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Changes in help-seeking intentions among young people living in families impacted by mental illness attending Australian Kookaburra Kids Foundation camps

Grace Davies[1] | Frank P. Deane[1] | Virginia Williams[2] | Chris Giles[2]

[1]School of Psychology, University of Wollongong, Wollongong, New South Wales, Australia

[2]The Australian Kookaburra Kids Foundation, Sydney, New South Wales, Australia

Correspondence
Grace Davies, School of Psychology, University of Wollongong, Wollongong, New South Wales, Australia.
Email: gmd208@uowmail.edu.au

Abstract

Young people living in families impacted by familial mental illness are at increased risk of various negative mental and physical health outcomes. Prevention and early intervention programmes are useful in mitigating the risk of transgenerational transmission of mental illness. Therapeutic recreation camps constitute a novel approach to mental health early intervention and prevention for these young people, incorporating educational experiences within a peer-based environment. This study assessed the outcomes of attending the Australian Kookaburra Kids Foundation camps for young people living in families impacted by familial mental illness. A pre-post design was used with 237 young people between 8 and 18 years old. Mixed analyses of variance (ANOVAs) found significant improvements in young people's mental health knowledge and intentions to seek help using an anonymous telephone helpline after attending the programme. Results also revealed that males became more likely to seek help from regular contacts within their established networks after attending the programme. These findings contribute towards an increased understanding of the extant help-seeking processes involved among an at-risk population, with focused attention on subgroups who are less likely to seek help for their issues.

KEYWORDS
children of parents with a mental illness, early intervention, help-seeking, mental health knowledge, peer support, therapeutic recreation camp

1 | INTRODUCTION

1.1 | Young people living in families impacted by mental illness: Prevalence and risk status

Approximately 23.3% of all young Australians live in a family affected by parental mental illness (Reupert, Maybery, & Kowalenko, 2012) and up to 45% of clients in adult mental health services are parents (Maybery & Reupert, 2018). Young people who live in families impacted by parental mental illness are at heightened risk of disrupted attachment styles, communication and cognitive impairments, stress-related somatic health conditions and severe mental illness, with a higher propensity for self-harm and completing suicide (Reupert, Cuff, et al., 2012; Thanhäuser et al., 2017; Weitzman et al., 2011). Young people living with parental mental illness are at 2.4 times greater risk of developing mental health issues, compared with young people living in families unaffected by parental mental illness (Wille et al., 2008). Past research has demonstrated how the risk and type of psychiatric outcomes can vary with the severity and type of parental mental illness (van Santvoort et al., 2015). For example, young people

who had two parents with severe mental illness were found to be 13 times more likely to develop a severe and chronic mental illness (i.e., schizophrenia) than young people who were unaffected by parental mental illness (Dean et al., 2010). Hence, young people impacted by familial mental illness are an at-risk group for various mental and physical health issues.

1.2 | Specific developmental, social and academic outcomes

The elevated risk status of young people impacted by familial mental illness has important implications on the developmental, social and academic outcomes of this population. These young people may experience a home environment different from their peers, where the affected parent may be less available to support or nurture the young person's full range of developmental needs (Nicholson et al., 2019; Oyserman et al., 2000). This has implications for identity development and communication competency (Roustit et al., 2010). In a process known as 'parentification' (Hooper et al., 2012), young people impacted by parental mental illness are more likely to take on caring responsibilities beyond what is typical of their developmental stage including chores, caregiving of younger siblings and supporting their mentally ill parent (van Loon et al., 2017). Although these experiences are often considered to have positive impacts such as greater independence and resiliency, these activities also predispose these young people to a discrepant developmental trajectory with uneven growth across developmental skill areas (Hooper et al., 2012). Further, young people living in families impacted by parental mental illness are more likely to have school-related difficulties including both internalizing issues (such as poorer attention and self-regulation) and externalizing issues (such as aggression and peer problems) (Riebschleger et al., 2019), as well as higher rates of school drop-out (Farahati et al., 2003).

1.3 | The developmental model of transgenerational transmission of psychopathology

Familial mental illness does not necessitate poorer outcomes among young people, nor can such outcomes be attributed to one specific factor. When discussing adverse outcomes among young people living in families impacted by mental illness, it is important to recognize the interplay of multiple factors including genes, the environment and the young person's individual strengths and attributes (Riebschleger et al., 2019). Despite the higher rate of negative psychiatric outcomes in young people living in families impacted by mental illness, most of these young people remain healthy (Drost et al., 2016). Many young people have reported that they would not change their situation (Riebschleger et al., 2019), with some young people identifying greater resiliency and strength associated with their family situation (Drost et al., 2016). Resiliency, defined as the capacity to remain healthy despite being exposed to many risk factors (Drost et al., 2016), can be strengthened by building upon the protective factors outlined in Hosman et al.'s (2009) *Developmental Model of Transgenerational Transmission of Psychopathology*. In addition to individual characteristics, this model highlights the importance of access to resources and support including positive parent–child interactions, social connection and professional support (including therapeutic interventions) in decreasing the risk of transgenerational transmission of mental illness. Under this model, adequate social and professional support are key agents for managing the young person's level of stress and coping and increasing the likelihood of improved social, behavioural and emotional development. Therefore, support-seeking, also known as help-seeking, constitutes an essential target for mental health early intervention and health promotion activities.

1.4 | Help-seeking

Help-seeking refers to the communication about a problem for the purpose of gaining external support and reducing personal distress (White et al., 2018). There is growing evidence for the protective benefits of help-seeking among young people living in families impacted by familial mental illness (Riebschleger et al., 2019). It has been described as 'an adaptive coping process' for dealing with mental health concerns (Rickwood & Thomas, 2012, p. 180). Benefits can be derived via help-seeking from a spectrum of sources, from informal social networks (including family, friends and neighbours) to more formal or professional sources of care (including school and health professionals) (Hosman et al., 2009). Despite acknowledgment that help-seeking is beneficial, the rate of service-engagement among Australian young people with mental health problems is low (Rickwood et al., 2015). Young people have identified major help-seeking barriers such as problems recognizing symptoms, a preference for self-reliance and perceived stigma (Rickwood et al., 2015). A recent review highlighted the unique barriers impeding the likelihood of seeking help for personal problems among young people living in families impacted by parental mental illness (Davies et al., 2021). For example, some young people were concerned that talking about family-related issues would lead to their removal from their home based on previous experiences of being placed into foster care (Cogan et al., 2005). Young people have also indicated that they would prefer not to share information about their parent's mental illness with people other than their family, mainly due to concerns about their peer's reactions (Grové et al., 2015a). Other related barriers affecting this population from seeking help for their personal and emotional problems are stigma, family communication about mental health and a perceived sense of burdensomeness and lack of belonging with their peers (Cogan et al., 2005; Grové et al., 2015b; Trondsen, 2012).

1.5 | Gender and help-seeking intentions

Within the general population, males are less likely to seek help than females for a range of problems (Rickwood et al., 2005), and this pattern has been replicated among young people living in families

impacted by parental mental illness (Havinga et al., 2018). A predominant explanation for this is that stereotypical messages of masculinity are discordant with opening up to, and seeking help from, others for personal issues (Addis & Mahalik, 2003; Möller-Leimkühler, 2002). Young males in Australia have been identified as an 'at-risk' demographic for mental health issues due to challenges in reaching, engaging and retaining these young people in treatment (Rice et al., 2018; Rickwood, 2012). Findings of a peer support programme in Australia suggested male participants enjoyed outdoor, competitive and physical aspects of the programme while the informal opportunity to talk about issues of personal importance appealed to female participants (Foster et al., 2014). Therefore, therapeutic approaches that include active and physical games or other opportunities may be more successful in engaging males and enabling them to 'open up' to therapeutic aspects associated with an intervention targeting aspects of mental health and well-being. Rice et al. (2018) emphasize the importance of establishing an adequate sense of rapport, safety and trust to foster and sustain meaningful relationships both with and among young males. Facilitated peer programmes hold potential as a method of intervention regarding the effects of stigma and stereotyped notions of masculinity on males' low likelihood of seeking help for personal and emotional problems.

1.6 | Interventions to promote mental health of young people impacted by familial mental illness

Early intervention is essential for enhancing prevention, early detection and timely treatment for mental health-related concerns in young people (Hom et al., 2015). Early intervention activities are defined here as those that target knowledge, attitudes and basic skill-building regarding mental illness, help-seeking and coping (Reupert, Cuff, et al., 2012).

For young people living in families impacted by parental mental illness, early intervention activities may reduce the risk of developing a mental illness by approximately 40% (Siegenthaler et al., 2012). Most commonly, early interventions for young people, particularly those living in primary and secondary school years, are delivered via classroom-based psychoeducation, multimedia and online-based interventions with a predominantly clinical-focus (Velasco et al., 2020). Past research has highlighted the effectiveness of peer support programmes for young people living in families impacted by mental illness (Davies et al., 2021). Australian programmes such as *Champs* (Goodyear et al., 2009) and *PATS* (Hargreaves et al., 2008) have demonstrated benefits of utilizing a peer support framework; such as, flexibility in the delivery of a diverse range of mental health information and health promotion strategies as well as addressing stigma attached to discussing mental health issues. In more recent years, online interventions have been shown to be an effective modality for targeting young people living in families impacted by mental illness, with increased accessibility and anonymity (Davies et al., 2021; Grové et al., 2016). A programme evaluation of an Australian online intervention (*mi.spot*; Reupert et al., 2019) found significant improvements in depression and stress among youth impacted my parental mental illness and/or substance use (Reupert et al., 2020). However, there were no changes in general help-seeking, social connectedness, mental health literacy or self-efficacy (Reupert et al., 2020).

The use of therapeutic recreation camps as a way of delivering mental health early intervention services is a novel approach for young people living in families impacted by mental illness. Therapeutic recreation camps and activities can be defined as services that purposefully target variables associated with improved quality of life (e.g., connection, community-building, self-efficacy, functional skills), within a leisure and activity-based format appropriate to the developmental stage of participants (Allsop et al., 2013; Moxham et al., 2015). Therapeutic recreation interventions are delivered to individuals with a disability, disorder or illness that may impair access and opportunities to participate in similar leisure activities and to develop skills, compared to most of their peers (O'Morrow, 1980; Patterson, 2007). A therapeutic recreation camp or activity differs from a traditional camp (e.g., school camp) in that specifically determined skill-building activities and interventions are embedded within the traditional format to support and build targeted functional capacities.

Past evaluations of facilitated group interventions delivered in a peer-format have reported improved emotional and behavioural competence, self-esteem and connection with peers (Isobel et al., 2017; van Santvoort et al., 2014). However, there is a paucity of past research that has focused on changes in help-seeking intentions as a central outcome of mental health focused therapeutic recreation camps (Davies et al., 2021).

1.7 | Kookaburra kids: A therapeutic recreation approach to evidence-based mental health early intervention

The Australian Kookaburra Kids Foundation (AKKF) is a non-government organization that delivers programmes in all mainland states and territories (i.e., NSW, QLD, ACT, VIC, SA, NT and WA). The AKKF aims to provide evidence-based mental health promotion and early intervention services to Australian young people aged 8–18 years, who are living with parents or an immediate family member (e.g., sibling) impacted by mental illness. AKKF provides its services via a suite of programmes including online (facilitated peer session 'Connect'), activity days with a short psychoeducation component (called 'Kookaresilience') and two-day therapeutic recreation camps (incorporating two, hour long facilitated peer 'chat groups'). The therapeutic camp component is the focus of the current study. It provides mental health psychosocial education (psychoeducation), including symptom recognition, normalization and targeting of misconceptions and treatment barriers. There is also a focus on skill-building to equip young people with basic stress/distress coping skills as well as fostering self-efficacy around help-seeking. These specific components are delivered by trained facilitators across two, 1 h 'chat group' sessions. The delivery of these groups is supported by manualised programme guidebooks for facilitators and accompanying age-appropriate resource books (called 'Kookabooks') for participants, with the latter

being a 'take-home' resource. Table 1 outlines the therapeutic aims, intervention methods/techniques and samples of how these may be differentiated for developmental stage, gender or individual needs while prioritizing integrity and fidelity of the programme.

The merit of AKKF's approach to addressing the stated therapeutic aims has been demonstrated in previous evaluation research. Grové et al. (2015b) reported improvements in intentions to use an anonymous telephone helpline after attending the programme. This is another therapeutic activity comprised in the 'chat groups' that used psychoeducation, modelling, peer mediated instruction and intervention, and reinforcement to influence skills and help-seeking attitudes. In addition, the study found significant improvements in participants' mental health knowledge and qualitative feedback from participants that their sense of connection with camp peers increased (Grové et al., 2015b).

1.8 | Aim of the study

In addition to measuring pre-post differences in mental health knowledge and help-seeking intentions, this study aims to identify potential differences in help-seeking patterns between males and females living in families impacted by mental illness. Although Grové et al.'s (2015b) study did not find significant differences

TABLE 1 Therapeutic aims, intervention/methods and sample differentiation of AKKF interventions

Therapeutic aims	Intervention/method	Differentiation samples
1. Access to a safe, relatable peer social context 2. Opportunity for supported and successful peer interaction 3. Proactive and scaffolded opportunity to communicate about mental health and well-being 4. Provision of developmentally relevant knowledge and skills-building opportunities 5. Opportunity for exploration and growth in healthy help-seeking attitudes and behaviours 6. Durable and ongoing opportunity to 'sub-clinical' mental health support, triage and referral-on opportunities as needed	1. Didactic and interactional teaching (psychoeducation) 2. Direct instruction 3. Skills-modelling 4. Social narratives 5. Scripting 6. Cognitive behavioural interventions 7. Self-management 8. Peer mediated instruction and intervention 9. Reinforcement 10. Clinical triage 11. In-vivo clinical support (as required)	Activity: *Identifying signs and symptoms of mental illnesses* In this activity, young people learn about symptoms associated with a range of mental illnesses and apply their knowledge via an interactive activity. It utilizes psychoeducation (didactic and interactional teaching), peer mediated instruction and intervention, and reinforcement. To apply and demonstrate their knowledge, young people will listen to a symptom/characteristic and then move to a placeholder label (e.g., *depression*) to indicate their response. Questions (peer-led) and conversation to clarify and deepen understanding are facilitated around the response-activity. Differentiation 1: Males Increased activity and physical engagement has proven to be a useful adjustment, e.g., Individuals each stand at a placeholder. A ball is provided to one participant, when the symptom/characteristic is described the ball-holder throws (or rolls) the ball to the person standing at the appropriate place. Differentiation 2: Diverse mobility or other needs Some individuals are unable to access the activity when it requires physical mobility as outlined above. An option to allow interactional learning but reduce physical mobility is to equip participants with true/false cards or flags. The facilitator reads out symptoms/characteristics and raises a placeholder label. The participating young people signal either 'true' or 'false' that the symptom matches the indicated placeholder/label. This option has also proven preferable for older female participants (e.g., 14–17 year olds), and for those whom the movement/physicality of other options induces anxiety.

between gender and help-seeking intentions, it is possible that the study was underpowered to detect such changes given the relatively modest sample size ($N = 69$). The current study will reassess these patterns using a larger sample size and a wider age range.

2 | METHODS

A pre-post within-subjects design was used. The study design was approved by the University of Wollongong's Research Ethics Committee (ref. no. HREC/2020/286).

2.1 | Procedure

Young people are referred to the AKKF camps and activities by people such as school counsellors, mental health workers, General Practitioners, family members and community workers. Eligibility criteria for the programme includes (i) at least one immediate family member/carer with a mental illness, (ii) English-speaking and (iii) aged 8–18 years old. Exclusion criteria exists for young people who need greater, more specific support than a 2-day residential camp (as agreed by parent/carer and clinical intake team), with options for other programme and referrals provided.

The parental consent form and comprehensive Participant Information Sheet were emailed directly to the parent/caregiver of newly referred young people by the AKKF intake and administration team. Completed parental consent forms were returned to the AKKF team via email. Invitations to camp and accompanying activity days were emailed directly to the family when these events were offered in their local area. Upon the commencement of camp, AKKF facilitators (trained volunteers or employees) explained the evaluation project to the young person, prior to the collection of any data. The discussion involved a clear, simple and age-appropriate description of the project, its aims and its participant-related activities, and an explanation of what voluntary participation means. Thus, young people were made aware that attendance at camp or other Kookaburra Kids activities was not contingent on participation in the research. The young person then received an assent/consent form and precamp questionnaire. Hence, young people provided both verbal and written assent/consent to participate in the research. Participants completed preprogramme and postprogramme questionnaires at the beginning and end of camp using a coded name. Data were collected, retained and transferred from AKKF facilitators to the research team aligned with internal protocol and data-handling guidelines to maintain confidentiality.

2.2 | Participants

Two-hundred and thirty-seven young people aged between 8 and 18 years old completed the preprogramme and postprogramme questionnaires (91% response rate). Table 2 summarizes the demographic characteristics of the young people who took part in this study.

2.3 | Measures

Participants completed a questionnaire (hard or soft copy) at the beginning and end of camp, which was comprised of a combination of validated and study-developed scales (see Supplementary Tables 1-2 for participant's responses).

TABLE 2 Descriptive statistics for participants' demographics ($N = 237$)

Demographic characteristics	M (SD) range	n (%)
Age (years)	11.09 (2.36)[a] 7–17	
Gender		
Female		114 (51)
Male		108 (49)
Missing		15 (6)
Language spoken at home		
English		206 (92)
Other		18 (8)
Missing		5 (2)
Previous camp attendance		
Yes		35 (15)
No		199 (85)
Missing		3 (1)
Indigenous Australian background		
Aboriginal		33 (14)
Torres Strait islander		2 (0.9)
Both aboriginal and Torres Strait islander		3 (1)
No		194 (82)
Missing		5 (2)
Mental health diagnosis of family member/carer (reported by young person)[b]		
Anxiety		56 (19)
Depression		49 (16)
Posttraumatic stress disorder		33 (11)
Other		48 (16)
Do not know		114 (38)
Missing		10 (4)

[a]Missing 10 participants' age data.
[b]Participants were able to choose a mental health diagnosis for up to four parents/caregivers.

2.3.1 | Demographics

Participants' gender, age, language spoken at home, Indigenous background, previous attendance at a Kookaburra Kids camp, primary care givers and familial mental health diagnoses were collected via questionnaire or the study database.

2.3.2 | Mental health knowledge

Participants' mental health knowledge was assessed via the 7-item Children's Knowledge Scale of Mental Illness Scale (Grové et al., 2014), developed from youth focus groups with the Kookaburra Kids cohort and utilized in a previous study (Grové et al., 2015b). This scale assessed aspects of participating young people's knowledge of and attitudes towards mental health, for example, 'A mental illness can be caught like the flu'. Response options included *true*, *false* and *do not know*. For the purpose of analysis, responses were dichotomised as correct versus incorrect ('do not know' and missing responses were coded as incorrect). A total score was computed using participants' total number of correct responses (scores range 0–7). Higher scores reflect greater knowledge of and positive attitudes towards mental illness, while incorrect responses reflect stereotypical or misguided beliefs about mental illness. This measure was administered preprogramme and postprogramme. Cronbach's alpha in this sample was .58 (preprogramme) and .70 (postprogramme).

2.3.3 | Help-seeking intentions

The General Help Seeking Questionnaire (GHSQ) is a validated scale that aims to measure the likelihood of participants seeking help from a range of sources, for personal or emotional problems (Wilson et al., 2005). The GHSQ is a self-reported measure of intentions to seek help, rather than examination of the behaviour itself. The GHSQ offers flexibility in measuring help-seeking intentions in a range of contexts (Wilson et al., 2005) and has been found to be a reliable and valid measure of help-seeking behaviours. Although Rickwood et al. (2007) report a Cronbach alpha of .85 for the full scale, often individual help sources (items) are analysed given high variability in help sources endorsed. This latter approach was the approach used in this study. The questionnaire was used before and after the programme to detect changes in the young person's likelihood of seeking help from 10 different sources of support. There was an additional reverse-scored item 'I would not seek help from anyone'. Items were rated on a 7-point Likert scale with responses ranging from *extremely unlikely* to *extremely likely* (scores range 1–7), with higher scores indicating greater intention to seek help.

2.4 | Statistical analysis

Questionnaire data were analysed using the IBM Statistical Package for Social Sciences (SPSS, Version 25). Descriptive statistics were used to summarize demographics and item responses. A series of 2 (time) × 2 (gender) mixed ANOVAs with age as a covariate were conducted for mental health knowledge and all help-seeking items.

3 | RESULTS

Data for analysis was available for a total of 237 of 417 (57%) participants who completed both the pretest and posttest measures. Participants were evenly distributed in gender (51% female), had a mean age of 11 years (standard deviation [SD] = 2 years) and all had at least one family member diagnosed with a mental illness (see Table 2).

3.1 | Preliminary analyses

3.1.1 | Attrition analysis

Attrition analysis was conducted by comparing those who provided data at both time-points ($n = 237$) with those who did not complete the same measure at both time points ($n = 180$). Comparisons were made for three demographic variables, mental health knowledge and all 11 help-seeking intentions items. There were no differences based on gender [$\chi^2(1) = 1.33$ $p = .248$)], age [$t(277) = -1.34$, $p = .183$] or English-language spoken at home [$\chi^2(1) = 1.85$, $p = .174$]. In addition, independent samples t-tests indicated there were no significant differences on mental health knowledge or any of the 11 preprogramme help-seeking items (all $p > .05$).

3.1.2 | Assumptions

Assumptions were tested prior to analyses. Levene's test was non-significant indicating analyses met the assumption of homogeneity of variances. Although the variables did not meet the assumption of normality using the Shapiro–Wilk test, this test is considered very sensitive to violations and can be disregarded when there are large sample sizes (Field, 2016) as in the present study. However, as a precaution for those variables that yielded a moderate to high negative skew (*mental health knowledge*, *parent* and *other relative*) a squared transformation was performed while a square root transformation was used for *minister of religion*, which had a moderate positive skew. These transformations produced distributions closer to normal and resulted in the distributions being approximately symmetric. The results for the transformed variables were highly similar to those using untransformed variables so results for the untransformed variables are reported for ease of interpretation (i.e., the use of item means).

3.1.3 | Descriptive analysis

Table 3 provides the means and standard deviations for pre and posttest measures. At pretest the help sources with the highest intention

TABLE 3 Main analyses

Mental health Knowledge/help-seeking source	Pretest Mean (SD)	Posttest Mean (SD)	Time × gender Interaction *F*-value	Time × age Interaction *F*-value	Time Main effect *F*-value	Gender Main effect *F*-value	Age Main effect *F*-value
Mental health knowledge	4.91 (1.66)	5.65 (1.56)	0.50	1.54	6.33*	1.13	17.98***
Friend							
All	4.30 (1.85)	4.41 (1.72)	0.26	0.54	0.81	0.04	0.95
Male	4.29 (1.84)	4.46 (1.72)					
Female	4.31 (1.85)	4.36 (1.72)					
Parent							
All	5.39 (1.74)	5.40 (1.75)	2.49	0.92	0.91	0.17	28.89***
Male	5.35 (1.73)	5.52 (1.75)					
Female	5.43 (1.74)	5.27 (1.75)					
Other relative							
All	4.74 (1.66)	4.65 (1.76)	3.97*	0.02	0.00	0.65	10.38**
Male	4.71 (1.66)	4.84 (1.76)					
Female	4.76 (1.67)	4.45 (1.76)					
Teacher							
All	3.71 (1.81)	3.53 (1.80)	1.99	1.17	1.93	0.04	34.46***
Male	3.61 (1.81)	3.59 (1.79)					
Female	3.81 (1.81)	3.47 (1.80)					
Other adult							
All	3.54 (1.79)	3.52 (1.81)	0.01	0.84	0.85	3.24	9.47**
Male	3.72 (1.79)	3.72 (1.80)					
Female	3.36 (1.80)	3.33 (1.81)					
School personnel							
All	3.52 (1.87)	3.75 (1.81)	6.92**	0.72	1.46	0.32	6.77*
Male	3.42 (1.87)	3.98 (1.80)					
Female	3.62 (1.87)	3.52 (1.80)					
Mental health professional							
All	4.45 (2.02)	4.45 (1.95)	0.84	0.76	0.73	1.71	0.27
Male	4.56 (2.03)	4.67 (1.94)					
Female	4.35 (2.03)	4.24 (2.12)					
Phone helpline							
All	3.58 (1.83)	4.09 (1.99)	0.31	1.96	4.73*	3.02	15.59***
Male	3.82 (1.86)	4.26 (2.02)					
Female	3.35 (1.82)	3.93 (1.97)					
Doctor							
All	3.89 (1.83)	3.85 (1.82)	1.90	1.44	1.55	0.22	19.67***
Male	3.87 (1.83)	3.99 (1.82)					
Female	3.91 (1.83)	3.72 (1.82)					
Minister of religion							
All	2.97 (1.81)	2.65 (1.82)	0.01	4.50*	6.77*	0.09	7.10**
Male	3.01 (1.80)	2.68 (1.82)					
Female	2.93 (1.80)	2.63 (1.81)					

(Continues)

TABLE 3 (Continued)

Mental health Knowledge/help-seeking source	Pretest Mean (SD)	Posttest Mean (SD)	Time × gender Interaction *F*-value	Time × age Interaction *F*-value	Time Main effect *F*-value	Gender Main effect *F*-value	Age Main effect *F*-value
No one							
All	4.61 (2.20)	4.51 (2.26)	0.04	0.02	0.09	0.04	3.94*
Male	4.57 (2.20)	4.49 (2.26)					
Female	4.65 (2.20)	4.52 (2.25)					

Note: Bonferroni adjustment used within each mixed ANOVA.
*$p < 0.05$,
**$p < 0.01$,
***$p < .001$.

ratings were *parent* (M = 5.39, SD = 1.74), *other relative* (M = 4.74, SD = 1.66) and then *mental health professional* (M = 4.45, SD = 2.02). At posttest these sources retained their relative positions in the top three. Young people were most likely to seek help from their parents compared with other sources of help with 76% (pretest) endorsing 'likely' or higher. For *other relative* this represented 59% endorsing 'likely' or higher and for *mental health professional* 54% rated 'likely' or higher.

3.2 | Main analyses

3.2.1 | Mental health knowledge

A 2 (time) × 2 (gender) ANOVA with age as a covariate was conducted with mental health knowledge as the dependent variable. There was a significant main effect for age, F(1, 202) = 17.98, $p < .001$, such that older age was associated with higher mental health knowledge across time. When controlling for the effects of age and gender, there was a significant effect for time, $F(1, 202) = 6.33$, $p = .013$. This indicated that there was a significant increase in mental health knowledge over time. Although a time by gender interaction was not hypothesised for this dependent variable, there was no significant interaction effect for time and gender, $F(1, 202) = 0.50$, $p = .498$.

3.2.2 | Help-seeking intentions

A series of 11 planned 2 (time) × 2 (gender) ANOVAs were conducted for the help-seeking items with age as a covariate. There was a significant time by gender interaction for intentions to seek help from *other relative* [$F(1, 202) = 3.97$, $p = .048$] and *school personnel* [$F(1, 200) = 6.92$, $p = .009$]. For both of these sources of help, males increased their intentions to seek help over time while females' intentions slightly decreased (see Table 3).

For intentions to seek help from a *phone helpline* there was no significant time by gender interaction effect [$F(1, 205) = 0.31$, $p = .58$)] but there was a significant main effect for time, $F(1, 205) = 4.73$, $p = .031$. This indicated that there was a significant increase in intentions to seek help from a helpline over time. There was a significant main effect for time [$F(1, 203) = 6.77$, $p = .01$] in regards to seeking help from a *minister of religion*, such that there a decrease in intentions to seek help using this source over time. The age covariate was significant and indicated that this decrease in intentions was stronger for younger participants, $F(1, 203) = 4.50$, $p = .035$.

There was a significant main effect of age found for nine out of the 11 help-seeking sources, with younger age being associated with greater intentions to seek help consistently across these sources.

4 | DISCUSSION

This study examined the outcomes of attending a therapeutic recreation camp, the Kookaburra Kids programme, for young people living in families impacted by mental illness. Specifically, this study assessed changes in mental-health knowledge and help-seeking intentions after attending the programme and identified gender differences in help-seeking changes.

4.1 | Changes in mental health knowledge and help-seeking intentions

At the beginning of the programme, participants had moderate to good knowledge of and positive attitudes towards mental illness overall, with an average correct response score of 70% (SD = 24%). At pretest, the range on specific items varied between 80% correct [(*It's not the person's fault that they have a mental illness* (true)] to 58% [(*A mental illness can be caught like the flu* (false)]. Consistent with hypotheses, there was an increase in young people's mental health knowledge after attending the programme.

Similarly, participants also conveyed positive help-seeking intentions for personal or emotional problems from the beginning of the programme. Young people in this study demonstrated a strong preference for seeking help from their *parents*, followed by other *relatives* and *mental health professionals*. Of note was the high ratings of intentions to seek help from a mental health professional particularly when compared to previous studies with young people (Rickwood et al., 2015; Velasco et al., 2020). For example, a past study involving 1495 high school students who completed the GHSQ, found that the median of the mean scores for intentions to seek help from a mental health professional was 2.34 (Wilson et al., 2007). This is substantially lower than the mean of 4.45 obtained in the current study.

As expected, and consistent with previous work with this group, there was a significant increase in young people's intentions to seek help using a *telephone helpline* after attending the programme. Additionally, this study revealed significant differences between males and females' changes in help-seeking intentions, such that males' intentions to seek support from *other relatives* and *school personnel* increased after attending the programme.

4.2 | Intervention components

Although the study design does not allow for causal conclusions, it is possible that the 2-h-long psychoeducation and skill-building activities contributed to the improvements found in mental health knowledge and help-seeking intentions. Greater mental health knowledge empowers young people by providing them with greater understanding of their personal and family experiences and an ability to communicate their perceptions and emotions to others (Reupert & Maybery, 2010). The peer support element of Kookaburra Kids is another core feature of the programme, with past qualitative findings demonstrating that attendees were provided with a sense of social support and connectedness that they had not experienced before (Grové et al., 2015b). This is important as group norms provide a powerful influence over support-seeking behaviour (Butler et al., 2019). Hence, the camp's capacity to strengthen the group norm of talking about mental illness, dismantle negative stereotypes about mental illness and highlight the young person's agency through role-play activities, all within a peer-supportive environment, are all potential facilitators of behaviour change.

4.3 | Preferences for help-seeking sources

Past studies from an array of community settings have commonly reported that young people prefer to seek help for their emotional and personal problems from informal sources, with a strong preference for friends (Rickwood et al., 2005). Interestingly, this preference was not replicated in the current study among young people living in families impacted by mental illness. In comparison, intentions to seek help via a mental health professional was relatively high among this cohort and surpassed intentions to seek help from their friends. This preference for formal support seeking can be considered positive in terms of the young person's openness to seek help from a source that can provide adequate help if and when the time arose. Alternatively, the relatively low intentions to seek help from friends might be understandable in terms of these young people's lower sense of belonging in their 'natural' peer setting. Young people living in families impacted by mental illness have reported a fear of being bullied or teased if information about their family situation became known among their peers (Grové et al., 2015b). Further, young people living in families impacted by mental illness are more prone to a sense of perceived burdensomeness or worry regarding an 'imbalance' in friendships that prevents them from disclosing personal information among peers (Trondsen, 2012). In this way, the young person's reluctance to seek help from peers could be driving their greater preference for seeking help via confidential and formal sources of support. Conversely, a shared group identity has been identified as a key facilitator for help-seeking intentions among young people living in families impacted by mental illness (Davies et al., 2021). This highlights the importance of programmes like Kookaburra Kids, with its emphasis on commonality and shared experiences in a peer-based intervention setting.

Attendance at the programme was associated with significant increases in intentions to seek help using a telephone helpline. Past studies have found that young people living in families impacted by parental mental illness have a strong preference for using anonymous sources of support, such as online forums and telephone helplines (Davies et al., 2021; Grové et al., 2016). In addition to anonymity, support-seeking via technology offers increased accessibility with the removal of barriers such as time and dependence on parents for transport, as is the case in more traditional face-to-face services.

4.4 | Gender, age and help-seeking

Novel to this study, it was found that males' intentions to seek help from *school personnel* and *other relatives* increased after attending the programme. Unlike seeking help via a telephone helpline, help-seeking from a school support or other relative was not a specific focus of the psychoeducational intervention. One possible explanation for this is that the boys had positive experiences communicating with the group facilitators during camp, which led to a greater interest to the idea of opening up to their regular contacts in their pre-established networks. A corresponding increase for females was not found and this may be in part due to their higher baseline intentions and pre-existing tendencies to be more socially primed to discuss their emotions with others (Möller-Leimkühler, 2002).

Younger age was associated with greater intentions to seek help from the majority of sources. This finding was in contrast with past longitudinal findings among this population, which reported that older age of onset was associated with shorter time to initial help-seeking behaviour from formal sources (Havinga et al., 2018). This suggests that delays in help-seeking behaviour may be due to younger individuals' greater reliance on parental figures to facilitate access to support (e.g., problem recognition, consent and transport) (Logan & King, 2001). This also highlights the importance of facilitating intentions to seek help via sources such as telephone helplines, where the individual is afforded more agency over their help-seeking behaviour. There is a need for further research to clarify how these increased intentions are translated to actual help-seeking behaviour.

4.5 | Limitations and suggestions for future research

A limitation was the substantial proportion of programme attendees who did not complete both pre and posttest measures, potentially reducing generalizability of the findings. However, this concern was

mitigated by the attrition analysis that found no significant differences between those who provided complete data and those who did not on all study variables.

Outside the aims of the current study, the analysis did not account for specific familial disorders which may affect the generalizability of conclusions. Future research could explore how reported outcomes vary depending on mental health diagnosis. Conclusions based on gender are limited by the current binary-conceptualisation within the programme's measurement tools and conceptualisation. Thus, there is a need for future expansion of the help-seeking needs within a gender diverse population (i.e., nonbinary), for example, through the inclusion of an open text response. The level of help-seeking intentions in this group may not be representative of all young people living in families impacted by mental illness by virtue of the participants' engagement with the programme. There could be other variables associated with the young person's attendance (e.g., greater parental support) that limits the generalizability of the findings. The lack of control group limits the ability to draw causal conclusions. However, finding changes in help-seeking intentions for telephone helplines when this was a specific component of the psychoeducational practice session provides plausible specificity and correlational evidence. Future studies could target specific components of the programme that did not change in the present study and compare this with a Treatment-As-Usual condition. For example, future avenues of research may involve the revision of the programme for younger participants to emphasize the importance of communicating their needs to adults who are likely to mediate contact with professional services. Future research would benefit from using updated mental health knowledge scales with stronger psychometric properties (e.g., *KMIR: Knowledge of Mental Illness and Recovery Scale*; Riebschleger et al., 2019). The measure also targets more domains of mental health promotion, including family constructs specific to this population such as help-giving in addition to help-seeking. Finally, help-seeking intentions are generally considered to be a 'modest' predictor of help-seeking behaviour (Rickwood et al., 2005, p. 13), dependent on numerous factors. Although theoretically help-seeking intentions are the most proximal determinant of behaviour (Ajzen, 1991), the findings could be strengthened through a longitudinal analysis that incorporates a measure of actual behaviour change. This would increase our understanding about whether the improvements gained at the programme were maintained after camp and establish how help-seeking intentions translates to actual behaviour.

The AKKF's mission is to resource young people who are living in families impacted by mental illness. An integral part of this mission is to help the young person share their knowledge and experiences with family members upon their return home from camp. For example, the young person is encouraged to share their take-home resource ('Kookabook') with their parent/carer. AKKF has anecdotal feedback from families that the conversations, knowledge and skills gained during camp programmes can lead to improvements in family communication and dynamics, including how the affected individual approaches their mental health issues. Further information surrounding the implications for families will be captured systematically in future AKKF programme evaluation reports.

5 | CONCLUSION AND IMPLICATIONS FOR PRACTICE

The findings of this study provide correlational support for the efficacy of the Kookaburra Kids programme in facilitating improvements in mental health knowledge and help-seeking intentions for young people living in families impacted by mental illness. Males became more likely to seek help via their regular contacts after attending the programme. Participants of both nominated genders (male and female) became more inclined to seek help using a phone helpline. In the future, it is likely that there will be a higher use of support-seeking via technology therefore the continuation of skills-based activities during programmes will be of critical importance to facilitate support-seeking using this platform. A shared-group identity may be particularly helpful for overcoming barriers to help-seeking such as stigma among this group. Overall, these findings highlight the potential of therapeutic recreation camps for young people living in families impacted by mental illness to improve mental health knowledge and to promote help-seeking for personal and emotional problems.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

CONFLICT OF INTERESTS

Author 3 provides research services to AKKF via a contracted and pro bono service delivery model and acts as chief investigator for the organization. Author 4 is employed by AKKF and is the organizational CEO and site manager for research and evaluation activities. Authors 1 and 2 declare no conflicts or pecuniary interest.

ORCID

Grace Davies https://orcid.org/0000-0001-7867-3780
Chris Giles https://orcid.org/0000-0001-5176-7621

REFERENCES

Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *The American Psychologist*, *58*(1), 5–14. https://doi.org/10.1037/0003-066X.58.1.5

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, *50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020T

Allsop, J., Negley, S., & Sibthorp, J. (2013). Assessing the social effect of therapeutic recreation summer camp for adolescents with chronic illness. *Therapeutic Recreation Journal*, *47*(1), 35–46.

Butler, T. L., McKimmie, B. M., & Haslam, S. A. (2019). The approach–avoidance dilemma at the heart of group-based support: Evidence that group identification increases willingness to seek support at the same time that identity-based support threat reduces it. *European Journal of Social Psychology*, *49*(1), 31–46. https://doi.org/10.1002/ejsp.2384

Cogan, N., Riddell, S., & Mayes, G. (2005). Children living with an affectively ill parent: How do they cope? *Educational and Child Psychology*, *22*(4), 16–28. https://doi.org/10.1016/S0020-7489(02)00092-5

Davies, G., Deane, F. P., Williams, V., & Giles, C. (2021). Barriers, facilitators and interventions to support help-seeking amongst young people living in families impacted by parental mental illness: A systematized review. *Early Intervention in Psychiatry*, 1–12. https://doi.org/10.1111/eip.13194

Dean, K., Stevens, H., Mortensen, P. B., Murray, R. M., Walsh, E., & Pedersen, C. B. (2010). Full spectrum of psychiatric outcomes among offspring with parental history of mental disorder. *Archives of General Psychiatry*, *67*(8), 822–829. https://doi.org/10.1001/archgenpsychiatry.2010.86

Drost, L. M., van der Krieke, L., Sytema, S., & Schippers, G. M. (2016). Self-expressed strengths and resources of children of parents with a mental illness: A systematic review. *International Journal of Mental Health Nursing*, *25*(2), 102–115. https://doi.org/10.1111/inm.12176

Farahati, F., Marcotte, D. E., & Wilcox-Goek, V. (2003). The effects of parents' psychiatric disorders on children's high school dropout. *Economics of Education Review*, *22*(2), 167–178. https://doi.org/10.1016/S0272-7757(02)00031-6

Field, A. (2016). Exploring data: The beast of bias. Discovering Statistics. https://www.discoveringstatistics.com/repository/exploringdata.pdf

Foster, K., Lewis, P., & Mccloughen, A. (2014). Experiences of peer support for children and adolescents whose parents and siblings have mental illness. *Journal of Child and Adolescent Psychiatric Nursing*, *27*(2), 61–67. https://doi.org/10.1111/jcap.12072

Goodyear, M., Cuff, R., Maybery, D., & Reupert, A. (2009). Champs: A peer support program for children of parents with a mental illness. *Australian e-Journal for the Advancement of Mental Health AeJAMH*, *8*(3), 296–304. https://doi.org/10.5172/jamh.8.3.296

Grové, C., Reupert, A., & Maybery, D. (2015b). Peer connections as an intervention with children of families where a parent has a mental illness: Moving towards an understanding of the processes of change. *Children and Youth Services Review*, *48*, 177–185. https://doi.org/10.1016/j.childyouth.2014.12.014

Grové, C., Reupert, A., & Maybery, D. (2016). The perspectives of young people of parents with a mental illness regarding preferred interventions and supports. *Journal of Child and Family Studies*, *25*(10), 3056–3065. https://doi.org/10.1007/s10826-016-0468-8

Grové, C., Reupert, A., Maybery, D., & Brown, P. (2014). Kookaburra kids camp evaluation. Report to the Kookaburra Kids Foundation. Unpublished report.

Grové, C., Reupert, A. E., & Maybery, D. J. (2015a). Gaining knowledge about parental mental illness: How does it empower children? *Child & Family Social Work*, *20*(4), 377–386. https://doi.org/10.1111/cfs.12086

Hargreaves, J., Bond, L., O'Brien, M., Forer, D., & Davies, L. (2008). The PATS peer support program: Prevention/early intervention for adolescents who have a parent with a mental illness. *Youth Studies Australia*, *27*(1), 43–51.

Havinga, P. J., Hartman, C. A., Visser, E., Nauta, M. H., Penninx, B. W., Boschloo, L., & Schoevers, R. A. (2018). Offspring of depressed and anxious patients: Help-seeking after first onset of a mood and/or anxiety disorder. *Journal of Affective Disorders*, *227*, 618–626. https://doi.org/10.1016/j.jad.2017.11.017

Hom, M. A., Stanley, I. H., & Joiner, T. E. (2015). Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature. *Clinical Psychology Review*, *40*, 28–39. https://doi.org/10.1016/j.cpr.2015.05.006

Hooper, L. M., Doehler, K., Jankowski, P. J., & Tomek, S. E. (2012). Patterns of self-reported alcohol use, depressive symptoms, and body mass index in a family sample: The buffering effects of parentification. *The Family Journal: Counseling and Therapy for Couples and Families*, *20*(2), 164–178. https://doi.org/10.1177/1066-480711435320

Hosman, C. M. H., van Doesum, K. T. M., & van Santvoort, F. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: I. the scientific basis to a comprehensive approach. *Australian e-Journal for the Advancement of Mental Health AeJAMH*, *8*(3), 250–263. https://doi.org/10.5172/jamh.8.3.250

Isobel, S., Pretty, D., & Meehan, F. (2017). "They are the children of our clients, they are our responsibility": A phenomenological evaluation of a school holiday program for children of adult clients of a mental health service. *Advances in Mental Health*, *15*(2), 132–146. https://doi.org/10.1080/18387357.2016.1251827

Logan, D. E., & King, C. A. (2001). Parental facilitation of adolescent mental health service utilization: A conceptual and empirical review. *Clinical Psychology (New York, N.Y.)*, *8*(3), 319–333. https://doi.org/10.1093/clipsy.8.3.319

Maybery, D., & Reupert, A. E. (2018). The number of parents who are patients attending adult psychiatric services. *Current Opinion in Psychiatry*, *31*(4), 358–362. https://doi.org/10.1097/YCO.0000000000000427

Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, *71*(1–3), 1–9. https://doi.org/10.1016/S0165-0327(01)00379-2

Moxham, L., Liersch-Sumskis, S., Taylor, E., Patterson, C., & Brighton, R. (2015). Preliminary outcomes of a pilot therapeutic recreation camp for people with a mental illness. *Therapeutic Recreation Journal*, *49*(1), 61–75.

Nicholson, J., de Girolamo, G., & Schrank, B. (2019). Editorial: Parents with mental and/or substance use disorders and their children. *Frontiers in Psychiatry*, *10*, 915. https://doi.org/10.3389/fpsyt.2019.00915

O'Morrow, G. S. (1980). *Therapeutic recreation: A helping profession* (2nd ed.). Reston Publishing Company.

Oyserman, D., Mowbray, C. T., Meares, P. A., & Firminger, K. B. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry*, *70*(3), 296–315. https://doi.org/10.1037/h0087733

Patterson, I. (2007). Changes in the provision of leisure services for people with disabilities in Australia. *Therapeutic Recreation Journal*, *41*(2), 108–118.

Reupert, A., Bartholomew, C., Cuff, R., Foster, K., Matar, J., Maybery, D., & Pettenuzzo, L. (2019). An online intervention to promote mental health and wellbeing for young adults whose parents have mental illness and/or substance use problems: Theoretical basis and intervention description. *Frontiers in Psychiatry*, *10*, 59. https://doi.org/10.3389/fpsyt.2019.00059

Reupert, A., Cuff, R., Drost, L., Foster, K., van Doesum, K., & van Santvoort, F. (2012). Intervention programs for children whose parents have a mental illness: A review. *Medical Journal of Australia*, *1*(Suppl.1), 18–23. https://doi.org/10.5694/mjao11.11145

Reupert, A., & Maybery, D. (2010). "Knowledge is power": Educating children about their parent's mental illness. *Social Work in Health Care*, *49*(7), 630–646. https://doi.org/10.1080/00981380903364791

Reupert, A., Maybery, D., Bartholomew, C., Cuff, R., Foster, K., Matar, J., & Pettenuzzo, L. (2020). The acceptability and effectiveness of an online intervention for youth with parents with a mental illness and/or

substance use issue. *Journal of Adolescent Health*, *66*(5), 551–558. https://doi.org/10.1016/j.jadohealth.2019.11.309

Reupert, A., Maybery, D., & Kowalenko, N. (2012). Children whose parents have a mental illness: Prevalence, need and treatment. *Medical Journal of Australia*, *1*(Suppl.1), 7–9. https://doi.org/10.5694/mjao11.11200

Rice, S. M., Purcell, R., & McGorry, P. D. (2018). Adolescent and young adult male mental health: Transforming system failures into proactive models of engagement. *Journal of Adolescent Health*, *62*(3), S9–S17. https://doi.org/10.1016/j.jadohealth.2017.07.024

Rickwood, D. (2012). Entering the e-spectrum: An examination of new interventions for youth mental health. *Youth Studies Australia*, *31*(4), 18–27.

Rickwood, D., Deane, F., & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, *187*(S7), S35–S39. https://doi.org/10.5694/j.1326-5377.2007.tb01334.x

Rickwood, D., Deane, F., Wilson, C., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, *4*(3), 218–251. https://doi.org/10.5172/jamh.4.3.218

Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, *5*(11), 173–183. https://doi.org/10.2147/PRBM.S38707

Rickwood, D. J., Mazzer, K. R., & Telford, N. R. (2015). Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood. *BMC Psychiatry*, *15*(1), 1–9. https://doi.org/10.1186/s12888-015-0429-6

Riebschleger, J., Costello, S., Cavanaugh, D. L., & Grové, C. (2019). Mental health literacy of youth that have a family member with a mental illness: Outcomes from a new program and scale. *Frontiers in Psychiatry*, *10*(2), 2. https://doi.org/10.3389/fpsyt.2019.00002

Roustit, C., Campoy, E., Chaix, B., & Chauvin, P. (2010). Exploring mediating factors in the association between parental psychological distress and psychosocial maladjustment in adolescence. *European Child and Adolescent Psychiatry*, *19*(7), 597–604. https://doi.org/10.1007/s00787-010-0094-8

Siegenthaler, E., Munder, T., & Egger, M. (2012). Effect of preventive interventions in mentally ill parents on the mental health of the offspring: Systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, *51*(1), 8–17. https://doi.org/10.1016/j.jaac.2011.10.018

Thanhäuser, M., Lemmer, G., De Girolamo, G., & Christiansen, H. (2017). Do preventive interventions for children of mentally ill parents work? Results of a systematic review and meta-analysis. *Current Opinion in Psychiatry*, *30*(4), 283–299. https://doi.org/10.1097/YCO.0000000000000342

Trondsen, M. V. (2012). Living with a mentally ill parent: Exploring adolescents' experiences and perspectives. *Qualitative Health Research*, *22*(2), 174–188. https://doi.org/10.1177/1049732311420736

van Loon, L. M. A., van de Ven, M. O. M., van Doesum, K. T. M., Hosman, C. M. H., & Witteman, C. L. M. (2017). Parentification, stress, and problem behavior of adolescents who have a parent with mental health problems. *Family Process*, *56*(1), 141–153. https://doi.org/10.1111/famp.12165

van Santvoort, F., Hosman, C. M., van Doesum, K. T. M., & Janssens, J. M. A. (2014). Effectiveness of preventive support groups for children of mentally ill or addicted parents: A randomized controlled trial. *European Child & Adolescent Psychiatry*, *23*(6), 473–484. https://doi.org/10.1007/s00787-013-0476-9

van Santvoort, F., Hosman, C. M. H., Janssens, J. M. A., van Doesum, K. T. M., Reupert, A. E., & van Loon, L. M. A. (2015). The impact of various parental mental disorders on children's diagnoses: A systematic review. *Clinical Child and Family Psychology Review*, *18*(4), 281–299. https://doi.org/10.1007/s10567-015-0191-9

Velasco, A. A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, *20*(1), 293–293. https://doi.org/10.1186/s12888-020-02659-0

Weitzman, M., Rosenthal, D. G., & Liu, Y. H. (2011). Paternal mental health problems and depression and child emotional and behavioral problems in the USA. *Pediatrics*, *128*(6), 1126–1134. https://doi.org/10.1542/peds.2010-3034

White, M., Clough, B., & Casey, L. (2018). What do help-seeking measures assess? Building a conceptualization framework for help-seeking intentions through a systematic review of measure content. *Clinical Psychology Review*, *59*, 61–77. https://doi.org/10.1016/j.cpr.2017.11.001

Wille, N., Bettge, S., Ravens-Sieberer, U., & BELLA Study Group. (2008). Risk and protective factors for children's and adolescents' mental health: Results of the BELLA study. *European Child & Adolescent Psychiatry*, *17*(1), 133–147. https://doi.org/10.1007/s00787-008-1015-y

Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the general help seeking questionnaire. *Canadian Journal of Counselling*, *39*(1), 15–28.

Wilson, C. J., Rickwood, D., & Deane, F. P. (2007). Depressive symptoms and help-seeking intentions in young people. *Clinical Psychologist (Australian Psychological Society)*, *11*(3), 98–107. https://doi.org/10.1080/13284200701870954

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