Learning Partnerships

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EXECUTIVE SUMMARY

This report describes the most recent phase of research on the Learning Partnerships program. Using participatory and drama methods such as role play, the Learning Partnerships program aims to enhance the capacity of teachers and doctors to communicate effectively with children and young people about the social and emotional issues which impact on learning and wellbeing. The program has been used in the Medicine and Education faculties at the University of Melbourne since 2003. This phase of research, funded by the CASS Foundation, explored the transfer potential of the program. Additional facilitators of the program were trained, and young people, trainee doctors and trainee teachers who participated in these workshops were interviewed and surveyed both before and after the workshop to evaluate the success of the program.

This project builds on earlier research investigating the use of innovative client-centric approaches to involve young people as co-educators of pre-service teachers and doctors, and on the associated establishment of the Learning Partnerships curriculum using drama-based approaches to structure this participatory learning process. The second tier of research, reported on here, explores the help-seeking attitudes of young people, and the help-initiating concerns of teachers and doctors on the cusp of entry to their new professions. This report deepens this discussion with analysis of a broader dissemination phase of the Learning Partnerships program, encompassing an evaluation of 165 school students, 203 trainee doctors, 118 teacher candidates, 8 tertiary educators and 6 school teachers.

This research project used a mixed methods approach to investigate young people's attitudes to help-seeking; trainee doctors and teachers' concerns about communicating with adolescents; and the responses of these parties as well as teachers and educators to the Learning Partnerships program.

Prior to the Learning Partnerships workshops, each of the parties reported concerns about dealing with sensitive issues such as mental health, substance use, sex, bullying and school failure. School students reported reluctance to speak to a doctor or teacher about a personal health concern, primarily due to a fear of being judged or of parents, teachers or peers 'finding out'. They nominated mental health issues as the most personal and most sensitive to deal with. Trainee doctors and teachers reported feeling uncertain about how to begin conversations and how to encourage a young person to 'open up'. They were worried about how to ensure their interaction had a positive impact on a young person.

In surveys and focus groups conducted following the workshop, each target group reported that the Learning Partnerships approach was highly useful in addressing their concerns. The survey data showed that both medical education and teacher education workshops were rated as highly useful by all parties. In the medical

education workshop, school students reported that they had a better understanding of how to handle problems in the future, and how to talk to doctors about sensitive issues. Trainee doctors said the workshop had increased their knowledge about sensitivities and skills in communication with young people. In the teacher education workshop, the survey data showed school students had a better understanding of teachers' perspectives and increased confidence that teachers can be helpful if they or a friend needs help. Teacher candidates reported a better understanding of young people and how to communicate with them about sensitive issues.

Focus group data revealed that all groups of participants found the participatory and reciprocal learning experience had a 'humanising' effect, which helped to counteract the fears and concerns they had about communicating with each other. School students reported that the workshops enabled them to see teachers and doctors as 'humans' who are less 'intimidating', and that the workshops gave them greater confidence about seeking help. Trainee teachers and doctors said that the workshops enhanced

their confidence to initiate conversations about the issues that affect young people's wellbeing and learning, and gave them a greater insight into the needs of young people.

The Learning Partnerships curriculum positions young people to 'teach up' to trainee teachers and doctors. This research finds that participatory methods such as role play, paired with formative feedback and advice given by students to trainee doctors and teachers, are highly successful in addressing trainee teachers and doctors' greatest concerns about communicating with adolescents. These methods also improve school students' confidence and trust in asking adults for help. The workshops assist school students and teachers, and adolescents and doctors to consider each other differently. Adopting such a strategy can create new possibilities for action.

The report provides recommendations about the use of innovative intergenerational participatory methods to address communication barriers arising from social discourses of shame, fear, denial and anxiety.

Students and teacher candidates 'meet and greet' at a teacher workshop

THE LEARNING PARTNERSHIPS PROGRAM

The Learning Partnership program aims to enhance the capacity of teachers and doctors to communicate effectively with children and young people about the social and emotional issues which impact on learning and wellbeing. The need for the intervention arose from the observation that despite considerable expertise and knowledge in their disciplinary areas, teachers and doctors complete their training with limited investment in the quality of their communication with the young people who will be their clients (Cahill, Shaw, Wyn et al., 2004; Sanci & Young, 1995). From the school perspective, the need for the intervention emerged from the recognition that students rarely get to experience roles of purpose and value within their broader community, or to interact with community members as part of their formal curriculum (Holdsworth, Cahill, & Smith, 2003).

In the Learning Partnerships project classes of pre-service teachers and tertiary students of medicine participate in a curriculum of shared workshops with classes of school students. The tertiary students work in simulated role-play scenarios with the school students, and in this address communication challenges akin to those they will encounter in their future workplace settings. They develop their applied professional communication skills through the process of role-playing with members of their prospective target groups. They also receive the benefit of 'client' perspectives through the coaching and feedback provided by the school students.

The Learning Partnerships program is underpinned by a participatory pedagogical approach. It adopts the premise that adults need to learn with and from rather than just about young people (Cahill, Murphy, & Pose, 2011). It aims to dismantle dominant binaries of teacher-student, youth-adult, and to create new possibilities in relations as a result of the experiential engagement with the other. Young people are rarely positioned as collaborative partners with adults, yet they have the capacity to envision and design change (Cahill, 2012). In the Learning Partnerships workshops, the students work as 'coaches', 'actors' and 'key informants'. When working as actors, they provide opportunities for the doctors and teachers to rehearse the skills that they will need to employ in their professional settings. They also work as coaches, providing formative feedback to the adults about their communication style and strategies, and as key informants, providing information about the everyday experiences of young people in schools, community and clinics.

The Learning Partnerships project was initiated by Associate Professor Helen Cahill, Deputy-director of the Youth Research Centre (YRC) as a PhD research project in 2002. The program has been successfully used in the University of Melbourne undergraduate medical curriculum and in pre-service teacher education from 2003-2013. It also involves other staff from the YRC and the Centre for Adolescent Health (Faculty of Medicine and Health Sciences, and the Royal Children's Hospital). In 2012, the CASS Foundation funded the expansion of Learning Partnerships and research to evaluate the success of this expansion.

Learning Partnerships workshops expanded from being led by one facilitator only (Helen Cahill) to being led by ten different facilitators (seven school teachers and three tertiary educators). CASS funded:

• the training of new educators to lead workshops

• research to evaluate the impact of the program when led by these new facilitators

• adding a rural demonstration site setting.

The research findings support the future expansion and transferral of Learning Partnerships to other disciplines.

Using participatory pedagogy

Participatory pedagogies are founded on the presumption that all those involved in the 'learning' process are holders of knowledge who can exchange and build new knowledge. Participatory approaches are relational and dialogic (Percy-Smith, 2006). They set up participant-to-participant interactions, rather than simply teacher-student exchange. This refigures the traditional power relations of 'teacher' as provider and 'student' as recipient (Askins, 2008). The reciprocal exchange elicited through the participatory tasks can facilitate change. 'Building ordinary people's capacity to analyse and transform their lives' provides a practical way to facilitate empowerment (Kesby, 2007, p. 2037).

Participatory approaches are compatible with post structural theoretical frameworks. Combining these approaches provides a way of conceptualising how power and identity can be shifted, and how to generate change. This approach follows Foucault's (1980) understanding that power is not simply located in the hands of some and denied others. Rather, power is 'immanent, everywhere and both enables and conditions action' (Mannion, 2010). From this perspective, 'empowerment' is refigured as the 'everyday', local, practical and active responses

people make to social problems (Mannion, 2010, p. 340). 'Knowledge' is co-created within the Learning Partnerships framework. It emerges from the dialogic and relational process between school students and adults.

To effect change in student-teacher relations, or adolescent-doctor relations, it is important to first see how societal discourses and norms shape interactions between parties. A post-structural understanding of identity has informed the structure of workshops and activities. This perspective emphasises identity formation as socially constructed and occurring as an ongoing process. Teachers and students, for example, interact through the identity categories that designate their 'roles', which are shaped by power relations. They are 'reciprocally shaped by their efforts to play into the models and norms that they have learned within their culture as well as by the way in which various routines and dividing practices work to reinforce these understandings' (Cahill, 2011, p.18). In order to change the power relations, the discourses which hold norms and identity categories such as teacher-student and doctor-patient in place must be addressed. The drama processes used in Learning Partnerships workshops have been designed to 'assist players to detect the ways in which discourses, norms and practices shape desire, imagination and behaviour' (Cahill, 2011, p. 19). The workshops ask school students and teachers, and adolescents and doctors to consider each other differently. The re-envisaging can lead participants to 'do' themselves differently (Cahill, 2011, p.19). Through this method, Learning Partnerships aims to create new possibilities for action.

Findings data collected from the first wave of research (2000-2002) demonstrated that the Learning Partnerships workshops:

• improve doctors' skills in communicating with adolescents about sensitive matters such as drugs, sex and mental health (Sanci, Coffey, Veit et al., 2000; Sanci, Day, Coffey et al., 2002);

- enhance teachers' skills in communicating with adolescents about social and emotional matters that impact on their engagement in learning and wider school life (Cahill, 2008);

- provide opportunities for adolescents to contribute in meaningful ways to the broader community (Cahill, 2006); and

- enhance the sense of self-esteem, self-efficacy, and communication skills of young people (Cahill, 2007).

The second wave of research, conducted within this project (funded by CASS foundation, 2012), set out to build on these findings by:

- exploring the barriers that pre-service teachers and doctors encounter when encouraged to take a proactive approach to initiating helping conversations with young people;

- exploring the barriers which discourage young people from speaking to teachers or doctors about personal health or wellbeing concerns;

- investigating whether participating in the Learning Partnerships workshops diminishes negative attitudes towards help-seeking on the part of young people;

- conducting an evaluation of the program as provided within a broader implementation model, with workshops led by teachers and academics who had not been involved in the prior development and research.

The 2012 research aimed to add to existing knowledge around young people's help-seeking as well as the needs and concerns of trainee professionals who are in a position to provide help to young people. This research also was concerned with exploring the potential for the intervention to be implemented more broadly, and transferred to other universities and professions.

Student in character as 'patient'...

...and out of character giving feedback

METHOD OF INTERVENTION: WORKSHOP STRUCTURE

THE MEDICAL PROGRAM

Location: Where possible the program takes place in the school during scheduled class time and within a subject home (such as Drama or English). This places the activity within the curriculum, thus contributing to its status and sustainability of the program. Working in the school setting also gives doctors the opportunity to re-connect with the world of high school students (typically 15-16 year olds).

Content: The medical students (in groups of about 25) are scheduled to participate in one two-hour communication training workshop with a group of adolescent students. This forms part of their study in Adolescent Health. In this study they learn that young people are most likely to need medical help in relation to issues such as sexuality, substance use and mental health. The doctor needs to be able to assist adolescents to talk about sensitive issues and to learn how to question in such a way as to support the patient in telling their story. To be effective, the doctor must be highly skilled at asking suitably framed questions, and be able to offer a listening that is free of judgment or moralising advice. The Hands on HEADSS workshops give the medical students a chance to practice such conversations and to re-hearse the use of an interview tool designed to assist them to conduct a structured conversation about such issues. The school students learn to play a fictional role, which has been specially devised for this exercise. They participate as actors in a simulated medical conversation working in role as the patient. They also work out of role to give feedback and coaching to the medical students on how well the communication is progressing in the fictional exercise. The medical educator and classroom teacher facilitate the progress of the workshop and also provide coaching to the medical students.

Expertise: Each medical session is co-facilitated by a classroom teacher and a medical educator. Initially the classroom teachers receive training from Helen Cahill, then once expertise is developed, they take over the role of co-facilitator and work directly with the medical educators. The medical educators (paediatricians, adolescent health fellows or specialists in general practice) are allocated to the workshop from the Department of Paediatrics or the Rural School of Health.

Student Preparation: The students learn the case character and relevant techniques during their class time (about 3-6 lessons). Throughout the preparatory phase they consider both the needs of the adolescent patient and the learning needs of the medical students, and develop skills in giving formative feedback. The classroom teacher conducts the preparatory phase during timetabled classes, incorporating the activity into the subject curriculum.

TEACHER EDUCATION PROGRAM

Location: Where possible the workshop takes place at the University. This gives the students the opportunity to visit and work within the adult environment and to benefit from an early orientation experience around the tertiary educa-tion environment. Alternatively the pre-service teachers may attend the school for the workshop. School students may be drawn from any year level. Commonly high school students are drawn from Years 7 – 10 (ages 12 – 16) and primary students are drawn from grades 4-6 (ages 9 – 12). Commonly students prepare for the program as part of their integrated studies, English or Drama curriculum.

Content: The pre-service teachers are enrolled in a semes-ter-long subject called Promoting Student Wellbeing. Pre-service teachers focus on how to work across the spectrum of prevention, intervention in both classroom and whole school settings. A specific emphasis is given to develop-ing the skills needed to initiate and conduct a 'helping' conversation when a concern manifests in relation to a student's learning, wellbeing or behaviour. In the context of this subject, classes of 25-30 Teacher Education candi-dates have the opportunity to engage in a workshop with the school students. Together they explore how schools can best assist students to deal with social and emotional issues affecting participation in school activities. They do this by problem-solving around fictional scenarios which represent common school situations, and rehearsing pos-sible actions and solutions. Common issues include dealing with bullying, help-seeking in relation to school work or relationship issues, and management of timelines and due dates for assignments. The students also provide feedback and coaching about effective teacher interventions and about the teacher behaviours that they believe promote persistence, striving and engagement in learning.

Expertise: Each Education session is co-facilitated by a teacher (e.g. the participating classroom teacher) and a tertiary educator who teaches the Promoting Student Wellbeing curriculum. Teacher professional development workshops, in school support and sample preparatory course materials are provided by Helen Cahill.

Student Preparation: The students, led by their teacher, explore relevant themes in the class sessions (using drama processes to do so if in the Drama curriculum and using text development as the dominant mode if working in the English curriculum). Throughout the preparatory phase they consider the learning needs of the pre-service teach-ers, and build their texts for a real audience. Some classes work to develop advice manuals or letters of advice for the beginning teachers. Others prepare scenarios address-ing common student concerns as an initial provocation for discussion.

Interruption to school program: Interruption to the school program is minimal as wherever possible workshops are scheduled during timetabled classes.

YOUNG PEOPLE & HELP-SEEKING

There is a growing body of research around the phenomena of resistance to help-seeking. This research demonstrates that adolescents are reluctant to seek help from teachers or doctors when experiencing problems related to bullying, mental health, drugs or sexuality, being more likely to turn to friends for advice (Rickwood, Deane, Coralie et al., 2005). Australian studies of high school and university students have shown that those who suffer more severe symptoms of mental illness are the least likely to seek assistance (Ciarrochi, Deane, Wilson et al., 2002). Those who do not seek assistance are also the most at risk of developing lifelong mental health problems (Rickwood et al., 2005). Many young people say they would prefer not to seek help at all for personal-emotional and suicidal problems (Wilson, Deane, & Ciarrochi, 2005).

Help-seeking has a gendered profile, with young women seeking help more readily than men (Rickwood et al., 2005). The dominant discourse of masculinity stresses the importance of self-reliance, independence, stoicism and emotional strength. Men who emulate a traditionally masculine ideology are less likely to be willing to seek help for physical or mental health problems (Gorski, 2010), as help-seeking can be viewed as threatening to one's self esteem and independence (Raviv, Sills, Raviv et al., 2000).

There tend to be additional barriers to help-seeking for young people in regional and rural areas. Those in rural areas encounter difficulty accessing services due to geography, cost and transport (Crockett, 2012). Other barriers are sociocultural, and include a heightened fear of a loss of anonymity; a stronger ethos of self-reliance, and a belief they should solve their own problems (Rughani, Deane, & Wilson, 2011). Hodges et al. (2007) argue that whilst lack of anonymity and confidentiality can be a problem in a small community, nonetheless the closer networks that exist in rural communities may result in early detection of some health problems. This is particularly likely if there is a good knowledge base within the community around how to seek help for self or others.

A sense of hopelessness or the belief that talking to a professional would be of little use is a barrier to help-seeking, as is limited knowledge of mental health services, cost and accessibility of services, concern about the potential emotional reaction from others, and a belief that family or friends could be more helpful than a professional (Rickwood et al., 2005; Vogel, Wade, & Hackler, 2007; Wilson & Deane, 2001).

Young people report heightened concerns about help-seeking in relation to mental health problems. They may not even want their peers to know that they are in need of help for their mental wellbeing, particularly if they are experiencing suicidal thoughts. Statements such as, 'I'd feel embarrassed that I needed help' and 'People might tease me', are common in studies of high school students (Rickwood et al. 2005). Shame and fear of stigma is a significant

deterrent to seeking help (Vogel et al., 2007). Schweder (2003, p. 1115) defines shame as 'the anxious experience of either the real or anticipated loss of status, affection or self-regard that results from knowing that one is vulnerable to the disapproving gaze or negative judgment of others'. Shame often adheres to the victim, and hence victims of bullying, violence or mental health problems may avoid seeking help for fear that people will think less of them if they know their story. A sense of shame may also be a barrier following risky use of substances or unprotected sex, with young people fearing that negative judgement will accompany the provision of aid.

Trust, familiarity and rapport are positive drivers for help-seeking (Rickwood et al. 2005). Young people are more likely to look for help from informal sources such as friends, family (Wilson, Deane, Marshall et al., 2008). Friends and family have a pivotal role in facilitating access to professional sources (Rickwood et al., 2005; Wilson & Deane, 2011). Teachers can also form an effective bridge between informal and professional help (Rickwood et al. 2005). Young people are more willing to seek help on behalf of a friend than they are for themselves (Rickwood et al., 2005), regardless of whether the friend is experiencing serious or minor problems (Raviv et al., 2000).

Professionals in regular contact with young people, such as teachers and doctors, are in a position to promote mental health and intervene early in young people's mental health issues (Rickwood et al., 2005, p. 22). The research into Learning Partnerships aimed to explore both the barriers which discourage young people from seeking help from teachers and doctors, as well as the barriers trainee teachers and doctors encounter in initiating wellbeing conversations with young people. This research aims to contribute to growing knowledge about these barriers, and whether they may be shifted or addressed through the pedagogical approach used in Learning Partnerships.

School students working with teacher candidates

School students rehearsing character for medical education workshop

THE RESEARCH APPROACH

This section of the report details the methodology, methods and data collection details of the research conducted in this phase of the Learning Partnerships curriculum.

In 2012, funding was provided by the CASS foundation to expand the program to:

• include a rural demonstration site at the Rural Health Academic Centre, Shepparton;

• deepen understanding of the young people's attitudes towards help-seeking from teachers and doctors;

• evaluate the program; and

• develop proof of concept sufficient to inform broader implementation, and transfer for uptake by other universities.

This study investigates the impact of the Learning Partnerships intervention on tertiary students' personal and professional confidence in communicating with adolescents on wellbeing related issues, and whether involvement in the program improves adolescents' help-seeking knowledge and intentions. It also investigates the tertiary and secondary educators' appraisal of the curriculum in meeting the needs of their students. This project is relevant to developing communication between doctors, teachers, and youth; pioneering new ways for schools, universities and young people themselves to work together to address the problems that compromise young people's wellbeing and learning.

Research questions

This research project used a mixed methods approach to explore the following questions:

• What concerns do young people have about help-seeking from teachers and doctors?

• What concerns do trainee doctors and teachers' have about initiating screening or helping conversations with adolescents about sensitive issues?

• How do the three parties (adolescents, trainee doctors and trainee teachers) appraise the Learning Partnerships curriculum (which involves adolescents in helping to train teachers and doctors how to communicate with young people about sensitive social health issues)?

• How do medical and education academics and high school teachers appraise the Learning Partnerships training curriculum and the value of their students' involvement?

Methods

A mixed methods approach was used to collect data from participating high school students, trainee doctors, teacher candidates, Medical academics, Education academics and high school teachers. Methods of data collection included: semi-structured group interviews (ranging from 2-10 participants in each group); individual structured interviews; and surveys (both electronic and hard-copy). This data informed the evaluation and recommendations about future implementation and transfer of Learning Partnerships.

THE 2012 INTERVENTION

Between August and November, five medical education workshops took place at Royal Children's Hospital, Eltham College or the University of Melbourne. These workshops involved the participation of:

- 139 medical students from the University of Melbourne,

- 108 students in years nine and ten from three Melbourne schools Five tertiary medical educators from the Centre for Adolescent Health

- Five secondary school drama teachers from three schools

Two medical education workshops were also run in Wangaratta (13th September) and Shepparton (18th October). These workshops involved:

- 15 medical students in the Wangaratta cohort

- 12 medical students from the Shepparton cohort

- 15 students in year ten from Mooroopna Secondary College

- Four medical educators from the Rural Health Academic Centre

- One drama teacher, welfare coordinator and media teacher, and two media students from Mooroopna Secondary College.

Five teacher education Learning Partnerships workshops were run with Master of Teaching students taking the elective Promoting Student Wellbeing at the University of Melbourne. The workshops ran concurrently in one session on 12th September. These workshops involved the participation of:

- 150 teacher candidates,

- 125 secondary school students from four schools (from years seven, nine and ten),

- Five tertiary educators from the Promoting Student Wellbeing elective

- Seven secondary school teachers from four metropolitan schools.

Two additional teacher education workshops were run with Teach for Australia associates and school students from Mooroopna Secondary College at the University of Melbourne on the 17th of December, 2012. These workshops included the participation of:

- 46 'Teach for Australia' associates,

- 18 students from years 7-12 from Mooroopna Secondary College,

- 2 teachers from Mooroopna.

Data collection summary

The data was collected in the context of the Learning Partnerships workshops conducted between August and November 2012. During this period, 14 workshops were run, comprising 7 medical education workshops and 7 teacher education workshops.

Ethics approval was obtained from the University of Melbourne (HREC 1237767.1) and the Department of Education and Early Childhood Development in July 2012. Focus groups with school students were conducted in students' schools. Teacher candidate focus groups took place at the University of Melbourne. Focus groups with trainee doctors were conducted immediately prior to and following the Learning Partnerships workshops in the workshop room. Focus groups ranged from 15 – 30 minutes in length. Interviews with teachers and tertiary educators took place either over the phone or in person. All interviews were audio-recorded and transcribed by Julia Coffey. Intern Camille Gierck assisted in taking notes during focus group interviews.

Pre-workshop focus groups with school students, trainee doctors and teacher candidates

Group interviews were conducted prior to participants' involvement in the Learning Partnerships workshops with 38 school students (28 females, 10 males) in 7 focus groups (2 rural, 5 metro); 13 trainee doctors (5 females, 8 males) in 2 focus groups (1 rural, 1 metro) and 33 trainee teachers (24 females, 9 males) in 5 focus groups. School students were asked about the concerns young people have in talking to doctors or teachers about personal issues and what they think other students would be likely to do if they were concerned about a friend's health or wellbeing. Trainee doctors were asked how they feel about initiating conversations with young people, and how confident they

Figure 1: Data Collection Summary

	Pre-workshop interview	Post-workshop interview	Pre-survey	Exit survey	Post survey
School students	n=38 (28F, 10M) Metro: 28 Rural: 10	n=69 (47F, 22M) Metro: 55 Rural: 14 +TFA: 11, rural	n=71 Metro: 57 Rural: 14	n=96 Metro: 84 Rural: 12 +TFA: 14	n=30 Metro:19 Rural: 11
Trainee teachers	n=33 (24F, 9M)	n=18 (11F, 4M)		n=101 +46 TFA	n=21
Trainee doctors	n=13 (5F, 8M) Metro: 6 Rural: 7	n=39 (22F, 17M) Metro: 22 Rural: 17		n=164 Rural: 27	
Tertiary educators (education)		n=3 (F)			
Tertiary educators (medicine)		n=5 (4F, 1M)			
School teachers		n=6 (4F, 2M)			

feel using the HEADSS screening questions in consultations. Trainee teachers were asked about any concerns they have in initiating conversations with students if they are concerned about their wellbeing; and their perspectives on what could help them best learn to do this.

Post-workshop focus groups

Group interviews were conducted following the Learning Partnerships workshops, with 69 school students (47 females, 22 males) in 12 focus groups (2 rural, 10 metro); 39 trainee doctors (22 females, 17 males) in 5 focus groups (2 rural, 3 metro) and 18 trainee teachers (11 females, 7 males) in 4 focus groups.

School students were asked what they, their peers and the teachers and/or doctors learned in the workshops; and what recommendations they had regarding improving the workshops in the future. Trainee doctors and teachers were asked about the extent to which the workshop was helpful in learning to initiate wellbeing conversations with young people; which learning activities they found most useful; what their peers and school students gained from the experience; and recommendations for the program in the future.

Interviews

Individual interviews were conducted with 5 medical educators (4 females, 1 male), 3 education tutors (all female), 5 school teachers (3 females, 2 males) and 1 (female) student welfare coordinator who was present during the intervention, seeking their views on the contribution the workshops made to the learning of their students.

Tertiary educators were asked about the extent to which the workshops were helpful for trainee doctors or teachers to learn how to initiate wellbeing conversations with young people; what all parties gained from the experience; and their perspective on what training others would require to lead similar workshops in the future.

School teachers were asked to what extent the workshops were useful for school students in learning how to approach a doctor or teacher for help, and the questions above.

Pre-workshop survey

Surveys were completed electronically using the program SurveyMonkey© prior to workshops by secondary school students only. The student pre-survey was completed by 71 students from 6 secondary schools (43 females, 28 males). The pre-survey included a number of hypothetical scenarios in which a friend may need help with personal issues, and asked students to identify 'what they would do' (for example, 'worry about it', 'talk to my parents', 'do nothing', etc). This aimed to give a 'baseline' on student help-seeking prior to participating in the workshops and receiving the help-seeking curriculum.

Exit surveys

Exit surveys were completed in hard-copy immediately following each workshop by 96 school students (56 females, 40 males), 164 trainee doctors (90 females, 64 males, 10 did not answer), and 101 trainee teachers (71 females, 30 males).

The exit surveys featured evaluative questions such as how useful the workshop was in enabling better communication between school students and trainee teachers and doctors; whether the workshop enhanced skills and understanding; and which learning activities were the most useful.

Post-workshop surveys

A final electronic survey (on SurveyMonkey©) was completed one to two months after the intervention. It was completed by 30 school students from 5 schools (22 females and 8 males from 4 metro schools and 1 rural school) and 21 trainee teachers (13 females, 8 males).

The school student survey questions were similar to the 'pre-survey' questions in which they were

given a number of scenarios and asked about their hypothetical actions and intentions. This was used to investigate intent to seek help from GP or Teacher given indicated needs.

Trainee teachers also completed an electronic survey on the effectiveness of the Learning Partnerships workshops and their actions to promote student wellbeing since the workshop.

PRE-INTERVENTION FOCUS GROUPS QUESTIONS

The pre-intervention focus groups with students were used to investigate young people's attitudes towards help-seeking and peer referral in relation to sensitive health or social issues. Key questions included:

1. What concerns do young people have about going to a doctor for help with issues relating to alcohol or other drug use, sexual activity or mental health?

2. What concerns do young people have about going to a teacher for help with issues relating to stress, bullying, or personal health worries relating to alcohol or other drug use, sexual activity or mental health?

3. What do you think people your age would be likely to do if they were worried about a friend's wellbeing – on matters to do with stress, alcohol or other drug use, sexual activity or mental health?

The pre-intervention focus groups with Trainee Doctors and Teachers investigated their needs in relation to initiating conversations with adolescents about sensitive wellbeing issues.

Key questions included:

1. Doctors: What concerns do you have about initiating routine screening conversations with adolescent patients on matters to do with substance use, sexual activity or mental health?

2. Teachers: What concerns do you have about initiating conversations with students when you have a concern relating to student wellbeing?

POST-INTERVENTION FOCUS GROUPS:

The post-intervention focus groups with students were used to investigate what the students perceived they had gained from the Learning Partnerships workshops and whether participating in them had alleviated any of their concerns about help-seeking or peer referral. Key questions included:

1. What concerns do you think young people around your age have about going to a doctor or a teacher to talk about worries relating to stress, bullying, alcohol or other drug use, sexual activity or mental health?

2. Did doing the workshops with the teachers or doctors make any difference to these concerns?

3. What do you think fellow students, teachers and/or doctors gained from the Learning Partnerships workshop?

The post-intervention focus groups with trainee doctors and teachers were used to explore what respondents perceived they had gained from the Learning Partnerships workshops and the degree to which this experience would inform their professional approach.

Doctors:

1. What concerns do you have about initiating screening conversations with adolescent patients on matters to do with substance use, sexual activity or mental health?

2. To what extent was the Learning Partnership workshop useful for helping you in learn how to do this?

3. Which of the learning activities were most useful? Why?

4. To what extent do you anticipate that you will be able to transfer learning from this workshop into your personal or professional life?

Teachers:

1. What concerns do you have about initiating conversations with students when you have a concern relating to student wellbeing?

2. To what extent did the Learning Partnership workshop contribute to your confidence or capacity to do this?

3. Which of the learning activities were most useful? Why?

4. To what extent do you anticipate that you will be able to transfer learning from this workshop into your professional life?

POST-INTERVENTION INTERVIEWS WITH EDUCATORS:

Post-intervention interviews were conducted with participating academics and high school teachers. Key questions included:

Education academics:

1. What concerns do you think your students have about conducting conversations with school students on matters relating to student wellbeing?

2. To what extent do you think the Learning Partnership workshop helped them to learn how to do this?

3. Which of the learning activities do you think were the most useful? Why?

Medical academics:

1. What concerns do you think your students have about initiating screening conversations with adolescent patients on matters to do with substance use, sexual activity or mental health?

2. To what extent do you think the workshop with the school students was useful in helping them to learn how to do this?

3. Which of the learning activities do you think were the most useful? Why?

High school Teachers:

1. What concerns do you think your students have about approaching teachers and doctors for help in relation to wellbeing issues?

2. To what extent do you think the preparatory workshops were useful in helping them to learn how to do this?

3. To what extent do you think the Learning Partnerships workshops with doctors or teachers was useful in helping them to learn how to do this?

4. Which of the learning activities do you think were the most useful? Why?

FINDINGS

A summary of responses to the needs analysis questions is presented first. This data explores the concerns and needs young people have in discussing personal health and wellbeing issues with doctors and teachers; and the concerns and needs trainee doctors and teachers express about initiating wellbeing conversations with young people.

This is followed by a summary of the evaluation data. This data explores the impact of the Learning Partnerships intervention. It is accompanied by an analysis of the relationship between the pedagogical method and the learning outcomes.

School students' concerns in relation to discussing wellbeing issues with teachers and doctors

The following data is drawn from focus groups conducted with school students prior to the workshops (n = 38, m 10, f 28). School students were asked what concerns young people have about talking to doctors or teachers about personal issues and what they think other students would be likely to do if they were concerned about a friend's health or wellbeing.

Fear of people 'finding out'

School students expressed a high degree of reservation about whether they could or should seek help from teachers or doctors about wellbeing issues. Privacy and trust were key issues, as young people were concerned that teachers and doctors would pass on information about them to others.

'It just wouldn't happen [talking to a teacher]! [laughing] Because they don't have anything stopping them telling other people, or your parents; or other teachers or people at the school…' (Student 2, year 9, male, metro)

'They'd be worried about their parents finding out. Even if you go without your parent the doctor might tell your parents. I'd be worried about that' (Student 15, year 10, female, rural).

Many students expressed the view that it was more 'dangerous' to tell a teacher than a doctor about personal health issues. Students were concerned about the potential that teachers, who are not bound by confidentiality, might 'gossip' to other teachers or students; or tell the students' parents.

'With teachers it's more dangerous than telling a doctor because they are close to your social group and parents.' (Student 6, year 9, female, metro)

Fear of judgment

Students were also concerned that teachers would judge them negatively for having a problem. Just telling a teacher about their personal problems could compromise their 'reputation', and it could be distracting to know that a teacher knows their 'secrets':

> 'You'd know the teacher knows your personal stuff, and that's awkward… You don't know what the teacher will think of you, you might feel intimidated'. (Student 6, year 9, female, metro)

> 'Knowing they know that about you…you might not be able to concentrate' (Student 4, year 9, female, metro)

A number of students said they would not feel comfortable talking about sensitive issues with a doctor if they did not 'seem friendly', or if they seemed uncaring, 'unfriendly' or 'judgmental':

> 'I wouldn't feel comfortable talking to a doctor if they were 'too serious-looking', or if they look unfriendly.' (Student 16, year 10, female)

> 'The ones that don't seem very helpful, it's like they just want your money, oh you're sick…here you go, get out!' (Student 24, year 7, female)

> 'It's good if they're welcoming and nice… Being a good doctor is knowing how to talk to you.' (Student 13, year 10, female)

> '(You wouldn't talk to someone who) looks at you awkwardly, interrogates you, looks at you judgmentally' (Student 31, year 9, female).

Masculinity and self reliance

Barriers relating to embarrassment, anxiety about loss of privacy, and fear of negative judgements were also accompanied by beliefs in the value of independence, or coping on one's own. The independence imperative appeared to be heightened amongst male respondents. One focus group following a medical education workshop in Melbourne had nine participants, five of which were males aged 14-15. This was the only focus group that had a larger proportion of males than females. The interaction below between four young men around whether they think young people would talk to teachers about 'personal stuff' shows the ways that normative, traditional masculinity is expressed in relation to help-seeking:

> Julia: *Would young people talk to teachers about the more personal stuff?*

> Student 33, male: *I definitely don't think the sexual stuff. Some of the more – [interrupted]*

> Student 32, male: *- I know that you would [gesturing to 33m] and I wouldn't!*

> Student 33, male: *- serious and embarrassing stuff probably wouldn't go to teachers!*

> Student 31, male: *I don't tell teachers anything.*

> Student 35, female: *Why don't you just go to parents? That's what I would do.*

> Student 32, male: *I wouldn't tell my parents either. [laughs] I never tell anyone anything!*

> Student 39, male: *If it was something really bad, like I broke the law… I'd go to my parents. Oh, did you mean a teacher? I never tell my teacher anything!*

> Julia*: what if it was say something about bullying or friends…?*

> Student 33, male: *If it was bullying I'd, if it was a major bullying thing – [interrupted]*

> Student 32, male: *[whispers] take it in your stride*

Student 34, female: - *I'd go to a specific teacher I trust. Not just a random teacher – or the school counsellor.*

The male student '32' distanced himself from the help-seeking act, saying 'I wouldn't tell anyone…I never tell anyone anything!'. In this he appears to call upon the normative discourse of masculinity as 'stoic' and 'self-reliant.' In saying to another male participant, 'I know you would [tell a teacher] and I wouldn't', he positions himself as 'tougher' or more independent than his peer. On two occasions in the above example he interrupts the other young men sitting on either side of him to reiterate his self-reliance and independent approach to problems. Though he interjects regularly while other participants are speaking, other participants are not 'silenced' by him and continue to provide alternative points of view. For example, a female student insists she would speak to a teacher she trusts if she was being bullied, and a male identifies he would turn to his parents if in trouble with the law.

Relative sensitivities

The focus groups provided opportunities to explore students' views about the relative sensitivities of help-seeking in relation to sex, drugs, bullying and mental health issues. In these discussions, mental health was named as the 'most personal' or difficult issue to discuss with anyone, particularly a doctor or teacher. Whilst sexual health was described as an 'awkward' or 'embarrassing' topic to discuss with someone other than their friends it was not seen to be as sensitive, difficult or 'personal' as mental health concerns:

Student 2, year 9, male: *With mental health stuff, it's really personal. And it's not something you'd tell a doctor, it's more something you'd tell friends. Cos they're… you know. Even if it's the doctor you've had since you were little they're still not, like… you wouldn't trust them enough like you would a friend. To tell them that kind of stuff.*

Julia: *Yep. [pauses] So you said it's, like really personal, that kind of stuff. Is it more personal than sex, or alcohol and other issues?*

Student 2, year 9, male: *Yeah, it's not something physical, it's what's going on inside your head. You're giving them access to your mind.*

Student 5, year 9, female: *Cos everybody's gonna have sex in their life. So I guess if you think about it that way, I guess most people would rather talk about sex with their doctor than something that's far more…like self-harm or depression.*

The role of trust in help-seeking

Trust was named as a critical precondition of help-seeking. A number of participants said that if they felt that they could trust their doctor, they would seek help from them in relation to sensitive issues with a doctor. They were more likely to 'trust' doctors who were friendly, and well known to them.

'If I had to, I would see my doctor, I've known him a long time and it's about trust.' (Student 20, year 7, male)

'It's just like anyone else you'd open up to - if you trust them and you think they're going to do the right thing by you.' (Student 69, male, rural TFA education workshop)

The ethics of peer referral

When asked about peer referral rather than personal help-seeking, many students asserted that although minor problems would be kept within the peer group, if the problem was serious, they would encourage their friend to get help.

> *'It depends on the friend and on their problems. It depends what's wrong – but if they really needed help I'd be pretty strong about getting them to do it.'* (Student 13, year 10, female, metro)

Others however described feeling torn between respecting their friend's space and privacy and wanting to get help for a friend. Some said to seek help on someone else's behalf was to 'betray their trust', and risk an escalation of the problem. As a result they would first have to gain their friend's permission to refer the problem to someone else. A common concern about escalation involved 'their parents finding out', which was broadly understood as having the potential to 'make it worse':

> *'I'd convince them to tell someone else. I wouldn't want to tell anyone, it's their problem, you know? If you tried to help them by telling someone else you might make it even worse, for example if you told your parents it might make them more depressed because you've told someone else and it's more pressure.'* (Student 6, year 9, female, metro)

Most students described feeling comfortable and confident to help a friend seek help, if this was what their friend wanted. However it would become difficult if the friend did not want to involve an adult. Students highlighted the stressful nature of trying to decide when to 'go against' a friend's wishes and seek help from a professional or adult, and when to respect their privacy and trust. They anticipated that it would also be difficult to negotiate who to speak to on a friend's behalf. For some, talking to their

School student in rural medical education workshop

own parents or the parents of the friends was an obvious option; for others, parents were thought to be 'too close' and in this case it may be preferable to speak to a teacher. Timing was described as another difficult issue, as there was the dual risk of telling too early, or leaving it until too late. One participant described regretting not telling an adult sooner because of how much her friend had improved since she sought help on her behalf.

> *'…We didn't want to upset her and make it worse in a way, but eventually it got so bad we did actually call the parents, and it's – it's gotten better since then, and now you get, like, guilt that you should've done it earlier.'* (Student 18, year 9, female, metro)

Group discussions and paired-sharing activities in a teacher education workshop

'I know I have to gain their trust, but I don't know how to do that'.

Trainee doctors' and teachers' needs and concerns about initiating screening or helping conversations

Focus groups were conducted prior to workshops with 13 trainee doctors (5 females, 8 males) in 2 focus groups (1 rural, 1 metro) and 33 trainee teachers (24 females, 9 males) in 5 focus groups.

Trainee doctors: Fear of intrusion and uncertainty about their mandate

Trainee doctors identified that they needed more 'practical' experience speaking to adolescents. They reported that they 'did not feel comfortable asking those questions', because of their own lack of experience with adolescents, and because screening necessitated asking about sensitive topics.

'I guess I haven't spoken to many adolescents, I don't feel comfortable at this stage asking… or broaching those conversations'. (Trainee doctor 1, male, metro)

They expressed concerns about asking 'intrusive' questions. In this they appeared to believe that to do so was to overstep their professional duty which was presumed to be reactive (responding to the presenting problem) rather than proactive (conducting an opportunistic screening). Some were concerned that initiating questions around sexual health might seem 'a bit creepy' unless there was a presenting complaint, and unless the patient understood why the questions were being asked:

'It depends on how important you think it is to bring it up, if it's relevant to the presentation, how badly you need to know… if it's not relevant to the symptoms they present, why would I ask about it?' (Trainee doctor 3, female, metro)

School student in rural medical education workshop

Yeah, like 'do I really need to know about this?' It would seem strange to them, I think. Like, 'why are they asking me this!' (Trainee doctor 6, female, metro)

Many thought that it would be easier to initiate questions about mental health than sex because mental health would be something young people would 'expect' to discuss with their doctors:

'If there wasn't a presentation of symptoms, mental health would be a bit easier [than discussing sexual health]'. (Trainee doctor 3, female, metro)

'I'd find it easier [asking about mental health], you can ask something like 'have you been feeling down'. Asking that is easier.' (Trainee doctor 1, male, metro).

Teacher candidates: willing to help, but unsure as to *how*

The teacher candidates were keen to be able to make a difference to students' health and wellbeing.

'[School students] need to feel they're being looked after.' (Teacher candidate 19, female)

'I want to feel confident to communicate with them, and to know that you did the best you could as a starting point (for their help-seeking).' (Teacher candidate 26, female)

However the teachers were concerned about practical aspects such as how to 'start conversations'.

'I know I have to gain their trust, but I don't know how to do that'. (Teacher candidate 3, male)

They were also concerned about their lack of experience in discussing sensitive issues with young people, and were afraid of causing a negative effect if they went about it in the wrong way.

'What if I say the wrong thing and make the problem worse?' (Teacher candidate 11, male)

Many said they were worried they might not have the 'right words' to communicate effectively with students.

'My words or actions in dealing with a student can have a 'ripple effect'' (Teacher candidate 12, female).

Other concerns about effective interaction or communication centred around the practicality of being one-on-one with a student to start the conversation:

'I don't want to say or do anything that would isolate them more, or make them more self-conscious – like asking to speak to them outside of class in front of peers or the whole class. But – how do you make that conversation happen – how do you get them alone at a good time? Anything that draws more attention to them could mean they're teased more'. (Teacher candidate 27, female)

Others felt confident about approaching the student, but were not confident of their skills in creating a positive impact:

'I'm very willing to help – I'm less concerned about starting the conversation than the overall impact of what I say, my advice'. (Teacher candidate 25, female)

Summary

Each of the parties reported concerns about dealing with sensitive issues such as mental health substance use, sex, bullying and school failure. School students reported reluctance to speak to a doctor or teacher about a personal health concern, primarily due to a fear of being judged or of parents, teachers or peers 'finding out'. They nominated mental health issues as the most personal and most sensitive to deal with. Trainee doctors and teachers reported feeling uncertain about how to begin conversations and how to encourage a young person to 'open up'. They were worried about how to ensure their interaction had a positive impact on a young person. Trainee doctors were concerned their questions about sexual health and personal issues may come across as 'creepy' or unexpected in the context of a young person's routine visit to the doctor's clinic. Teacher candidates were concerned that their attention to a young person may cause them to be 'teased more', or that to open the topic might 'make the problem worse'. Both teachers and doctors were uncertain about whether initiating a conversation was the 'right' thing to do, believing that it may be better to respond than to initiate.

Evaluation of the Learning Partnerships program

Each target group reported that the participatory and reciprocal learning experience had a 'humanising' effect, which helped to counteract the fears and concerns they had about communicating with each other. School students reported that the workshops enabled them to see teachers and doctors as 'humans' who are less 'intimidating', and that the workshops gave them greater confidence about seeking help. Trainee teachers and doctors said that the workshops enhanced their confidence to initiate conversations about the issues that affect young people's wellbeing and learning, and gave them a greater insight into the needs of young people.

Evaluation surveys reporting on medical education workshops

School students, trainee doctors and trainee teachers completed a short paper survey directly after the workshops. The surveys asked respondents to rate the usefulness of workshop activities and outcomes on a scale of one (not at all useful) to ten (extremely useful). In analysis, responses of 7 and above out of 10 were grouped as 'highly useful'. The results of the surveys are presented below, with the responses to the medical workshops followed by the data collected about the teacher education workshops.

✎ *School students*

School students (n=66) completed exit surveys immediately following the medical education workshops. The medical education workshop was rated 'highly useful' by 89% of school students. They reported a greater understanding and trust of doctors, and an increase in their intentions to seek help for problems affecting their own or their friend's mental, sexual or physical health.

School students in the medical education workshop reported that the workshop was 'highly useful' in assisting them to:

- Gain a better understanding of how to handle problems if they come up in the future (89%)

- Understand the doctor's job in helping teenage patients with problems to do with sex, drugs or mental health (88%)

- Learn how to talk with doctors about sensitive issues (86%)

- Learn about confidentiality at the doctors' (86%)

- Increase their confidence in help-seeking from doctors (82%)

- Increase their confidence that doctors may be useful when young people have personal health problems (82%).

Figure 2. School students in medical workshops; aspects that were 'highly useful'
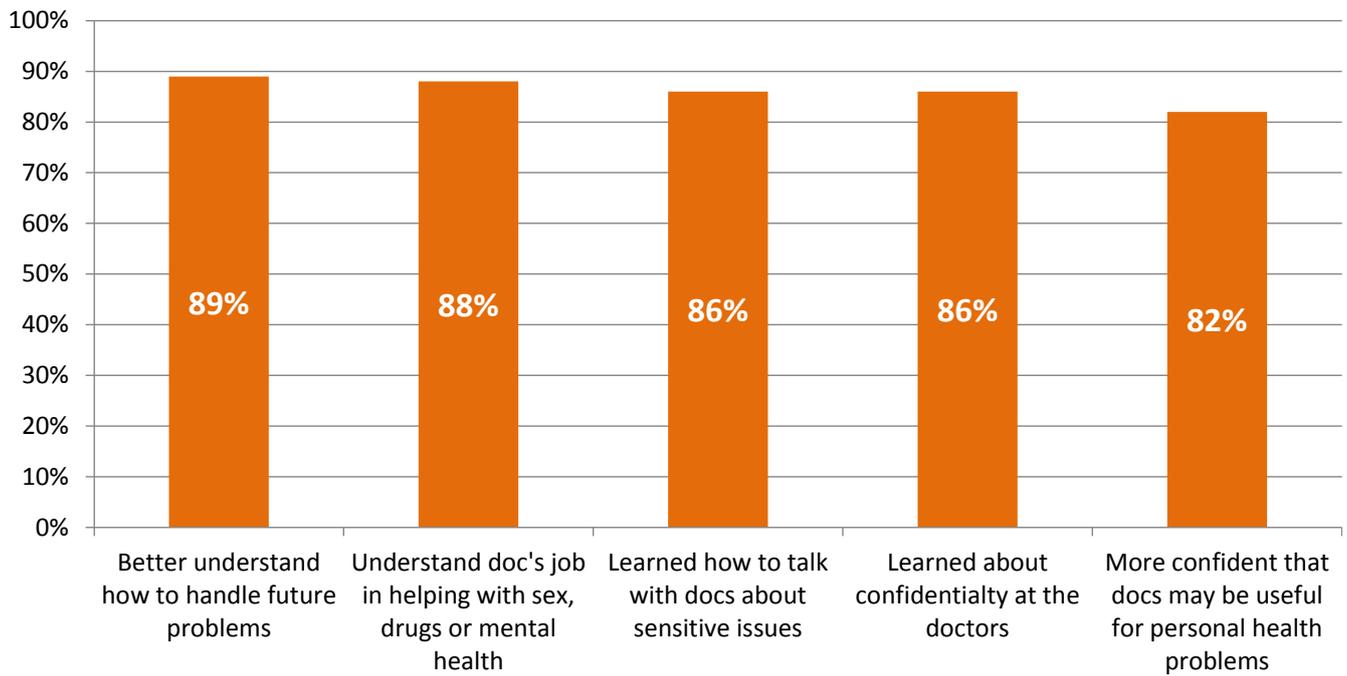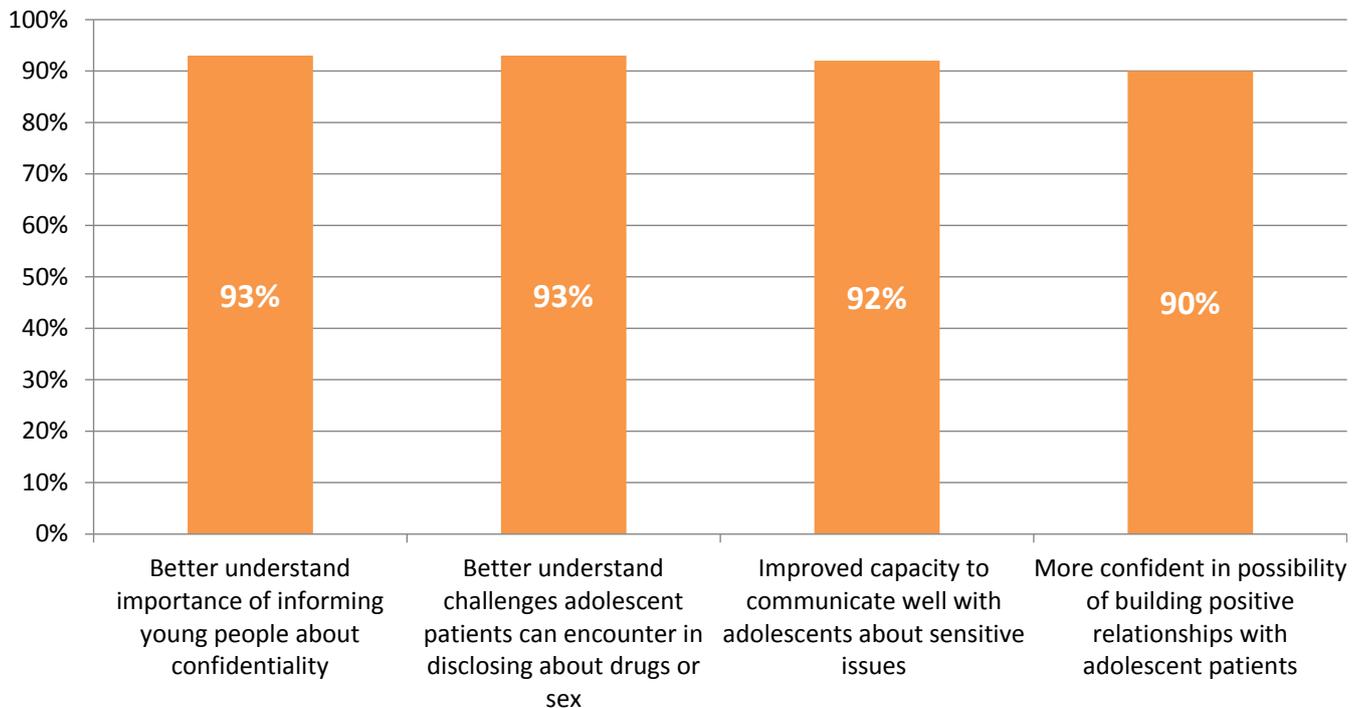

Better understand how to handle future problems	89%
Understand doc's job in helping with sex, drugs or mental health	88%
Learned how to talk with docs about sensitive issues	86%
Learned about confidentialty at the doctors	86%
More confident that docs may be useful for personal health problems	82%

Figure 3. Trainee doctors in medical workshops; aspects that were 'highly useful'

Better understand importance of informing young people about confidentiality	93%
Better understand challenges adolescent patients can encounter in disclosing about drugs or sex	93%
Improved capacity to communicate well with adolescents about sensitive issues	92%
More confident in possibility of building positive relationships with adolescent patients	90%

✥ *Trainee doctors*

Trainee doctors completed the 'Exit survey' as they completed the workshop. Data was collected from 164 respondents. They reported that the workshop was highly useful in assisting them to:

- Increase their understanding of the importance of informing young people about confidentiality (93%)

- Increase their understanding of the challenges adolescent patients can encounter in disclosing about experiences relating to drugs or sex (93%)

- Increase their ability to communicate effectively with adolescents about sensitive issues (93%)

- Increase their confidence about the possibility of building positive relationships with adolescent patients (90%)

The workshop overall was rated 'highly useful' by 89% of trainee doctors. They found the most useful learning activities to be:

- trying out techniques in role-play (94% gave a rating of highly useful), and

- getting feedback and advice from the school students (93% gave a rating of highly useful).

Evaluation surveys reporting on teacher education workshops

✥ *School students*

School students completed exit surveys immediately after the teacher education workshop (n=30).

Overall, the teacher education workshop was rated 'highly useful' by 100% of school students. They reported that the workshop was highly useful in assisting them to:

- gain a better understanding of what it is like for teachers (92%)

- increase their confidence that teachers may be useful when young people have personal health problems (87%)

- increase their intention to encourage a friend to go to a teacher for help (83%).

They rated the following activities as the most useful:

- Listening to the comments and feedback from their class mates (100% of students gave this a rating of highly useful), and

- Watching the role plays done with the teachers (100% of students gave this a rating of highly useful).

✥ *Trainee teachers*

Exit survey data was collected from 101 trainee teachers. The workshop was rated as highly useful by 85% of teacher candidates. Compared to the value they gain from other regular classes, 73% rated the workshop amongst the top third, 19% rated it amongst the mid-range, and only 2% rated it amongst the bottom third.

Teacher education workshop: group feedback and discussion

Figure 4. School students in teacher education workshop; aspects that were 'highly useful'
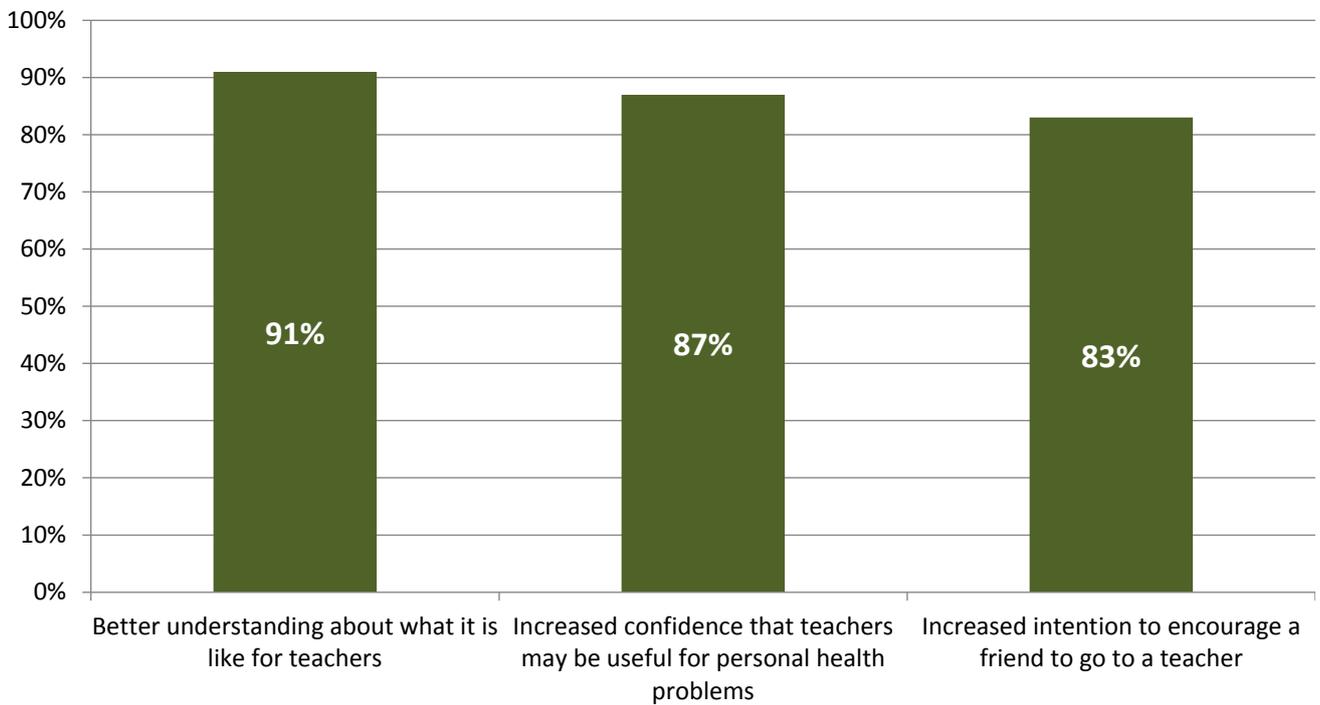

91%	**87%**	**83%**
Better understanding about what it is like for teachers	Increased confidence that teachers may be useful for personal health problems	Increased intention to encourage a friend to go to a teacher

Figure 5. Teacher candidates in education workshop; aspects that were 'highly useful'

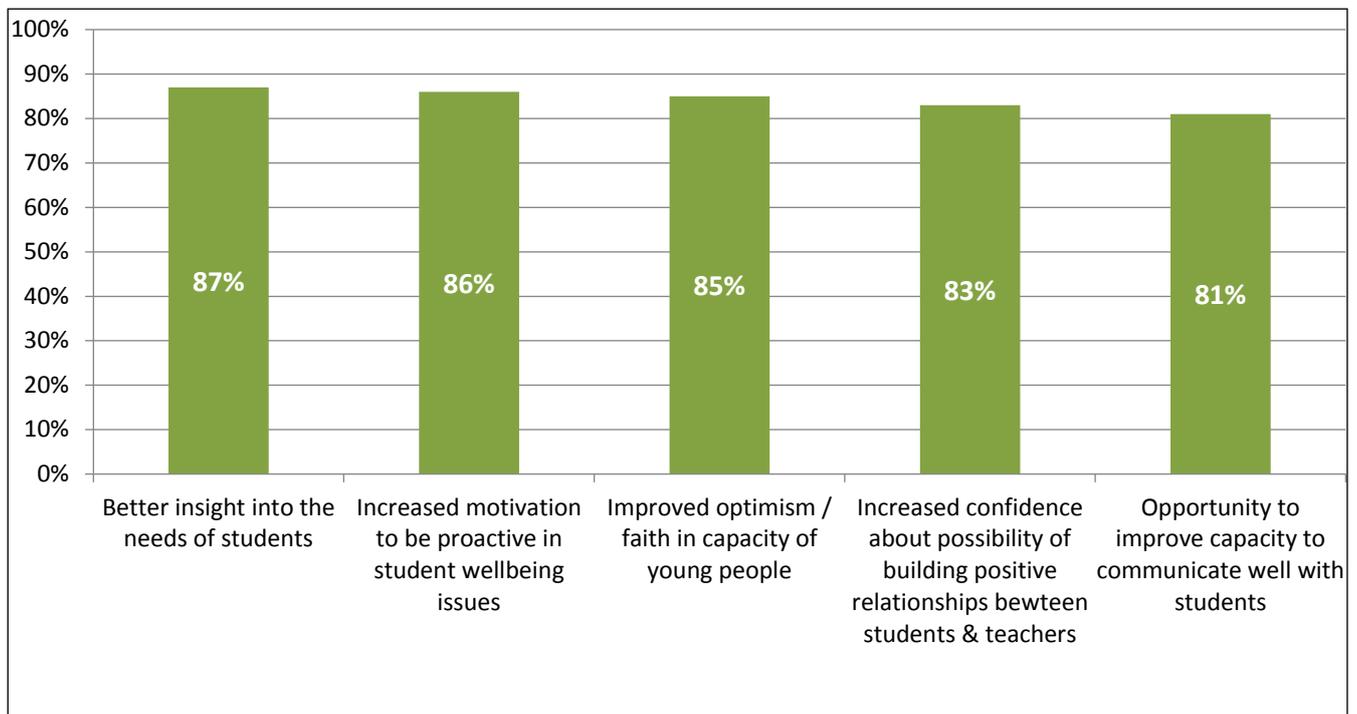|				
87%	**86%**	**85%**	**83%**	**81%**
Better insight into the needs of students	Increased motivation to be proactive in student wellbeing issues	Improved optimism / faith in capacity of young people	Increased confidence about possibility of building positive relationships bewteen students & teachers	Opportunity to improve capacity to communicate well with students

Figure 6. Trainee teachers: comparison to other subjects in the course
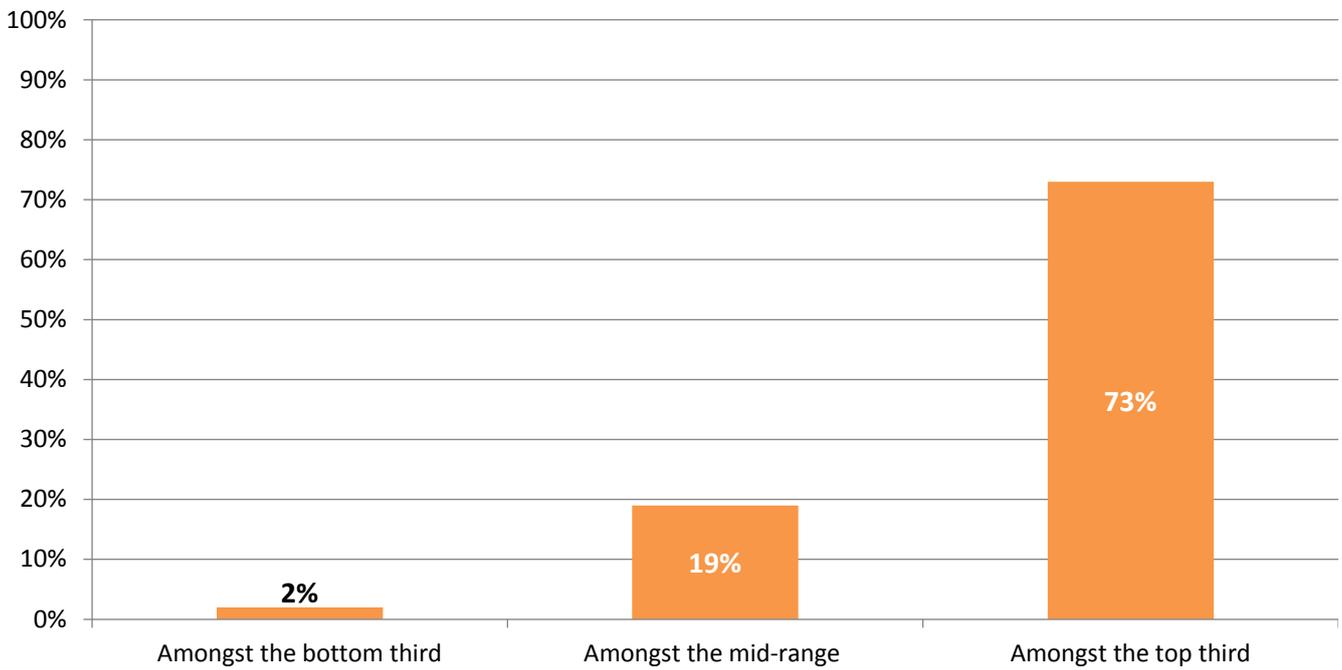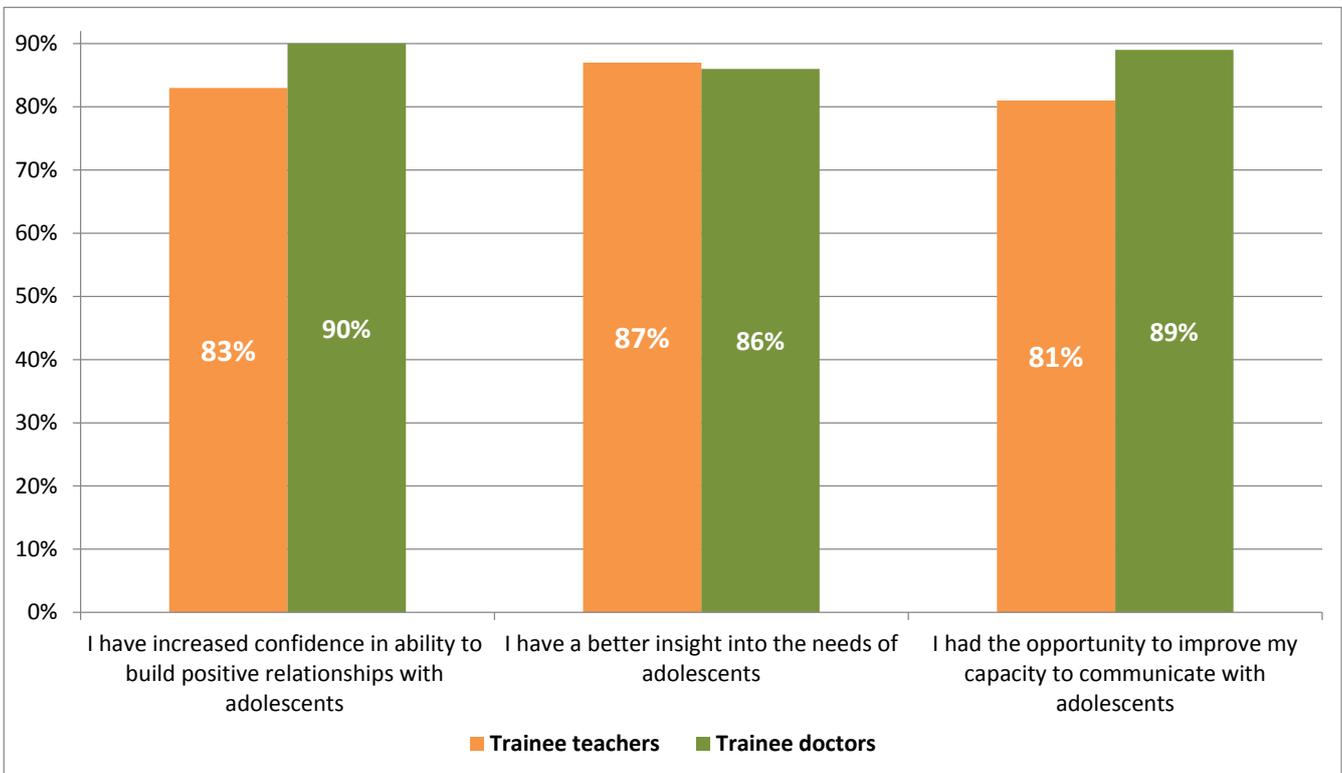

Figure 7. Trainee doctors and teachers: comparison of key outcomes

Trainee teachers reported that the workshop was highly useful in:

- giving them a better insight into the needs of students (87%)
- enhancing their motivation to initiate helping conversations with students (86%)
- enhancing their a sense of optimism or faith in the capacity of young people (85%)
- increasing confidence in their capacity to build positive relationships with students (83%)
- improving their capacity to communicate with students (81%).

Teacher candidates rated the following aspects of Learning Partnerships as highly useful:

- getting feedback and advice from students (94%),
- having the opportunity to discuss issues in small groups (89%), and
- listening to school students in class discussion (88%).

They also rated the workshops highly in the context of other subjects in the course. Compared to the value they gain from other subjects in the course, 73% rated the workshop amongst the top third, 19% rated it amongst the mid-range, and only 2% rated it amongst the bottom third.

Candidate teacher and student role-play

Summary

The survey data showed that both medical education and teacher education workshops were rated as highly useful by all parties. School students participating in the medical education workshop gave them a better understanding of how to handle problems in the future, and how to talk to doctors about sensitive issues. Trainee doctors said the workshop had increased their knowledge about sensitivities and skills in communication with young people. School students found the teacher education workshop gave them a better understanding of teachers' perspectives and increased confidence that teachers can be helpful if they or a friend needs help. The teacher candidates gained a better understanding of young people and how to communicate with them about sensitive issues.

Post-intervention focus group data

Post intervention focus groups were conducted with 69 school students (47 females, 22 males), 18 teacher candidates (11 females, 4 males) and 39 trainee doctors (22 females, 17 males). Interviews were conducted with 6 school teachers (4 females, 2 males), 5 medical academics (4 females, 1 male) and 3 education academics (all females).

Trainee doctors and teacher candidates were interviewed immediately after the Learning Partnerships workshops. School students were interviewed 1-2 weeks following the workshops. The medical and education academics and high school teachers were interviewed in person or over the phone 1-2 weeks after their involvement in a workshop.

The school students, trainee doctors and teacher candidates were asked to comment on what they gained from participating in the workshop. The teachers and academics were asked to comment on the contribution the workshops made to the learning of their students.

The following section presents a summary of the interview data gathered about the teacher education program and the medical education program. Both of these sections include data from each of the key stakeholders, encompassing the perspectives of the participating high school students, tertiary students, high school teachers and academics.

The medical program

✥ School students' perspectives on the medical program

One of the key benefits for students was the opportunity to discover that doctors are 'only human'. Students who took part in the medical education workshops said they gained a better understanding of 'what it is like' for doctors. The fact that the doctor had become more human' made them seem more approachable.

> Student 6, female: -*You don't usually really see doctors as people*-
>
> Student 7, female*: -You just see your doctor as your doctor, you don't see them as a person a lot of the time*-
>
> Student 10, female*: -So when we talk to them and actually get to know stuff about them you're like – oh they're just normal!*
>
> '*[We learned that] doctors are humans too.' [laughs]* (Student 23, male, metro)
>
> '*You…you see them as a person I guess now, not so much as a doctor'.* (Student 27, female, metro).
>
> '*They're a lot like us!'* (Student 26, male, metro)

The students also found that working with the doctors shifted their ideas about the likely reactions a doctor would have to an adolescent patient who presented with problems relating to risk taking with sex or drugs. The interaction helped to breakdown the stereotype of the disapproving doctor that they had held.

> '*Now we know they are just there to help us; it's not like they're going to judge 'We got more confidence, talking to teachers'* (Student 5, year 7, female, metro)
>
> '*Now you know how they learn it, so it's not as intimidating.'* (Student 28, female, metro)
>
> They're just as nervous as we are about talking about what's wrong. (Student 29, female, metro)

✥ Trainee doctors' perspectives:

The trainee doctors who participated in the focus groups (n=39) found the experience highly useful. They particularly valued the opportunity to experiment with different communication and questioning strategies.

> '*It was excellent practice, learning to think on your feet, and learning different phrases. If they don't work, ask again, try something else...you couldn't do that with a real patient in a real situation.'* (Trainee doctor 6, female, metro)
>
> Trainee doctor 39, male, rural*: It was great to chat to kids at that age, they can give wonderful insights.*
>
> Trainee doctor 17, female, rural: *(It was useful) learning to think on your feet. Like I was going well, but then I said something that really lost my patient, and I had to figure out how far do I need to back-pedal to get my patient back? Yeah, learning how to do the screening and deliver it with confidence.*
>
> Trainee doctor 18, female, rural: *Yeah, learning how to combat the brick wall they might put up; figuring out how to get them back.*
>
> Trainee doctor 19, female, rural: *Yeah, stumbling through! Learning different phrases, if they don't work, ask again, you couldn't do that with a real patient in a real*

situation.

They valued the face-to-face interaction and the sense of authenticity that was generated by having 'real' young people to practice on. The process also heightened their sense of accountability for their communication style as it became obvious that the patients would withhold information if the doctor did not ask suitable framed questions. The student feedback about the importance of confidentiality and proactive questioning heightened the Trainee doctors acceptance of the need to use a screening tool rather than to confine their attention to the presenting complaint.

> *It's the subtleties that we learnt, little bits to learn how to be more sensitive about issues, and I think a lot of medical students needed those creases ironed out.'* (Trainee doctor 20, female, rural)

> *'This was great! The workshop helps you understand your own strengths and weaknesses and focus on ways of improving the overall experience for both parties involved. It will definitely help with real life situations!'* (Trainee doctor 15, female, rural)

The trainee doctors valued the way in which the workshops provided a link between theory and practice. The practice helped to build their confidence about initiating and pursue the screening conversation.

> *'It was helpful particularly with sensitive topics, it's one thing to role play with our colleagues, but quite another thing to be sitting with a 16 year old!'* (Trainee doctor 7, female, metro)

> *'I feel a lot better actually. Getting the individual feedback from the students, as well as the actual practice – we do so much theory but we don't ever get to put it into practice like that'.* (Trainee doctor 6, male, metro)

> *It's confidence building. I felt that getting 'experience will make me more confident.'* (Trainee doctor 8, male, metro)

The trainee doctors particularly valued the 'patient' feedback provided to them following the role-plays. This provided an authentic, personalised and immediate feedback loop.

> *'Feedback is the most valuable part, it gives you the opportunity to say something and go 'oh that was awkward wasn't it' – 'no that was alright' – and then to be able to take it back a couple of seconds and then have a crack at it.'* (Trainee doctor 29, male, rural)

> Trainee doctor 35, female: *They can give great feedback! And also terrific insights, they're intelligent young people with their own views. It's helpful that they say 'I would feel better if you asked it in this way' or 'if you'd said it like this, this would make me more comfortable', but also the positive stuff like 'you asking it this way was good', so you know, it's good to have that opportunity so that when we start GP practice we've been given some practice so you're not thrown in there and like 'this is the first adolescent I've talked to how do I do this!'*
>
> Trainee doctor 38, female: *Apart from these sorts of things [the LP workshop] there's no other opportunity for feedback of this type.'*

> *'I liked the feedback from students. I got told 'you probably need to smile more!' I don't think that's something a patient would tell me, I wouldn't get that feedback from anywhere else!'* (Trainee doctor 14, male, rural)

The trainee doctors strongly recommended that the workshop be provided for others in the future.

> *'Apart from these sorts of things there's no other opportunity for feedback of this type.'* (Trainee doctor 38,female)

'Workshops like this are always good. Having a workshop like this is much better than having a lecture about it. So things like this are always good where you actually practice the interview. And chat to someone who would be a real patient.' (Trainee doctor 35, female)

'Please keep doing this program!' (Trainee doctor 4, male)

✤ **School teachers' perspectives on the medical program:**

The high school teachers believed that the experience of being positioned as the 'experts' was profoundly uplifting for their students:

'What I'm hoping that they've learnt, is that their opinion has value. I think that's a big thing for the kids [at this school]…They don't value themselves or their own opinion very much. I'm hoping that this project has helped them to realize they do have valuable things to say and can help people. It's been absolutely invaluable to this group of kids. The confidence, their confidence, their self-esteem, their general wellbeing, knowledge… (Teacher, female, rural)

They also believed that working with the doctors introduced a new help-seeking possibility for the students as many would not have assumed that doctors would be a resources for anything other than physical health concerns.

'The key thing is demystification of the doctor. They're often seen as unavailable, they are not seen as an available pathway for a young person to talk to about personal issues. I think a lot of them hadn't thought of going to talk to a doctor before, that they could be a pathway to seek assistance. The key thing a lot of them said in the debrief we had was 'I didn't realize the doctors were human!'' (Teacher 4, metro, medical education program, female)

✤ **Medical Academics' perspectives:**

The medical academics reported that workshops had very positive outcomes for the trainee doctors. They emphasised the workshops unique opportunity for rehearsal and client-centric feedback.

'Direct feedback from the school students is really powerful .' (Medical Educator 4, female, metro).

'I think it's very helpful because it allows you to have practice of putting those questions into words, seeing how they sound and how it is to actually say all those things. It is very helpful to have some practice or suggested phrases and then actually practice putting them into words.' (Medical Educator 1, female, metro)

A trainee doctor and student engaged in role-play

The teacher education program

✍ School students' perspectives on the teacher education program

The students were very positive about the workshop experience. They found it provided a unique opportunity to relate in a different way with adults in the teaching role. They particularly enjoyed 'working together' within tasks that positioned them as collaborators:

'I think it was good because we got to be interactive, and we both got to – the teacher and the student – got to be able to work together. Cos like, when you think of being at school, you don't really think of working with your teacher. You think of them being your teacher. But in the workshop you feel like you're actually working with them.' (Student 8, year 7, male)

This process of working with the adults increased their own self-confidence and their confidence in the possibility of relating better with teachers.

'We learned to communicate better with other people.' (Student 10, year 7, male)

'We got more confidence, talking to teachers' .(Student 5, year 7, female)

'How to relate to them'. (Student 11, year 7, female)

This was in part because the workshops had broadened their understanding of the teacher's point of view.

'[We] got a bit more knowledge about the teachers' perspective, and the teachers got the students' perspective.' (Student 6, year 7, female, metro)

'I think we learned it's hard for the teachers, it might just be easier to give the information that the teachers want, even if it is hard to give.' (Student 2, year 9, female, metro)

✍ Teacher Candidate's perspectives

The teacher candidates (n=15) were highly appreciative of the Learning Partnerships workshops. They found the applied exercises in the workshop to be very useful in assisting them to develop their communication skills.

'It was great to have the actual kid to talk to, not just us pretending to be students! To have a direct source.' (Teacher candidate 7, female)

They found that the students provided a level of depth and insight that was well beyond what they had anticipated would be forthcoming from adolescents. This prompted a re-thinking of what young people are capable of:

'The students we had were so insightful. Like we'd do an activity and then open it up for discussion, and I just think some of the insights from them were quite astounding, and took us back a couple of times, like other teachers were like 'wow I didn't expect them to say that!' I was quite taken aback at the level of insight from students.' (Education student 8, male)

Teacher candidates found that the chance to engage in exploratory dialogue around sensitive issues such bullying gave them more confidence about initiating conversation in the future.

'I do feel a lot more confident now... We learn a lot in theory about how we should talk to them, but it was really nice to practically experience that.' (Teacher candidate 12, female)

The workshop provided an opportunity to explore the relational domain of their professional responsibilities – one which was harder to focus on when in the early stages of focussing on teaching content and delivery:

I really enjoyed the session, I think it was the best session we've had so far - hands down. Because when you're teaching, building rapport isn't your main focus so it was great getting a chance to focus on that. When it was a casual environment the conversation really flowed, they were really willing to answer our questions. I found it really valuable just to ask what they thought about things, even if it wasn't a consensus, just a counter opinion. It was good for me to be able to gauge their response before I reacted to something. And how I was saying before I'm worried about making something worse, bullying is something they're used to talking about – they all talk about this. Now we've talked about in a casual setting, it's easier to talk about with students, approach it, and I know they won't be offended. It was good fun too!' (Teacher 11, female)

The teacher candidates valued the formative feedback provided by the students following role-play exercises in which they practised scenarios in which they were called upon to respond to an instance of student help-seeking.

'The reflection on the role-play was also really very useful. After the first feedback, they said I had a lot to work on and then we had a second go, and second feedback and this was so valuable! To have two 'goes' at practicing it; I was really able to improve.' (Education student 1, male)

Trainee teachers also described benefitting from students' feedback through 'hearing their voices', and that they make a significant contribution to teachers' learning through this:

'It was the first time I felt that what I'm learning about in this subject is exactly what the school students are looking for in their teachers. I think they would feel like we are moving towards meeting their needs, and they could see us moving

towards being what they are looking for.' (Trainee teacher 15, female)

Many argued that this was an opportunity that should be provided for all teacher candidates in the course, rather than just for those taking the elective subject Promoting Student Wellbeing.

'I've heard people saying 'I wish all of our classes could be like this.'' (Teacher candidate 10, female)

'I can't understand why it's not run across the whole education course!' (Teacher candidate 11, male)

'I think all teacher candidates should be exposed to this!' ['yeah!' from rest of group] (Education student 2, female)

'I'm kind of amazed that it hasn't always been a part of the whole course, because part of me feels as though it's like teaching mechanics and never showing them a car until the end of their training!' (Education student 11, male)

☞ **High school teacher's perspectives:**

The teachers who had prepared the students and led the Learning Partnerships workshop for the pre-service teachers were extremely positive about the ensuing benefits for their own students. One teacher emphasised the way in which the opportunity to contribute and to work as equals worked to boost the students' self-confidence.

'I perceive it as being fundamentally changing. The roles are totally different. [Young people] are cast as people who have advice and knowledge that is useful to a professional. And they experience that. You don't just tell them that, they actually experience that, wanting to hear what they have to say. That obviously has positive things in terms of their confidence... specifically that has the function of having something to offer, casts the power

relationship in a different light.' (Teacher 1, metro, education & medical program, male)

This teacher observed that a shift in role produced a shift in self-recognition, with the students perceiving themselves and each other differently. This is a mirror to the experience described by the teacher candidate who noted the shift that occurred in response to the 'insights' given by the students.

The teachers believed that the workshops may generate greater confidence amongst their students that teachers could be approached as sources of help. They too believed that gaining insight into the perspective of the teacher helped to humanise the teacher and this might make the teacher seem more approachable:

> *'I think generally some of the activities they do opens them up to teachers' world a little bit, it's difficult for teachers to approach them and have those conversations with students. They might see them as more personable which might increase likelihood of approaching a teacher for help.'* (Teacher 2, metro, teacher education program, male)

A school teacher from a medical education workshop run in Melbourne also commented on the integral relationship between the embodied and the affective nature of the work and the learning that was created:

> *'There are some fairly academic kids in my groups and we had a discussion about conceptual frameworks, theoretical and experiential and how that can inform knowledge… After actually being involved in the workshop they had a different understanding because of the emotional experience of taking part in it. And the conduit was that they needed their body to participate. They saw that in the experiential part emotionally there had to be a part of them that was involved in the doing. They had to have that engagement, a body involved in that, as opposed to their*

intellectual self doing just the theoretical constructs…They saw how different levels of being, different parts of ourselves can help create new knowledges and they were blown away by that.' (Teacher 5, metro, female)

✋ Education Academics' perspectives:

Education academics said they thought education students' main concerns were a general fear around approaching students for a conversation about their wellbeing, and about how they would follow these conversations through. They believed their students were both concerned about their level of responsibility if they did not intervene, and afraid of 'getting it wrong' if they did.

> *'I think they're a little concerned about getting it right, that there's a script or something…So it's like, a fear of getting it wrong.'* (Education tutor 3)

The Education academics pointed out that the participatory experience helped the teacher trainees to lose some of the fear that they had about who adolescents might be. It also allowed them to witness the capacity of young people, and in this the work helped to disrupt and displace some of the narrow stereotypes about teenagers.

> *'It is such a great thing, because it allows the teacher candidates to talk to students and see they're really just humans after all! So it sort of breaks down those barriers… they really get a chance to find out what young people are like and how smart they are, and how absolutely willing to talk and how absolutely upfront they are, and that they're not actually scary! So it's seeing young people on a social kind of level, but also on an intellectual level where they haven't necessarily engaged one to one before.'* (Education tutor 1)

Summary

Benefits for trainee teachers and doctors

The focus group and survey data indicates that the Learning Partnerships workshops directly catered to trainee teachers' and doctors' expressed need to develop their capacity to initiate proactive helping conversations with young people. The participants found that the Learning Partnerships workshops improved their communication and relationship skills and gave them a better insight into the challenges faced by the opposite party. They found that the 'humanising' process helped to disrupt dominant negative discourses about what was possible in relationships between adults and teenagers. 86% of the teachers said the workshops increased their motivation to be proactive in relation to student wellbeing issues. 87% of teachers and 86% of doctors felt they had gained a better insight into the needs of young people. 90% of doctors and 83% of teachers experienced an increased confidence in their ability to build positive relationships with adolescents.

Prior to participation in the workshops, doctors and teachers identified that they needed more 'practical' experience speaking to adolescents, and that they had concerns about how to initiate conversations. They found that the 'practical experience' of working with young people and the opportunity to learn from their feedback and comments helped them to shift their sense of what was possible.

Benefits for school students

The Learning Partnerships workshops had a significant impact on the way in which high school students appraised the possibility that teachers and doctors could be a useful source of help. The students reported a greater understanding and trust of doctors and teachers, and an increase in intentions to seek help for their own or peers' mental, sexual or physical health. Most (82%) said it increased their confidence in help-seeking from doctors, and a similar majority (87%) said the process increased their confidence to seek help from teachers.

Students re-appraised the doctors and teachers as people who have to learn, and gained an understanding that it is hard for the adult to lead in an effective and considerate manner. The time spent in role-reversal helped them to understand that when adults come across poorly, it may not be because they are judgmental or uncaring, but because they have a difficult job, which they struggle to do well. The experience of working as coaches and key informants gave students the opportunity to work outside the traditional power relations that exist between teacher-student or doctor-patient. Many of them commented on how uplifting it was to be treated 'as equals' and the way in which this led to them re-thinking what was possible in their relations with adults. The data also highlights that students valued listening to their peers contribute in this way, with 100% of respondents finding this highly useful. The experience not only provided opportunity for them to connect with adults, but also to see each other in a different light.

Pedagogy, repositioning and change

Participants valued the embodied nature of the work. Working with real people in real time lent an authenticity to the encounter, whilst simultaneously preserving the freedom to explore and to experiment with playing themselves differently. The drama-based methods permitted a focus on the way the self was played, and the way in which the other parties in the interaction are 'read' in the co-created encounter. Participating in this dynamic and exploratory process helped the participants to re-work the 'mental maps' they held of each other, and to change their views about what might be possible in the help-seeking or help-initiating act.

DISCUSSION

Young people and help-seeking: there is silence on both sides

These findings provide further insight into the barriers and facilitating factors that affect young people's help-seeking, as well as the concerns and needs of trainee doctors and teachers who will be in a position to assist young people with personal health and wellbeing issues. Whilst many studies illustrate that embarrassment and stigma, along with a lack of trust and confidence in confidentiality, are major barriers preventing young people from seeking help (Rickwood et al., 2005), our research reveals that social fears are operative on both sides of the helping dyad. This means that not only might young people fail to help-seek, but adults with designated 'helping' roles may be complicit in avoiding sensitive territory and refrain from asking direct questions for fear of doing harm or appearing intrusive. There may be silence on both sides of the dyad, with each party afraid to initiate.

Given that it is well established in the literature that the young people who most need help are the least likely to seek it (Ciarrochi et al., 2002), it is important to find ways to increase the likelihood that adults will initiate when they sense a concern. As young people are more likely to turn to a friend for support than to help-seek from an adult, it is also important to activate a willingness amongst young people to encourage and support help-seeking in their friends.

Understanding the fear factor

It has been traditional within both tertiary and secondary education to presume that simply providing knowledge or developing skills will be sufficient to change patterns of behaviour. However, the focus group data revealed that a key barrier to open exchange is that the participants are afraid of each other, and of the imagined wider gaze of those whose standards they may fail to live up to. The doctors are afraid of being thought intrusive or 'creepy' if they ask about sex. The teachers are afraid of making things worse if they try to intervene. The adolescents are afraid of being judged or labelled. Each of the parties risk breaching a set of social norms if they pursue the conversation. The face-to-face encounter conducted within the playful, respectful and experimental space of the Learning Partnerships workshop helped to ameliorate these fears. Given that students identified fear of judgement to be a significant barrier to help-seeking, it is not surprising that the 'humanising' experience of working with the adults helped to ameliorate their concerns.

Implications

There are a number of implications that can be drawn from this research. Some pertain to the training of teachers and doctors to be more effective helping agents, and others pertain to the methods that may be used to enhance positive attitudes towards help-seeking amongst adolescents.

If you don't ask, you won't be told: This research demonstrates that business as usual in classrooms and clinics does not include discussion of personal issues. For this to happen, one of the parties needs to initiate. If it is left to young people to initiate, the conversation may never take place, for young people experience significant barriers relating to shame and fear of judgement. Not only must the young person transgress social norms to discuss personal issues with relative strangers, they must simultaneously deal with fear of social disapproval, and anxiety about a possible widening pool of negative judgement resulting from breaches of privacy. If young people are not asked whether they are experiencing problems, they may never reveal their struggle, and thus miss out on the support that could be available.

Follow up disclosures with a plan: Young people are aware that to invite another to assist them in dealing with their problems, is to encounter an additional threat. They face the risk that those who are approached may be either unwilling or unable to help. Finding this out is likely to increase a sense of hopelessness and despair. Given this concern, it is important that the helping agent maintain hope, and involve the young person in planning the next steps. The next step may be a referral or a consultation phase. If this is so, explain why this is needed, and stay connected with the young person.

Assume mental health to be the most personal of issues: The finding that young people perceive mental health to be the most sensitive of issues is particularly important. This finding is at odds with the presumption made by the trainee doctors that it would be sex that was the most sensitive topic, and that mental health would be something patients would expect to discuss with a doctor. Given this mis-match in assumptions, it is crucial that doctors understand the need for proactive screening around mental health.

Talk to the person not the problem: Young people are concerned that to reveal a problem will lead to them being labelled. Young people do not want to be known as their problem, especially by teachers who they must relate to over time. It is important then that teachers and doctors show an interest in strengths and capacities as well as in problems or concerns.

'Teaching up' repositions young people: The methodology informing the structure of Learning Partnerships workshops provides a particular kind of participatory approach. Rather than simply call upon young people's 'voice', the pedagogical approach repositions school students by having them 'teach up'. This is different from peer education and 'youth voice' approaches. Young people are not only participants in the role play; they also give feedback and coaching. This is highly valued by the trainee doctors and teacher candidates.

Establish an exploratory learning space: Having young people 'teach up' creates a different learning space. Through the role play activities and coaching, trainee professionals and young people are able to explore different ways of communicating and modes of interaction. It is a space in which trainee doctors, for example, can experiment with different questioning techniques without the fear of judgment. This exploratory learning space can create an atmosphere in which trainee doctors, teacher candidates and school students can meet on different terms. In these conditions, all parties are able to address the fears they have in communicating with each other.

Address the fear factor: Other research has suggested a number of strategies which may have the potential to facilitate or encourage help-seeking in young people. These include increased mental health literacy and service knowledge, along with social support and encouragement from parents, teachers or peers (Gulliver, Griffiths, & Christensen, 2010; Rickwood et al., 2005). Our research suggests the need for an additional strategy – that of addressing the social norms that confine help-seeking and help-initiating. This project demonstrates that reciprocal participatory educative interactions between young people and helping agents can work to de-bunk some of the demonising myths and stereotypes that operate as social barriers to help-seeking and help-initiating. Our research suggests that strategies to address the 'fear factor' should become an integral part of efforts to improve the communicative capacities of those entering the human services professions.

Producing new possibilities for interaction can create change: Fear of judgement and a sense of shame are significant barriers to help-seeking. It is important to identify and address the social norms that hold the silence in place, and to create new possibilities for action. A sense of hope, permission and possibility is the likely counterbalance to the constraining effects of the fear factor. The pedagogy and techniques within the workshops reposition young people. Through this repositioning, school students, trainee doctors and teacher candidates are assisted to consider themselves and each other differently. This can counterbalance their fears, and create new possibilities for action.

Transferability: Data evaluating the Learning Partnerships workshops was collected from students, trainee teachers and doctors who participated in workshops run by newly trained facilitators (teachers and tertiary educators). The high appraisals of the workshops suggest that Learning Partnerships can be effectively transferred through training educators to facilitate the workshops. The existing models could be transferred and implemented in other universities. Drawing on the expertise of academics in other institutions, the Learning Partnerships approach could be expanded to include curriculum within Education, Medicine, Social Work and Nursing.

Simultaneous role-play activity in medical education workshop

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