies that seek to engage young people prior to the onset of mental health problems and build protective factors (including mental health literacy, self-efficacy and resiliency) that are known to aid in their prevention. This year's survey found approximately one in four young people accessing ReachOut would potentially benefit from these efforts, based on the finding that 23% of respondents were experiencing low or moderate levels of psychological distress. Conversely, a significant proportion of first time visitors who were experiencing high or very high levels of psychological distress reported concurrent or previous access to help from professional sources other than ReachOut. As observed in the 2012 survey results, this may again suggest that there is a segment of young people who are using ReachOut as an adjunct to clinical care.

Encouragingly, ReachOut also continues to reach segments of young people who are considered to be at greater risk of mental health difficulties. In 2013, 27% of young people visiting ReachOut identified as lesbian, gay, bisexual, queer or questioning, within which, a small number (2%) also identified as trans*, gender diverse and/or intersex. Given the significant disparities in mental health outcomes between young people from these communities and the wider youth population, it is not surprising to see same sex attracted, trans*, gender diverse and/or intersex young people disproportionately represented within a sample of online mental health service users. However, the findings offer an affirmation of ReachOut's targeted efforts to meaningfully engage and support young people from these communities.

Young people from regional or remote Australia are also an important target group, given the significant disparities they face in terms of accessing services, and subsequently, also in mental health outcomes, compared to their urban counterparts. Approximately one in five (21%) respondents in the 2013 Annual User Survey were from regional or remote areas, which was slightly lower than observed in both the 2012 Annual User Survey (25%) and the 2011 Australian Census (which reports 27% of 11-25 year olds were living in regional or remote Australia). However, the geographical distribution in the Annual User Survey was analysed using only post code data matched to ABS correspondence codes. There are a several limitations inherent in classifying remoteness using this method and accordingly, these figures should be considered as only approximate indications of geographic reach. Nevertheless, it remains imperative to maintain and grow awareness of ReachOut in regional and remote Australia.

Finally, the Annual User Survey also examined the ethnic, cultural and linguistic diversity of young people accessing ReachOut by asking respondents about their place of birth, their main language spoken at home, their parent's place of birth and whether they were Aboriginal and/or Torres Strait Islander. Several changes were made to the format of these questions in 2013, and accordingly comparisons against past surveys were unavailable for some questions. In 2013, Aboriginal and/or Torres Strait Islander young people comprised a slightly lower proportion of respondents than in 2012 (2% vs 3%). This is also just below the 2011 population census distribution which reports 4% of all young people aged 11-25 in Australia are Aboriginal and/or Torres Strait Islander. The survey also found that 17% of young people accessing ReachOut were born overseas (compared to 22% of 11-25 year olds in the 2011 Australian Census), while 9% reported they mainly speak a language other than English at home (compared to 23% of 11-25 year olds in the 2011 Australian Census). However, the proportion of second generation migrants in the Annual User Survey was approximately equal to the proportion of 11-25 year olds in the Australian Census with at least one parent who was born overseas (39% compared to 41%). The low proportion of young people who are Aboriginal and/or Torres Strait Islander and/or from non-English speaking backgrounds using the site may be indicative of literacy barriers to participating in the survey and in accessing online services more broadly, particularly given the majority of ReachOut content comprises English text based stories and fact sheets. Increasing video based content is a key objective for ReachOut in 2014, and this may contribute to making the service more accessible to young people from these groups over time.

Why, when and how are young people using ReachOut?

The reasons for which young people themselves report using ReachOut are diverse and vary significantly by levels of psychological distress. Most (66%) selected more than one purpose for visiting and also described looking for information about multiple topics at once. While the majority were looking for information about 'mental health difficulties', with the exception of those seeking information about depression (19%) and anxiety (8%), few young people described seeking support about the same particular topic, suggesting young people are presenting with multiple and nuanced needs. This complexity and diversity highlights a challenge inherent to population based programs in terms of balancing scalability against meaningfully catering to different needs. Content partnerships are therefore essential to ensuring ReachOut is able to address the breadth of issues concerning young people in sufficient depth. Similarly, emerging technologies, such as content management systems capable of inferring user needs and generating personalised content recommendations also offer significant potential for enhancing user experience, and ultimately ensuring young people get the help they need.

The most common 'top' ranked purpose young people selected for visiting was that they were 'going through a tough time and were looking for help'. 'Doing an assignment for school or university' was the second top reason for visiting and was the most common reason given by young people with low or moderate psychological distress. However, 14% of young people who were experiencing high or very high levels of psychological distress indicated that they were not visiting for help with a tough time. These findings may suggest ReachOut engages a segment of young people who are unaware of their need for support, while also reaching a segment of mentally well young people who could benefit from mental health promotion and universal prevention efforts while undertaking school or university work. Promotion of the service through schools and other educational settings may further facilitate this kind of 'opportunistic' engagement, given that after search engines, 'school, university or TAFE' were the most common sources through which young people said they first heard about ReachOut (accounting for 25% of referrals).

Date and time data was also analysed for the first time in 2013 and the results showed significant correlations between the time and day of visit and the reason for visiting, particularly in relation to visitors during school hours and those who access ReachOut overnight, when conventional services are closed. Such relationships highlight the potential for 'content scheduling' (for instance, by featuring different content on the ReachOut homepage at different times of the day), and similarly, may be used to optimise search engine advertising according to time-based visitation patterns in order to better match user needs to content, as well as improve click through from search engines. Further analysis of traffic data should focus on exploring time-based and seasonal variations in traffic, and investigate other possible relationships between time or season and user behaviours, visitor types or the types of devices young people use to access ReachOut.

As observed in previous years, factsheets and personal stories were the most popular features young people reported using. However, as most ReachOut content is presented in these formats, these results may therefore simply be a reflection of how content is currently made available, rather than being indicative of young people's content format preferences. The 2013 survey also found that one in five young people reported using the discussion forums and that 60% of those who had not, said they hadn't because they were not aware ReachOut offered this feature. This is consistent with previous years, and again highlights the need to improve visibility of the discussion forums within the site.

Satisfaction and impressions: is ReachOut perceived as relevant and meeting young people's needs?

Respondents generally rated the ReachOut website as 'good' or 'excellent' in relation to all usability, credibility and design attributes measured. In particular, the ease of language used, site navigation, usefulness of content and the sense of safety and support on site all ranked highly. Similarly nearly 80% of respondents rated the credibility of information provided on ReachOut as 'good' or 'excellent', while 92% of respondents said that ReachOut helped 'somewhat', 'quite a bit' or 'a lot' in regards to providing them with the information they needed. Encouragingly, most dimensions that were rated scored higher in 2013 than in 2012, indicating that the current website platform (which was redeveloped between 2012 and 2013) is being well received by young people, who also perceive ReachOut as a reputable service. The quantitative ratings provided by respondents were further reinforced by positive qualitative feedback about what young people liked about the service.

Subjective impact assessment: is ReachOut facilitating early intervention?

A key aim of the Annual User Survey is to explore whether ReachOut motivates young people going through a tough time, (who are not otherwise receiving professional support), to seek further help from a variety of sources. The 2013 survey assessed this firstly by exploring and accounting for young people's past and concurrent help-seeking behaviours, and secondly by asking whether respondents felt they were more or less likely to seek further support (or whether their intentions were unchanged) from various professional and social sources after visiting ReachOut. The 2013 results are generally consistent with the 2012 Annual User Survey, however numerous changes to the 2013 survey instrument limits the extent to which direct comparisons can be made for some sources of help. Notwithstanding these differences, overall, the data collected in 2013 continues to support that ReachOut positively influences young people's intentions to seek appropriate help for their mental health concerns.

Encouragingly, one in two visitors experiencing high or very high levels of psychological distress said that after visiting ReachOut they felt more likely to seek help from at least one professional source from the following: a medical doctor (GP), headspace centre, eheadpsace, psychologists, psychiatrists, mental health nurses, alternative or complementary therapists, or other generalist or specialist mental health professionals (such as youth and social workers, counsellors or therapists). Once past and concurrent help-seeking behaviours were taken into account, the results remain encouraging, with 41% of new visitors and 53% of repeat visitors who were experiencing high or very high levels of psychological distress and were not concurrently accessing (and had not previously sought) any help from professional sources reporting feeling "more likely" to access support from at least once of these professional sources. Given that seeking help early in symptom development and from appropriate sources is critical to reducing both the severity and duration of mental health problems, ReachOut offers significant potential for improving mental health outcomes by facilitating early-intervention.

Differences in help-seeking histories and future intentions between new and repeat visitors were again observed in 2013. More repeat users reported concurrently (or previously) accessing help from a variety of professional sources than new visitors. Repeat visitors with high or very high levels of psychological distress were also significantly more likely than first-time visitors with high or very high levels of psychological distress to report they were "more likely" to seek help from at least one other professional source after visiting ReachOut. This may indicate a possible 'dose-response' effect, whereby higher levels of exposure to ReachOut increase likelihood of future intention to seek help, though further investigation is needed to explore this, particularly since 'new or repeat visitor' status may or may not constitute a suitable proxy measure of 'program dose' or exposure. For instance, other variables such as the duration of visits, or the topics, format and quantity of content consumed during visits are also potential contributing factors that should be considered when analysing the relationship between program exposure and behaviour outcomes or intentions. Additionally, there may be fundamental differences between young people who are returning visitors and those who are not, which might account for the differences in help-seeking intentions observed in this data. However, the implications of a 'dose-response' relationship, particularly if it follows that more visits to ReachOut are associated with greater intention to seek help, are significant for future service design and delivery. If it does exist, then future research and service development efforts should focus on identifying and implementing effective strategies to promote visitors to return (program retention).

Limitations and constraints

Study design

The most significant constraint of this evaluation, as noted in previous years, is that the cross-sectional study design limits the extent to which ReachOut's primary program objectives (including impact on help-seeking) can be evaluated, particularly because the survey only provides a point-in-time snapshot of participants' behavioural intentions, rather than offering a comparison in help-seeking behaviour before and after use of the website. Additionally, behavioural intentions are not necessarily reliable indicators of the likelihood of individuals actually performing the behaviour of interest. Therefore, the proportion of young people who actually go on to seek further help or make other behaviour changes after using ReachOut remains unknown. Similarly, the cross-sectional survey is not able to determine the specific role or extent of ReachOut's influence on behavioural intentions to seek help. While the survey did measure whether young people themselves perceived ReachOut as having been helpful to them, in the absence of a control group, it is difficult to establish whether differences in observed help-seeking intentions can be attributed to exposure to ReachOut. More rigorous follow-up research using a longitudinal prospective pre-post design is warranted, as this would enable observation of any behavioural changes that occur, and would ideally also examine whether such changes are sustained in the longer term.

Sample bias and respondent drop-off

The 2013 Annual User Survey results are also vulnerable to potential sample bias, particularly given participation was voluntary, and respondents were therefore self-selected. Notwithstanding this, a comparison of survey results with data collected in Google Analytics, (which is theoretically representative of the full population of site users), revealed no significant difference between geographical distribution of Australian survey responders to all ReachOut visitors. This suggests that at least in geographical terms, the Annual User Survey is a representative sample. However, there may be significant variance in other characteristics between those who did and did not respond, for which comparisons are not available. Additionally, visitors to the ReachOut Forums were not presented with the survey invitation pop-up, which may have resulted in this group being underrepresented in the survey sample, and by extension, contributed to the low proportion of respondents reporting having used this feature in the survey results.

Finally, a large drop-off of participants was observed throughout the survey which may have resulted in non-response bias. Analysis of drop-off patterns found that new users were significantly less likely to complete the survey compared to repeat users, while those who reported having visited the ReachOut site during a tough time were significantly more likely to complete the survey than those who reported not having visited during a tough time. Similarly, respondents with low levels of psychological distress were also significantly less likely to complete the survey than those with high levels of psychological distress.

Conclusions

The 2013 Annual User Survey data shows that ReachOut is engaging the key target groups it aims to reach, particularly in terms of young people who are likely to be experiencing mental health difficulties who are not otherwise accessing professional support. Additionally, a substantial number of young people with low levels of psychological distress are accessing the service, usually for school or university work, highlighting the potential of ReachOut to faciliate opportunistic mental health promotion and universal prevention-oriented strategies.

ReachOut continues to receive positive ratings in terms of utility, design, breadth and credibility of content, and the majority of young people reported that it gave them the information they needed. Most young people also reported they were likely to return again in the future, and over three-quarters would tell a friend about ReachOut if they were going through a tough time. These results indicate that ReachOut is a valued, useful and well trusted resource by those who visit.

The 2013 data also showed improvements across most dimensions rated by young people, when compared to the 2012 survey, undertaken prior to redeveloping the website. This finding affirms the significant investment made into the technical infrastructure supporting the service and the editorial changes adopted in updating content in late 2012.

Notwithstanding the limitations of the cross-sectional study design, the 2013 results once again suggest that ReachOut is positively influencing young people's help-seeking intentions, highlighting its significant potential for facilitating early intervention. In particular a high proportion of respondents who were experiencing high or very high levels of psychological distress indicated they were more likely to seek support from at least one other professional source of help after visiting, despite having not previously accessed any form of professional support.

Future studies will offer further clarification into these findings by employing more rigorous study designs to address some of the key constraints and limitations identified with the Annual User Survey. A prospective longitudinal design should focus on observing whether increased help-seeking intentions observed in these results translates into behavioural changes, as well as observing any significant changes in overall mental health outcomes.

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