Acknowledgements

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Introduction and background

Purpose

The purpose of this report is to summarise key findings from the 2012 ReachOut.com National Survey, a voluntary cross-sectional study of visitors to the ReachOut.com website. The National Survey forms an integral component of the ReachOut.com Evaluation Framework, collecting data about who uses ReachOut.com alongside a selection of key process and subjective impact indicators. These provide insights into young people’s experience of the site and its influence on their mental health literacy and help-seeking intentions.

This report begins by presenting an overview of ReachOut.com and the survey methodology before outlining results. It concludes with a brief discussion reflecting on what the data suggests about ReachOut.com’s reach and potential impact. Future evaluation and research directions are also considered.

About ReachOut.com

ReachOut.com is a web-based service that aims to improve wellbeing and prevent mental ill-health. First launched in 1998, ReachOut.com was established in response to the escalating rates of youth suicide at that time and has since received numerous awards for leveraging technology in innovative ways to engage young people. ReachOut.com works across the Spectrum of Interventions for mental health (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, 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 support.

![Figure 1.0 The Spectrum of Interventions for Mental Health](image-url)
ReachOut.com’s strategic focus on help-seeking

While ReachOut.com works across the Spectrum of Interventions, the current service strategy places priority on engaging young people experiencing mental health problems who don’t access help to facilitate early intervention. Of the 1 in 4 young people experiencing a mental health problem, over 70% do not access any professional help. Furthermore, the median delay between the onset of symptoms and treatment for common mental disorders is presently estimated at 10 years. This is a major public health concern, as seeking help early in symptom development is critical to reducing both the severity and duration of mental health problems.

The ReachOut.com website incorporates a mix of motivational strategies to promote help-seeking from a variety of informal and formal sources. These include the provision of information produced in partnership with clinicians and young people in a variety of formats such as fact sheets and videos, personal stories, moderated online discussion forums (including both asynchronous and live discussions with peers and mental health professionals), online games and targeted social marketing campaigns delivered across traditional and social media channels.

The development of ReachOut.com’s early intervention strategies were guided by extensive participatory design processes and are theoretically grounded in the four-step model of help-seeking proposed by Rickwood and colleagues. While not necessarily a linear process, ReachOut.com aims to assist young people to:

1. Recognize signs + symptoms... and appraise whether they are experiencing a problem that might require intervention.
2. Build skills to express the need for help... in a language that can be understood by others.
3. Increase knowledge about sources of help... and how to access these and what to expect.
4. Adopt positive attitudes about seeking help... and the belief that appropriate treatment is effective.

National Survey rationale and aims

The National Survey is conducted annually and provides insights into program reach by profiling the demographic characteristics and mental health status of young people who use ReachOut.com, as well as exploring how and why they visit. Since its inception in 2002, the survey instrument has undergone several revisions, coinciding with each evolution of the ReachOut.com strategy. The most recent of these, in 2012, involved updating the survey questions to better align with the ReachOut.com ‘NxGen’ Strategy and, in particular, its focus on facilitating help-seeking. Accordingly, a primary aim of the 2012 survey was to comprehensively assess young people’s past and concurrent service utilisation, in addition to evaluating whether ReachOut.com:

- is being accessed by its intended target audiences
- is perceived as relevant and satisfactory by the young people who access it
- meets the needs and User Experience (UX) goals of the young people who access it
- achieves its core program objectives, with an emphasis on determining if the young people who use ReachOut.com with high levels of psychological distress feel it increased their intentions to seek professional help

Furthermore, the National Survey findings complement insights derived from other monitoring and evaluation methods such as Google and social analytics, market research surveys and qualitative user experience and onsite community studies. Collectively, these assess whether ReachOut.com is effectively reaching its target audiences and achieving its core program objectives. Moreover, 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 2012 National Survey was conducted by the Inspire Foundation using a secure online platform during an eight-week period from May 9 to July 16, 2012. All users of the Australian ReachOut.com website were invited to participate in the National Survey via a pop-up triggered by interacting with any page (excluding the community forums, as these were hosted on a separate web server). The pop-up box contained the following text: ‘Give us feedback? Please complete our 2012 National Survey’ with the options of ‘Now’, ‘Later’ or ‘No’. Participants were also recruited via a link on the banner of ReachOut.com and advertising on the ReachOut.com forums, twitter and facebook pages.

The survey was voluntary and the sample is therefore self-selected. 5,942 site visitors consented to undertake the survey, and of those 5,238 went on to begin the survey. This represents approximately 1.9% of 294,922 unique visits to the site registered in Google Analytics during the recruitment period. 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 National Surveys conducted in previous years (6.6%).

No identifying information was collected in order to ensure responses were anonymous. The survey took participants a mean of 19.2 minutes to complete (SD = 9.10, range = 4.4 to 59.0). 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 Inspire 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 include both existing standardised scales and questions developed specifically for the ReachOut.com evaluation framework. Inspire staff, ReachOut Youth Ambassadors 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, postcode, education, employment, cultural background and sexual orientation
- ReachOut.com usage in terms of frequency and duration 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
- Current mental health status measured using the Kessler 10 (K10) – a validated, short scale of psychological distress, a short scale of mental health literacy; and the Mental Health Short Form (MHSF).
- Past and present utilisation of professional services and social sources of help
- Intentions to seek help after visiting ReachOut.com

Most questions were ‘forced-choice’ and therefore participants were required to answer each question before being able to proceed to the next question. Questions that were considered potentially sensitive, such as questions about sexual orientation however, were optional. Significant drop-off was observed (32% 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 70.3% (3,682) 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 Stata.
Results

Who uses ReachOut.com?

Demographics

The average age of participants was 16.8 years of age (SD = 3.07, range 7 to 25 years). 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.com](image)

The majority (79.4%) of participants lived at home with parents or close family, while 15% of respondents reported that they speak a language other than English at home. Furthermore, 4.3% identified as Aboriginal or Torres Strait Islander (cf. 3.4% of the general youth population aged 15-24). Figure 3.0 presents a breakdown of key characteristics of the young people who participated in the National Survey.

![Figure 3.0 Demographic characteristics of Young People who access ReachOut.com](image)

- Young people living in rural and regional areas: 30%
- Young people who identify as lesbian, gay, bisexual, queer or other diverse sexualities: 24%
- Young people currently studying: 83%
- Young people who speak a language other than English at home: 15%
- Young people in paid work: 23%
- Young people who are neither in education, employment or training: 9%
- Aboriginal and/or Torres Strait Islander young people: 4%
- Young carers: 2%
- Unemployed: 3%
Geographical Distribution of young people accessing ReachOut.com

The majority of participants lived in Victoria (26.8%) or New South Wales (38.2%). Figure 4.0 presents the geographical distribution of participants mapped by postcode. The majority of participants reported postcodes that were classified as metropolitan, with the remaining 29% of participants residing in rural or regional areas. Figure 5.0 presents a comparison of the postcode data collected in the National Survey alongside the geographical distribution of all unique Australian visitors as determined by geocoding IP addresses within Google Analytics.

Figure 4.0 Geographical location of young people accessing ReachOut.com (based on postcode data)

Figure 5.0 Comparison of National Survey respondents location to all unique visitors to ReachOut.com during the data collection period

<table>
<thead>
<tr>
<th>State</th>
<th>National Survey 2012</th>
<th>Google Analytics (all unique visitors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Victoria</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Queensland</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Western Australia</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>South Australia</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Psychological distress in young people accessing ReachOut.com

Young people experiencing high levels of psychological distress are one of ReachOut’s priority target populations. In order to assess whether ReachOut.com is engaging this population segment, the survey included the Kessler 10 (K10) scale. 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 diagnostic tools and indicate a need for mental health care.

Table 1.0 shows that 75% of National Survey participants were experiencing high or very high levels of psychological distress at the time of visiting ReachOut.com. These figures are significantly higher than observed in general youth population health surveys (9%) and suggests that ReachOut.com is engaging young people who are likely to be experiencing moderate to severe mental health difficulties.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (&lt;16) “Likely to be well”</td>
<td>12%</td>
<td>10%</td>
<td>91% (low to moderate)</td>
</tr>
<tr>
<td>Moderate (16-21) “Likely to have a mild disorder”</td>
<td>13%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>High (22-29) or “Very High” “Likely to have a mental health disorder”</td>
<td>21%</td>
<td>22%</td>
<td>9% (high to very high)</td>
</tr>
<tr>
<td>Very High (&gt;30) “Likely to have a severe disorder”</td>
<td>54%</td>
<td>55%</td>
<td></td>
</tr>
</tbody>
</table>

How do young people use ReachOut.com?

Self-reported frequency and duration of website visits

Approximately half of all respondents (56.3%) said that they were first-time visitors at the time of completing the survey. A higher proportion of female visitors were first-time users (53.9%) than repeat users (46.1%). Amongst male visitors, 67.1% were first-time users, while 32.9% were repeat visitors. Females were more likely to report being repeat users than males; $\chi^2(1) = 27.71, p < 0.001$. However, there was no difference between ages of new and repeat users; $t(2765) = 1.03, p = 0.3$. A small proportion of young people were registered members of the ReachOut.com website (7.2%), newsletter subscribers (3.6%) and/or youth ambassadors (2.1%).

ReachOut.com website features and social channels used

Factsheets and stories continue to be the most commonly used features. Figure 6.0 presents the percentage of young people who used different website features. Figure 7.0 lists the most popularly viewed content in order of highest pageviews recorded in Google Analytics during the survey data collection period. Figure 8.0 presents the most popular keywords used by new Australian visitors who were referred to ReachOut.com via organic Google search results (excludes paid search results).

<table>
<thead>
<tr>
<th>ReachOut.com features used by young people accessing ReachOut.com</th>
<th>Figure 6.0</th>
<th>ReachOut.com features used by young people accessing ReachOut.com</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factsheets</td>
<td>78%</td>
<td>Factsheets</td>
</tr>
<tr>
<td>Written stories</td>
<td>51%</td>
<td>Written stories</td>
</tr>
<tr>
<td>Videos</td>
<td>18%</td>
<td>Videos</td>
</tr>
<tr>
<td>Discussion forums</td>
<td>19%</td>
<td>Discussion forums</td>
</tr>
<tr>
<td>Blog</td>
<td>11%</td>
<td>Blog</td>
</tr>
<tr>
<td>Podcasts</td>
<td>4%</td>
<td>Podcasts</td>
</tr>
<tr>
<td>Changemaker app</td>
<td>3%</td>
<td>Changemaker app</td>
</tr>
<tr>
<td>ReachOut Central (ROC)</td>
<td>8%</td>
<td>ReachOut Central (ROC)</td>
</tr>
<tr>
<td>Links to other websites</td>
<td>26%</td>
<td>Links to other websites</td>
</tr>
<tr>
<td>ReachOut.com on Facebook</td>
<td>13%</td>
<td>ReachOut.com on Facebook</td>
</tr>
<tr>
<td>ReachOut.com on Twitter</td>
<td>5%</td>
<td>ReachOut.com on Twitter</td>
</tr>
<tr>
<td>ReachOut.com on YouTube</td>
<td>7%</td>
<td>ReachOut.com on YouTube</td>
</tr>
<tr>
<td>ReachOut.com SMS Tips</td>
<td>7%</td>
<td>ReachOut.com SMS Tips</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 5 topics accessed in order of pageviews</th>
<th>Figure 7.0</th>
<th>Top 5 topics accessed in order of pageviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental health difficulties</td>
<td>1.</td>
<td>Mental health difficulties</td>
</tr>
<tr>
<td>2. Mood Disorders</td>
<td>2.</td>
<td>Mood Disorders</td>
</tr>
<tr>
<td>5. Alcohol + other drugs</td>
<td>5.</td>
<td>Alcohol + other drugs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 5 Google search keywords</th>
<th>Figure 8.0</th>
<th>Top 5 Google search keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reachout / Reach Out</td>
<td>1.</td>
<td>Reachout / Reach Out</td>
</tr>
<tr>
<td>2. Bullying</td>
<td>2.</td>
<td>Bullying</td>
</tr>
<tr>
<td>3. Mental health disorders</td>
<td>3.</td>
<td>Mental health disorders</td>
</tr>
<tr>
<td>4. What is bipolar</td>
<td>4.</td>
<td>What is bipolar</td>
</tr>
<tr>
<td>5. Workplace bullying</td>
<td>5.</td>
<td>Workplace bullying</td>
</tr>
</tbody>
</table>
Why do young people access ReachOut.com?

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 reason for visiting selected by all young people accessing ReachOut.com, except for those with low and moderate levels of psychological distress, who were more likely to select ‘doing an assignment for school or uni’ as the main reason for visiting. Although ‘I’m going through a tough time and looking for help’ was the most popular reason selected by both males and females, a significantly higher percentage of females (75.4%) chose this reason than males (65.0%); $\chi^2(1) = 15.97, p < 0.05$.

Reported topics of information sought

Two questions were used to assess the main topics of information young people were looking for on ReachOut.com. Firstly, survey participants were asked to “Briefly describe the main topic/s that you are looking for support / information on?” A total of 2,692 typed responses were recorded and coded into categories using thematic analysis by two research staff. To ensure that the two coders were consistent with each other, a codebook was developed and inter-rater agreement was compared (a kappa value of 0.94 was obtained with 94.8% agreement). Just under half of respondents (48%) indicated that they were looking for information or support for some aspect related to mental health difficulties. Of these, 40.6% referred specifically to depression and 34.4% referred to anxiety disorders. A small proportion (14%) also described seeking information about suicide and/or self-harm. Secondly, young people indicated their main topics of information from a pre-determined list of options as presented in Figure 10.0. As observed in the open-ended responses, young people most commonly indicated seeking information about mental health difficulties.

“Depression: how to manage it, and how to tell my friends that I am struggling.”

- 25-year-old male from NSW on what he was looking for on ReachOut.com
Young people’s satisfaction with and impressions of ReachOut.com

Usability, design, credibility and range of information

The 2012 National Survey asked respondents to rate ReachOut.com in terms of website usability, credibility, design and content according to a five point scale of ‘very poor’, ‘poor’, ‘neither good nor poor’, ‘good’ or ‘excellent’. As shown in Figure 11.0, the site was rated favourably by the majority of participants.
Loyalty: are first-time visitors likely to return?

More than half of young people surveyed indicated that they were likely to return to ReachOut.com in the future, with only a small proportion reporting they were unlikely to return or undecided. Amongst first-time visitors, 17.9% said they were 'unlikely' to return (compared to 8.9% of repeat users). Repeat users were significantly more likely to indicate that they would visit again in the future, compared to first-time visitors; \( t (1333) = 8.76, p < .001 \).

In their own words: what do young people like most about ReachOut.com?

Young people were asked to share what they liked most about ReachOut.com by typing a short comment. Key themes that emerged included that ReachOut.com 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 are provided below and opposite.

The opportunities it has given me to get involved in the fight against stigma within my community!
- 15 year-old female from NSW on what she likes about ReachOut.com
"The way it feels like it's by young people for young people. It covers the important stuff without being too serious about it and generally gives option for actions to take. I think it's a really great idea to have the personal stories as well."
- 19-year-old female from WA on what she likes about ReachOut.com

"The sense of community that you have managed to achieve in an online space is truly phenomenal. I love that you can say what you like on it, and be YOURSELF in a space that allows you to, especially when you don't have the confidence to do so in the real world. A brilliant, inclusive, welcoming community. Thank you for everything."
- 25-year-old male from NSW on what he likes about ReachOut.com

"It's there with the facts, nice and easy and it's yourself reading it from home, you don't have to pick up a brochure in a room full of people."
- 15-year-old male from NSW on what he likes about ReachOut.com
The National Survey also provided respondents with an opportunity to give comments or suggestions about how ReachOut.com could be improved. Of the 732 respondents who provided comments, the majority expressed that they felt ReachOut.com was meeting their needs and/or that they didn’t have any specific suggestions for improvement. Common themes identified included requests for more personalised support through one-to-one email, asynchronous ‘Q&A’ or live chat based services with clinicians, adopting a brighter colour scheme, improving the layout of the site, broadening the range and increasing the depth of information available and providing ‘self-assessment’ tests or quizzes. A small number also suggested creating a mobile-friendly site or ReachOut.com ‘apps’ for iPhone, iTouch or Android devices.

" Better mobile phone accessible website, Please!? "
- 15-year-old female from Tasmania on how ReachOut.com could be improved

" I think you're doing a great job so far. I would appreciate more factsheets, stories etc because what you've provided so far has been quite helpful!! "
- 18-year-old female from Victoria on how ReachOut.com could be improved

" 24-hour online chat. I can't stay on the phone late at night and my family always hear my calls anyway so online chat late at night would be excellent. Also some tests to see what the chances are of you needing to be checked out for something "
- 15-year-old female from Queensland on how ReachOut.com could be improved
Subjective impact assessment

The National Survey provides an opportunity to assess subjective views about the impact of ReachOut.com. Young people were asked their opinions about whether ReachOut.com helped them with their tough time or influenced them to seek help in the future.

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

As shown in Figure 13.0, most young people who reported visiting ReachOut.com during a ‘tough time’ said that it provided the information they needed and that it helped them to deal with the issue they were experiencing. However, young people who reported having visited during a tough time had significantly (p < 0.05) lower ratings than those who weren’t experiencing a tough time. In addition, t-tests indicated that repeat visitors rated ReachOut.com as more helpful than new visitors for all statements (p < 0.05).

Past, concurrent and future help-seeking behaviours

One of the primary objectives of ReachOut.com is to facilitate help-seeking amongst young people experiencing high or very high psychological distress who are not receiving professional support. Whilst the National Survey in previous years assessed whether users felt that ReachOut.com helped them to speak to a variety of professional and social sources of support, in 2012 the questions were revised to more directly 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’, or ‘No and wouldn’t’.

Figure 14.0 displays the responses given by new and repeat visitors. Only a small proportion of young people reported previously having sought help from 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.com do not perceive they need help, despite many visitors experiencing high or very high levels of psychological distress. Repeat visitors were significantly more likely to report having previously or concurrently sought help from both professional and social sources, including from friends, teachers and mental health professionals.

Figure 15.0 shows the proportion of new and repeat visitors who report having accessed at least one of the following Australian mental health websites: www.headspace.org.au, www.lifeline.org.au and/or www.beyondblue.com.au. Again, repeat visitors were significantly more likely to report having visited other mental health websites than new visitors.
Figure 14.0  “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

<table>
<thead>
<tr>
<th>Source</th>
<th>New ReachOut.com Visitors</th>
<th>Repeat ReachOut.com Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone hotline * (e.g. Kids HelpLine or LifeLine)</td>
<td>38% 41% 9% 12%</td>
<td>35% 38% 6% 21%</td>
</tr>
<tr>
<td>Medical doctor</td>
<td>26% 40% 9% 25%</td>
<td>26% 39% 8% 27%</td>
</tr>
<tr>
<td>A therapist, counsellor or other mental health professional</td>
<td>17% 39% 14% 30%</td>
<td>16% 31% 10% 43%</td>
</tr>
<tr>
<td>An online discussion forum *</td>
<td>18% 42% 13% 27%</td>
<td>9% 33% 9% 49%</td>
</tr>
<tr>
<td>A Headspace Centre *</td>
<td>42% 45% 8% 5%</td>
<td>35% 46% 10% 9%</td>
</tr>
<tr>
<td>Magazines / books *</td>
<td>30% 37% 11% 22%</td>
<td>26% 33% 6% 35%</td>
</tr>
</tbody>
</table>

* Repeat visitors significantly more likely to report having sought help from this source (p < 0.05)
Figure 14.0  “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

<table>
<thead>
<tr>
<th>Source</th>
<th>New ReachOut.com Visitors</th>
<th>Repeat ReachOut.com Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>A family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>A friend *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>Girlfriend / boyfriend / partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Teacher *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>49%</td>
<td>46%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Facebook or Twitter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“No and wouldn’t”</td>
<td>51%</td>
<td>50%</td>
</tr>
<tr>
<td>“I would if I needed to”</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>“Planning to”</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>“Yes, I have”</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>

* Repeat visitors significantly more likely to report having sought help from this source (p < 0.05)
Help-seeking histories amongst young people experiencing high or very high psychological distress who were new visitors to ReachOut.com

While half (50%) of new visitors experiencing high or very high levels of psychological distress had sought help from a friend, and a third (32%) from a parent, the majority had not sought help from professional sources. Figure 16.0 summarises past and concurrent help-seeking from professional sources amongst new visitors experiencing high or very high levels of psychological distress. Amongst this group, 60% were not concurrently accessing (and had not previously sought) any help from professional sources such as a medical doctor, headspace centre, therapist, counsellor or other mental health professional.

The majority of young people who use ReachOut.com have not previously sought professional help for their mental health difficulties.
Are young people experiencing psychological distress more likely to seek help after visiting ReachOut.com?

Survey respondents were also asked whether they were "more or less likely to talk to or access support" from a list of social and professional sources of help. Figure 17.0 presents the responses given by young people experiencing high or very high levels of psychological distress who had not previously accessed help from professional sources. Encouragingly, 29% of this subsample said they were more likely to seek help from a medical doctor, and 41% said they were more likely to seek help from a counselor, therapist or other mental health professional after visiting ReachOut.com. Repeat visitors experiencing high or very high psychological distress were significantly more likely than first-time visitors (p <0.05) to say they were "more likely" to seek help from several sources, including medical doctors, mental health professionals, friends, partners or a Headspace centre.

Did ReachOut.com help young people to help a friend?

Nearly one third (28.1%) of respondents reported that they were visiting ReachOut.com to assist them to help a friend. Of these, 11.5% reported this was their top reason for visiting the site. Just under 30% of all respondents who were looking to help a friend said ReachOut.com did help them to help a friend and just over 25% said it did not help them help their friend. The remaining 45% reported ReachOut.com ‘somewhat’ helped them to help their friend.

In a separate question, all young people were asked whether they would tell a friend going through a tough time about ReachOut.com. Encouragingly, 78% of young people said ‘yes’, they would tell a friend about ReachOut.com if they were going through a tough time.

78% of young people said they would tell a friend going through a tough time about ReachOut.com
Discussion

The 2012 National Survey results provide important insights about the characteristics of (non-professional) service users aged 25 years and below, why they access ReachOut.com, what their experience of the site involves and whether it motivated those going through tough times to seek help in the future. The following discussion reflects on the survey data in relation to key evaluation aims.

Is ReachOut.com engaging its intended target groups?

A primary aim of the National Survey was to investigate whether ReachOut.com is engaging young people from its intended target groups. While ReachOut.com works across the Spectrum of Interventions for Mental Health, the current program strategy places an emphasis on early-intervention, and therefore particularly focuses on engaging young people who are experiencing signs and symptoms of mental disorders but not receiving professional support. The survey found that the majority of participants (75%) were experiencing high or very high levels of psychological distress as measured by the K10, and that 60% of new visitors experiencing high or very high levels of psychological distress were not currently or had not previously sought professional help. Encouragingly, this data therefore suggests that the young people accessing ReachOut.com appear to reflect the primary target group.

Figure 18.0 further examines program reach by mapping the distribution of survey respondents across a simplified version of the Spectrum of Interventions model in order to better understand the intervention needs of young people accessing the website. In Figure 17.0 the intervention types from the original model (Figure 1.0) were combined into three broad categories: 1) ‘universal and selective’ preventive actions, 2) ‘case-identification’ to facilitate early intervention or standard treatment, or 3) actions that would serve as an ‘adjunct to treatment and/or continuing care’. A crude analysis was then undertaken to illustrate the distribution of ReachOut.com users across these three categories by segmenting survey respondents according to their demographic characteristics, reported help-seeking behaviour and K10 scores.

Figure 18.0 ReachOut.com National Survey Respondents segmented by different mental health intervention needs

The distribution of ReachOut.com users by intervention needs illustrated in figure 18.0 is relatively reflective of the target group segments and focus areas for intervention actions outlined in the ReachOut.com program strategy. It demonstrates that, in addition to engaging young people experiencing high or very high levels of psychological distress who are otherwise unsupported (51% of all users), nearly a quarter of respondents had already accessed treatment from either a medical doctor or mental health professional. This may reflect young people using ReachOut.com as an adjunct to treatment. The remaining 25% of users had low or moderate K10 scores, and may benefit from using ReachOut.com to improve their wellbeing by developing coping skills and prevent mental health problems. Mapping ReachOut.com users in this way enables a more tactical approximation of program reach, and also aids in identifying opportunities for the development of strategies that can be tailored specifically to address different needs of each target segment.

* ‘At risk’ populations include young people who are carers, lesbian, bisexual, gay, transgender and/or intersex, currently receiving sick allowance, and/or from Aboriginal and/or Torres Strait Islander backgrounds.
The data also shows that significant numbers of young people from populations in which there is a high prevalence of mental health problems access ReachOut.com. In particular, nearly a quarter (24%) of young people identified as lesbian, gay, bisexual, queer or questioning, while the percentage of Aboriginal and/or Torres Strait Islander young people using the service was marginally higher than observed in the general youth population (4.3% vs 3.4%). A high proportion of users were also from rural or regional areas, which affirms the important and growing role of online settings for engaging geographically hard to reach communities.

Critically, ReachOut.com appears to engage more young women (81%) than young men (17%). It is unclear whether any sampling bias might influence the gender distribution of survey respondents, though this finding is consistent with results from surveys conducted in previous years. ReachOut.com seeks to reach more young men in the future and accordingly continues to prioritise investment in further research and development to better understand and respond to the help-seeking needs of this cohort.

Why and how are young people using ReachOut.com?

The National Survey data shows that the reasons for which young people use ReachOut.com, and by extension, their service needs, vary significantly by levels of psychological distress. The most common reason young people reported visiting ReachOut.com was because they were 'going through a tough time and were looking for help', particularly amongst those with high or very high levels of psychological distress. Conversely, 'doing an assignment for school or university' was the most common reason for visiting given by young people with low or moderate psychological distress. However, 18% of young people who were experiencing high or very high levels of psychological distress indicated that they were not (and had not previously) visited ReachOut.com for help with a tough time. This indicates that ReachOut.com is potentially engaging a group 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 'opportunistic' mental health promotion and universal prevention efforts while undertaking school or university work.

As observed in previous years, factsheets and personal stories were the most popular features accessed by young people. Although fewer young people reported using the discussion forums than factsheets and stories, these features were rated highly by those who did report using them. Further research into the utility of interactive features such as self-assessment tests and quizzes is needed in the future.

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

Another key aim of the National Survey was to investigate whether young people using ReachOut.com perceived the site as relevant and, ultimately, whether their user experience was satisfactory. Respondents generally rated the website as ‘good’ or ‘excellent’ in relation to usability, credibility and design attributes. In particular, the ease of language used, site navigation, usefulness of content and the sense of safety and support onsite all ranked highly. Similarly nearly three-quarters of respondents rated the credibility of information provided on ReachOut.com as ‘good’ or ‘excellent’, while over 90% of respondents said that ReachOut.com helped 'somewhat', 'quite a bit' or 'a lot' in regards to providing them with the information they needed. These are positive results and indicate that young people find ReachOut.com a reputable and easy to use resource.

Subjective Impact Assessment: is ReachOut.com facilitating help-seeking?

The final aim of the National Survey was to explore whether ReachOut.com motivated young people going through a tough time to seek help. In previous years the National Survey asked young people about whether they felt ReachOut.com helped them to speak to a variety of different sources of support, including both professional sources (such as mental health professionals and GPs) and social supports (such as friends and family). In 2012, these questions were adjusted to specifically assess whether young people’s intentions to seek help from a variety of different sources had changed after visiting ReachOut.com. New questions were also introduced to account for young people's current levels of psychological distress, past help-seeking experiences, and whether respondents were concurrently accessing other forms of support. These revisions were integral to assessing ReachOut.com’s renewed strategic focus on facilitating help-seeking in young people with unmet mental health needs who are not otherwise accessing help.
The 2012 National Survey data suggests that the majority of distressed young people who were new visitors to ReachOut.com were not accessing (and had not previously) any form of professional help (60%), though a significant proportion had sought help from a friend (50%), parent (32%) or other mental health websites (41%). A high percentage of young people accessing ReachOut.com with high or very high psychological distress, who had not previously accessed professional sources of help, indicated that they would access many of these “if they needed to”. This might suggest that many young people who would arguably benefit from accessing professional support are not doing so simply because they do not perceive any need to. This is consistent with the 2007 National Mental Health Survey findings, where 86% of young people not accessing services did not seek help for their mental health problem because they simply did not believe they needed any type of mental health care.

Encouragingly, 41% of young people experiencing high or very high levels of psychological distress who were not accessing professional help reported that they felt they were more likely to seek help from a mental health professional after visiting ReachOut.com. Similarly, 29% of this group said they were more likely to seek help from a medical doctor after visiting ReachOut.com. 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.com offers significant potential for improving mental health outcomes by facilitating early-intervention.

**A ‘dose-response’ relationship?**

Differences in help-seeking histories and future intentions were observed between new and repeat users of ReachOut.com, with more repeat users reporting having previously accessed support 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 a variety of social and professional sources after visiting ReachOut.com. This may indicate a possible ‘dose-response’ relationship, whereby higher levels of exposure to ReachOut.com yield a greater 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.com 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 is that the cross-sectional study design limits the extent to which ReachOut.com’s primary program objective (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 help after using ReachOut.com remains unknown. Similarly, the cross-sectional survey is not able to determine the specific role or extent of ReachOut.com’s influence on behavioural intentions to seek help. While the survey did measure whether young people themselves perceived ReachOut.com 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.com. More rigorous follow-up research using a longitudinal 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.
Validity and reliability of the survey instrument

Several questions, such as ratings of the ReachOut.com website, were developed for the survey, and as such have not been tested for validity and reliability. Accordingly, data derived from these questions should be interpreted with caution.

Difficulties determining whether survey participants were representative of ReachOut's intended target groups

Evaluating whether the young people accessing ReachOut.com are representative of the primary target group is complicated. In particular, the National Survey is unable to determine if the young people accessing ReachOut.com are experiencing ‘early signs of mental disorders’, since the primary measure of mental health status used was the K10. Although useful, the K10 provides neither diagnostic confirmation or any indication of whether psychological distress has been present for longer than 30 days. Accordingly, it is unclear whether the timing of young people’s engagement with ReachOut.com would be considered ‘early’ in the progression of their mental health difficulties. Accordingly, the National Survey offers somewhat ‘blunt’ data, in that it is only able to assess whether ReachOut.com is engaging young people experiencing psychological distress who are otherwise unsupported and would therefore benefit from some form of professional or guided self-help intervention.

Sample bias and respondent drop-off

The 2012 National 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 National 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.com visitors. This suggests that at least in geographical terms, the National 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.com Online 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 (41.7%) compared to repeat users (52.8%), t(2863)= -5.93, p<.001; while those who reported having visited the ReachOut.com site during a tough time were significantly more likely to complete the survey (46.7%) than those who reported not having visited during a tough time (22%), t(3680) = -17.96, p<.001. Similarly, respondents with low K-10 scores (M=17.4, SD=16.43) were also significantly less likely to complete the survey than those with high K-10 scores (M=31.0, SD=10.56), t(2862) = -25.72, p<.001. A large number of participants (719) dropped out at the postcode question. The reasons for this are unclear, and will require further investigation in future surveys.
Conclusions

The 2012 National Survey data indicates that the young people who access ReachOut.com are reflective of the program’s primary target group: young people likely to be experiencing mental health difficulties who are not otherwise accessing professional support. This is encouraging, given the hard-to-reach nature of this population segment. Additionally, nearly 25% of young people who visit the site present with low levels of psychological distress, and are generally seeking information to assist with school or university related work, highlighting the potential for engaging these visitors in opportunistic mental health promotion and universal prevention-oriented strategies.

The majority of young people using ReachOut.com rated the site features, content and credibility positively, and also felt 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.com if they were going through a tough time. These results indicate that ReachOut.com is a valued, useful and well trusted resource by those who visit.

Although preliminary, the 2012 National Survey results suggest that ReachOut.com is positively influencing young peoples’ help-seeking intentions, and therefore continues to offer significant potential for facilitating help-seeking behaviour. 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 a medical doctor (29%) or mental health professional (41%) after visiting ReachOut.com, despite having not previously accessed any form of professional help.

Future surveys will offer further clarification into these findings, as well as enabling performance comparison of the newly introduced UX Goals between the old and new ReachOut.com web platforms. However, more rigorous study designs are needed to address some of the key constraints and limitations identified with the cross-sectional design of the National Survey, and provide a better understanding of ReachOut.com’s role in facilitating help-seeking behaviours.
References


