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# Encouraging Student Access to and Use of Pastoral Care Services in Schools

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School-based health services (SBHS) including pastoral care can play a pivotal role in addressing adolescent health and wellbeing; including their tobacco and other drug use. To maximise the benefits of these services, they need to be accessible, useful for, and acceptable to students. This formative, qualitative study involved 12 focus groups within nine lower socio-economic Western Australian Government secondary schools. The purpose was to identify student ( $n = 59$ ) perceptions of the availability and usefulness of SBHS (and other identified caring staff) to reduce students' harm associated with tobacco and other drug use. The findings suggest students were aware of the SBHS available to them, but considered them less useful if staff were regularly unavailable; presented a 'don't care' attitude; held solely disciplinary roles; and were based in an area of the school unfamiliar to the student. Services were considered useful when staff members built rapport with students; took time to listen; followed-up with students and displayed a general concern for the student's wellbeing. Interestingly, students acknowledged trusting health teachers more than SBHS staff for tobacco information and support. These findings have important implications for school counsellors and other school health/pastoral care staff who want to increase the likelihood of students approaching and using school support services to reduce harm associated with tobacco and other harmful drug (OHD) use.

■ **Keywords:** pastoral care, school health services, tobacco, other drugs, students, support

The most recent national survey of young people's drug use habits, conducted in 2008, found 2.5% of people aged 12 to 17 years were daily smokers (Australian Institute of Health and Welfare, 2011). Similarly, the most current Australian Schools' Student Alcohol and Drug Survey (ASSAD), reported that 4.8% of Australian students aged 12 to 17 years had smoked a cigarette in the week prior to

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the survey being administered in 2008 (Griffiths, Kalic, & Gunnell, 2009b). These figures are the lowest since the survey commenced in 1984 and suggest a positive sustained decline in tobacco use by young people. Nevertheless, each year a new generation of school students choose to experiment with smoking, increasing their chance of ongoing use (Chang et al., 2011). It is therefore important to maintain and enhance strategies to help reduce smoking use among adolescents, especially as many of those who smoke express an interest in quitting (Centre for Disease Control and Prevention, 2011).

While adolescent tobacco smoking rates are steadily declining, the use of some other harmful drugs (OHD), especially alcohol, is dramatically increasing (Lewis & Hession, 2012). Although the purchase of alcohol by minors is illegal, a large proportion of young people continue to consume alcohol (Lewis & Hession, 2012; Midford, 2010). Risky drinking, defined as seven or more standard drinks for males and five or more standard drinks for females on any one day in a week cycle (Griffiths, Kalic, & Gunnell, 2009a), is a major social and public health challenge (Australian Institute of Health and Welfare, 2008). One third of 14- to 19-year-olds in Australia reported consuming alcohol at risky or high-risk levels on one single occasion (Australian Institute of Health and Welfare, 2011). Results from the most current ASSAD survey (2008) reported that 33% of Western Australian school students aged 14 to 17 years consumed alcohol at risky levels in the week prior to the survey (Griffiths et al., 2009a). This is an alarming increase from 19.8% reported in 2005 for the same age group (Coase & Miller, 2007). Furthermore, results from the 2010 AIHW Drugs in Australia Survey (Australian Institute of Health and Welfare, 2011), found that 34% of young people aged 12–17 years had consumed alcohol less than weekly. These figures are concerning as brain development occurs throughout adolescence and into early adulthood (National Research Council., 2002).

Reduction in adolescent tobacco use is a particularly important goal as many adults who smoke initiated their tobacco smoking before the age of 18 years (Alexander, Piazza, Mekos, & Valente, 2001; Australian Institute of Health and Welfare, 2007; Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004; Fritz, 2000; White & Hayman, 2006). Young people who smoke are more likely to develop a lifelong addiction to tobacco (Chang et al., 2011), increasing their risk of contracting smoking-related diseases (Warren, Jones, Eriksen, & Asma, 2006). Furthermore, alcohol consumption, like tobacco smoking, has also been linked to a range of cancers and serious long-term health problems (Australian Institute of Health and Welfare, 2011). It is imperative in reducing adolescent drug-related harm to address both legal (tobacco and alcohol) and illegal drugs as research suggests people who consume alcohol also use other drugs such as tobacco or illicit drugs (Australian Institute of Health and Welfare, 2011).

As the majority of young people spend a large portion of their day at school (Darling, Reeder, Williams, & McGee, 2006), cost-effective interventions to encourage positive health behaviours can be introduced in this setting. According to Hamilton, Cross, Resnicow, and Hall (2005), programs that focus on abstinence and emphasise 'don't ever smoke' are not relevant to the majority of Australian secondary school students, as 28% of Western Australian students aged 12–17 years have at some time in their life smoked at least part of a cigarette (Griffiths

et al., 2009b). Abstinence from smoking is defined as the discontinuation from smoking tobacco (Hamilton et al., 2003). Intervention programs that incorporate elements of harm minimisation have the potential to build capacity at both the individual and school level (Smith, Coveney, Carter, Jolley, & Laris, 2004) as shown in an earlier study addressing school policy and smoking (Hamilton, Cross, Lower, Resnicow, & Williams, 2003). This study found schools providing education and counselling for students who smoke, as well as messages encouraging abstinence, reported lower student smoking rates than those using discipline-only approaches to address adolescent smoking.

Harm minimisation is a confluence of three strategies; demand reduction, supply control, and harm reduction to reduce drug-related harm (Ryder, Walker, & Salmon, 2006). As it is common in adolescence for young people to experiment, incorporating a harm minimisation approach into the school setting increases the relevancy of tobacco control interventions, especially for students who smoke habitually and/or occasionally (Hamilton et al., 2005). Harm minimisation encourages abstinence from drug use, but also acknowledges that some adolescents will engage in drug use (Beyers et al., 2004). Harm minimisation therefore also emphasises reduction in use, or cessation, to reduce harm and minimise the risk of becoming addicted (Borland & Scollo, 1999) and is therefore, a useful approach to include into school-based strategies.

SBHS are devoted to the health and wellbeing of students and the most likely point for the delivery of harm minimisation approaches (Sussman, 2001). SBHS can support students to build resiliency, and therefore help students to reduce risks and empower them to make informed decisions (Hearn, Campbell-Pope, House, & Cross, 2006; Thomas, Hall, Adair, & Bruce, 2008). Given these SBHS may be key to the wellbeing of students, there is a need to determine how useful young people find these services and to identify what factors may enhance their perceptions of the approachability and usefulness of SBHS for students who use tobacco and OHD.

Positive student-staff relationships and feelings of connectedness to school are critical to enhancing the bond between students and school staff, which are in turn strongly associated with students' reduced likelihood of engaging in antisocial behaviours, like smoking and other drug use (Denny et al., 2011; McNeely & Falci, 2004). Students who feel supported and accepted by their teachers and school staff are also more likely to be connected to their school (Jose, Ryan, & Pryor, 2012; Klem & Connell, 2004). A positive student-teacher connection can also create a platform where students feel they are supported by their teachers (Gillespie, 2005). This can promote a students' sense of belonging, increasing their self-confidence (Renchler, 1992) and independence (Wald & Kurlaender, 2003). The importance of students' connectedness to school and their relationships with staff also has a positive impact on students' health and academic outcomes (Denny et al., 2011; Jose et al., 2012; McNeely & Falci, 2004; Thompson, Iachan, Overpeck, Ross, & Gross, 2006; Youngblade et al., 2007). It is therefore important to determine and effectively implement strategies to enhance relationships between students and staff and increase students' sense of belonging to potentially protect students from harm from cigarette smoking and OHD use (McNeely & Falci, 2004). Research is needed to investigate and understand the factors that can enhance staff approachability and positive student-staff relationships within the SBHS. This paper aims to describe

those factors that impact on students' use of and access to SBHS staff concerning tobacco and OHD issues. Furthermore, providing valuable information related to Western Australian Government secondary schools in lower SES areas through the perspective of students.

## **Qualitative Methodology**

Using a qualitative methodological approach, this study aimed to understand students' perspectives through their life experience and opinions on those characteristics that influence or limit the use of SBHS.

Epistemological and ontological assumptions have informed the research methodology in this study. Ontologically, qualitative research assumes multiple realities and aims to represent these realities through the actual words of its participants (Creswell, 2007). A postpositivist paradigm, which underpinned this study, embraces such multiple realities, but employs a logical and systematic approach to data collection and analysis (Creswell, 2007). Therefore, the aim of this study was to solicit emic viewpoints to assist in understanding meanings that participants attached to their actions (Guba & Lincoln, 2004). Unlike positivism, a postpositivist epistemological stance reflects a belief that the dualism between researcher and participant is not possible to maintain.

In this study, focus groups were used to accumulate information by listening to people's thoughts, opinions and perceptions on a given topic (Krueger & Casey, 2000). This was a valuable method through which to encourage secondary students to discuss their feelings, thoughts and understandings about the SBHS in their school and the staff providing these services. This approach provided the researcher with multiple perspectives within a postpositivist paradigm.

## **Method**

This study was approved by Edith Cowan University's Human Research Ethics Committee and permission was granted from the Department of Education Western Australia for individual schools to be approached.

Focus groups with Years 8, 9 and 10 students from nine secondary government schools in Perth, Western Australia were utilised in this study. This qualitative study identified factors that encouraged and limited the use of SBHS and enhanced the approachability of SBHS staff (and other identified caring staff) for students who use tobacco.

## **Participants**

Adolescents from low socio-economic status (SES) areas are at greater risk of engaging in problem behaviours, such as tobacco smoking (McCarthy, Scully, & Wakefield, 2011; Richter & Lampert, 2008) and as such, schools in low SES areas within the Perth metropolitan area were recruited into the study. Low SES schools were classified as those with a mean score of less than 100 on the Socio Economic Index score (Department of Education and Training, 2007) developed by the Department of Education, Employment and Workplace Relations using Australian Bureau of Statistics data. Only government schools were asked to participate as international research demonstrates students from government schools are

more likely to smoke tobacco than those at non-government schools (Fairthorne, Hayman, & White, 2003; Suryadarma, 2008). Furthermore, conducting research in Western Australian government schools was important as little information was available on regional/metropolitan differences in the likelihood of smoking among adolescents (Eureka Strategic Research., 2005).

Twenty-nine schools were identified as presiding in low socioeconomic index areas and schools were randomly selected until a total of nine schools had been successfully recruited. According to Krueger (1994) and Kvale and Brinkmann (2009), nine schools are sufficient to provide a variety of responses and reach data saturation using qualitative methodologies. To obtain the nine required schools, twenty schools were contacted. Nine other schools declined involvement due to other research commitments or being too busy to be involved. In addition, two schools approached could not be included as they did not comprise students in the target age group.

Participating schools were contacted and asked to randomly select one class from a specific year level (either Year 8, 9 or 10) that had been assigned to that school during the recruitment process (one year level was randomly selected per school for inclusion in the student focus group process). A total of 251 students were identified to participate in the study. Three attempts were made to obtain parents' response to the recruitment information, with 69 providing active parental consent (28%; Mellor, Rapoport, & Maliniak, 2008). Only 59 of these 69 students participated in the focus groups due to student absenteeism (31 males and 28 females). A total of 12 focus groups were conducted. These comprised of three Year 8 groups, five Year 9 groups and four Year 10 groups.

### **Protocol**

The focus group protocol comprised open-ended questions, asking students about their perception of the usefulness of the school health/pastoral care services to reduce student harm from tobacco and other drug use. Questions were asked in the following order: (1) What health services in the school were students aware of that they could go to for help and/or information on tobacco and other drugs? (2) How useful were these services in providing support for young people who may smoke? (3) What help did students think should be offered by the school health services to support young people who may use tobacco and other drugs?

### **Procedure**

Where student numbers were sufficient, the focus groups were divided into gender specific groups to increase student comfort (Krueger & Casey, 2000). A total of three female, three male and six mixed gender focus groups were conducted ( $n = 12$ ).

Participants were informed their participation was voluntary and they were free to withdraw consent at any time. A structured protocol was used to guide students through the discussion process and one trained facilitator led all focus group discussions. The need for confidentiality of responses was emphasised and students were asked not to identify others or their school during the discussion.

A facilitator and scribe were present at each focus group discussion, which took between 40 minutes and 1 hour to complete. A debriefing procedure between the

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**TABLE 1**

Factors That Encourage the Use of School-Based Health Services (Including Pastoral Care) By Students Who Use Tobacco and Other Harmful Drugs

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- Provide advice
  - Knowledge and/or experience in the area
  - Familiarity with staff
  - Actively listens
  - Availability
  - Follow-up
  - Referrals
- 

facilitator and the scribe occurred immediately following the focus groups allowing quick summaries of key topics to be recorded.

### Data Analysis

The transcribed data were imported into NVivo (QSR International Pty Ltd., 2006) and examined for ideas and concepts. Ideas were coded using one-word concepts that best represented the idea(s) from that section of text and could co-exist in different categories. Multiple ideas were often provided for the same section of text. The ideas were then grouped into categories with thoughts and reasoning for ideas and concepts written in a reflective journal. This allowed the researcher to record her reasoning behind the placement of ideas into categories that were not immediately evident. The categories were re-examined and refined into the two subcategories of 'useful' (facilitators) and 'less-useful' (barriers), based on students' perceptions of features of SBHS.

### Findings

Students were asked to identify their school's SBHS where students could access help/information on tobacco and OHD. All students were able to list at least one SBHS provided by their school community, such as the chaplain, counsellor, school nurse, school psychologist, and/or student services. Students were then asked to describe factors that facilitated or hindered their use of SBHS are provided below.

#### Benefits of School-Based Health Services

Student participants identified seven specific features of SBHS they felt would increase the use of these services by students who may use tobacco and OHD (Table 1).

*Provide Advice.* Across most of the nine schools, being able to provide students with practical advice, tips and information was identified as a useful aspect in supporting students who may use tobacco and OHD.

*Because they [school psychologist] can help you [with] how to quit smoking and provide you with advice and tips. (Female, Year 8)*

*It's important for staff to provide understandable advice and not be[ing] shy to talk about drugs and sex. (Female, Year 10)*

*Well it would be useful if they had the ability to be able to give [students] advice and reassurance on the effects of smokes etc. (Male, Year 9)*

Interestingly, some students perceived staff members who had previously used tobacco, could provide practical advice because they had gone through a similar situation. For example:

*Some teachers are smokers too or they have friends who are smokers so they like sort of can't be completely negative on it. So they might have advice to give. (Male, Year 8)*

*A teacher I knew used to be a smoker so I know I could turn to him 'cause he would have advice. (Male, Year 9)*

**Knowledge and/or Experience in the Area.** Students indicated they trusted the health information provided by health teachers as they were seen to specialise in this area, leading students to perceive they had more credibility than the traditional SBHS staff members (school nurse, school psychologist, school chaplain) in providing tobacco and OHD information and support for students.

*I would approach our health teacher because she has knowledge about drugs and health. (female: year 8)*

*She [health teacher] would probably give me more advice on how to stop 'cause she's done all her uni [sic] and has knowledge in health. You know we would be more comfortable approaching her. (female, year 9)*

*I trust them [the health teachers]. They have relevant information because they're trained in that area. (female, year 10)*

**Familiarity With Staff.** Students at four out of the nine schools mentioned the importance of being familiar with teachers and other school staff. These students commented on the positive impact established relationships had on their capacity to comfortably approach staff members regarding tobacco and OHD. Students identified being familiar with school staff created a sense of comfort and trust which increased students' willingness to approach a staff member for support.

*Feeling more comfortable 'cause you actually know them and you think you know how they'll react. (Female, Year 8)*

*She's like the main teacher you see at the start of the day, so you can trust her because you know her and it makes it easier to talk. (Male, Year 8)*

One female Year 10 student explained that varying levels of student-staff familiarity led her to be selective in which staff member she approached. For example:

*If you know [that staff member] hates smoking and they might be really disappointed in you and not give you advice, then you pick another teacher that would not be bothered talking about smoking. It depends on the teacher's attitude about smoking and the advice they're going to provide.*

**Actively Listens.** During the focus group discussions students frequently expressed how important it is for staff, especially SBHS staff, to actively listen to students. Students acknowledged they felt more able to trust staff when seeking tobacco and

OHD information and support if the staff member was able to listen actively and reflect on their concerns.

*It helps a lot when they listen to what you're actually asking them about. (Female, Year 9)*

*The health service staff need to be good at communicating on student issues and being able to actually listen if they are to be useful in supporting us regarding tobacco and OHD. (Female, Year 9)*

*Since [the psychologist] is trained to listen to your problems I think they are useful in helping us deal with smoking. (Female, Year 8)*

*Because he [health teacher] is the person that I could trust knowing that he would listen and actually try to help. (Male, Year 10)*

*Listening and then being able to re-tell the story back to us [the student], proving they [staff member] have been listening. (Male, Year 10)*

**Availability.** Students' at all nine schools identified staff availability as an important factor influencing the usefulness of school-based health services for students. As evidenced by the following quotes students perceived that the teachers they saw more often during class time were a more useful source of tobacco and OHD information because of their availability, than SBHS staff members.

*I would approach my teacher before the health service staff because they're [teachers] available all the time and are easy to locate around the school. (Female, Year 10)*

*I know where my health teacher is located and when he is available, plus I can also talk to him before or after class. (Male, Year 9)*

*If you just want to talk to a teacher you can. You don't have to worry about when to do it. It's not so strict like the hours for the nurse. (Female, Year 9)*

**Follow-Up.** Students at a few schools identified staff follow-up with students after discussions as an important aspect in supporting students who use tobacco and OHD and a feature that would encourage them to use SBHS. Students commented they liked it when teachers remembered them and followed-up with them. This was seen as especially important for students who were experiencing difficulties in quitting tobacco smoking.

*With the health teacher, she'll like remember your name. Like you can actually talk to her about something, [and she'll] go back later and actually talk to you about it and remember who you are. (Female, Year 10)*

*Once I went to my health teacher and she came back to see how I was going. This made me feel cared about. (Female, Year 9)*

*I think you should be able to go back for help if you're having trouble stopping or something, and therefore they should follow-up with you to see how you're doing. (Male, Year 8)*

**Referrals.** Referrals to external agencies were suggested by a small number of students as a useful strategy in supporting students who may use tobacco and OHD, particularly when the help is beyond the capacity of school staff and SBHS staffs.

*Maybe being referred on to outside people that can help would be useful for students wanting help or to quit. (Male, Year 10)*

**TABLE 2**

Reasons for School-Based Health Services (Including Pastoral Care) Being Less Useful in Supporting Students Who May Use Tobacco and Other Harmful Drugs

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- Limited availability
  - Misconception of perceived role of the school-based health services
  - Too busy within role
  - Physical structure and location of the school-based health services building
  - 'Don't care' attitude
  - Not familiar to student
  - Breach of confidentiality
  - Lack of useful information
  - Don't actively listen
- 

*The chaplain tried to help me and it was beyond him, so he sent me to another agency where I was able to get help. He wasn't afraid to ask for help either. He went to someone with more experience (Female, Year 10)*

### Barriers of School-Based Health Services

Students at each school also identified characteristics of SBHS and their staff that were barriers to them approaching these staff for information and support on tobacco and OHD (Table 2). These nine barriers are discussed separately in the sections to follow.

**Limited Availability.** Across all nine schools, students held strong opinions on the lack of availability of the SBHS staff, specifically the school nurse. A vast majority of participants acknowledged they were aware of the school nurse, but felt she/he was not available to support students on tobacco and OHD issues.

*Our school nurse is never at school. She's only here for once a week or something and she's only here for half a day so you can't really go there. (Male, Year 8)*

*We have a school nurse at our school, but she is never here. So why bother trying to go there. (Female, Year 9)*

*I know we have more than one nurse, the Child Health Nurse and something else but they're only here on selected days so it's still hard to see them when you want to. (Female, Year 10)*

*I think you have to book to see the school psych [sic] as she is only here a few days. (Female, Year 9)*

Students felt there was inadequate time available, or a lack of suitable times for them to visit the SBHS staff, specifically the school nurse.

*The school nurse is only available at recess and lunch and who has time to go then? (Male, Year 9)*

**Misconception of Perceived Role of the School-Based Health Services.** Many students were uncertain how useful SBHS staff members would be in supporting students with tobacco and OHD issues as they were uncertain of that staff member's role in terms of pastoral care. For example, most students believed the role

of the school nurse was merely to provide first aid for students. Some students felt certain SBHS staff only supported specific student groups within the school rather than the general student population. This perception may mean students would not access these services due to uncertainty over the scope of SBHS staff's role.

*You don't really see them [school nurse] often; it's just somebody you don't know that just hangs out in the nurse's office waiting for people to be hurt. (Male, Year 9)*  
*She's [the nurse] never here and when she is here she's just gives a twenty minute chat about having Panadol. I mean that is not even helpful. (Female, Year 10)*

*The role of our school psych is more of a social sort of thing. She organises a lot of student activities. (Female, Year 9)*

*Our school chaplain is only here for the 'Access' students and the Indigenous students rather than the overall students. (Male, Year 9)*

**Too Busy Within Role.** Based on past experiences with these staff, students believed the SBHS staff, particularly the school nurse and school chaplain, would be too busy to provide support for students who may use tobacco and OHD. Students felt the high workload of these staff members was a barrier to them using these services particularly due to increased waiting times and difficulty accessing staff for discussion. They also mentioned feelings of discomfort related to a lack of privacy while waiting to see these staff.

*The service provided by the school nurse is a bit slow and there's usually other students waiting. (Male, Year 9)*

*Get another nurse because there are always people waiting [in the nurse's office] and you feel a little uncomfortable when you first walk in there. (Female, Year 8)*

*She's [school chaplain] here all the time, but not always in her office. (Female, Year 9)*

**Physical Structure and Location of the School-Based Health Service Building.** Students at a number of schools made reference to the location and physical appearance of SBHS buildings. Lack of privacy in the location and structure of SBHS venues can also act as a barrier to students' use of these services. For example, students felt less comfortable approaching these services for information on tobacco and OHD when the buildings housing them were exposed and visible to other students. Students were concerned about what passing students might think of them for using the service.

*Getting to the school nurse is kind of a bit annoying 'cause to get there you've got to walk past everybody who's standing out in front of student services, straight past all the desks and round the corner. So everybody knows where you're going. (Male, Year 10)*

*Our school nurse is right behind the reception, so it's not a very good place 'cause it's got kids coming in and out and everyone can see and would start to ask questions and kids would bully you about it. (Male, Year 9)*

Additionally, some students felt the venue for meeting with SBHS staff was not welcoming and provided little useful information for students seeking information and support related to tobacco and OHD.

*Nurses' headquarters [were] pretty small and dull with pictures of muscles and skeletons and no poster on drugs or useful stuff. (Female, Year 8)*

**'Don't care' Attitude.** Some students perceived that SBHS staff, specifically the school nurse was going to respond to their issue/s in an unfavourable manner. As a result, students indicated they did not consider SBHS staffs to be a useful source in helping and supporting students who may use tobacco and OHD. Students wanted the school nurse to provide a friendly and inviting environment where they would feel comfortable to approach him/her, however, students in this study felt the current approach of nurses at their school presented more of a 'don't care' attitude.

*The nurse kind of treats you as if you have the same problems as the next kid. Like nothing is more serious than anything else. (Female, Year 10)*

*Sometimes they [school nurse] just don't really care. It doesn't matter what you go in for because in the end they just send you home and don't care. (Male, Year 10)*

*They [school nurse] have this don't care attitude. So I don't know that many people would use her. (Female, Year 9)*

Interestingly, one female Year 9 student believed the 'don't care' attitude students attributed to the school nurse may be more of a perception than a reality.

*They [school nurse] would tell you shouldn't be doing this, it's bad for you, [and] you're bad because you do it. Or she [the nurse] might not, but that's how we [students] think that they would act so you just don't go to her.*

**Not Familiar to Student.** Being unfamiliar with the SBHS staff was identified by most students as a barrier to students finding the SBHS staff a useful source for tobacco and OHD support and information. Most students noted that not being familiar with the SBHS staff members in their school created a lack of trust. Furthermore, students expressed they could not confide in someone regarding issues on tobacco and OHD if they did not know and trust that staff member.

*Because you don't know her [school nurse] you don't really trust her and you think you can't talk to her. (Male, Year 9)*

*The nurse is always isolated and she just stays in her little [office], so maybe someone that comes round and maybe has a talk to you, you can like get a relationship sort of thing. (Male, Year 9)*

*I don't think we've ever really met the nurse. I know I've never seen the nurse before. (Female, Year 9)*

*If you go to student services for example, there are always different people around there. Since I don't know any of them, I won't talk to them about smoking. (Male: Year 9)*

*The psychiatrist [sic] and the chaplain you don't really know them and like you don't want to spill out all your secrets and stuff to them because you don't know how they might react to your problems. (Female, Year 8)*

**Breach of Confidentiality.** Across most schools, students viewed confidentiality as an important aspect when thinking about discussing tobacco and OHD issues with school-based health services staffs. Students indicated they were concerned that the

information they gave these staff members in private would not remain confidential and would reach their parents.

*There should be a contract that the nurse, or whoever you're telling about your confidential problem should sign it, and then you've got evidence that they don't tell anyone. (Male, Year 9)*

*It doesn't help you feel good. They should always ask if it's OK to call parents; make sure it's OK with the student first. (Female, Year 9)*

*There was someone that I knew that was having some problems at home and they wanted to go speak to the school psychiatrist [sic] yet were afraid that they might call their house and that'd have worse consequences, so they just sort of kept quiet. (Male: Year 10)*

*I saw the school psych [sic] like ages ago and she'd say that 'Oh, I'm going to tell your parents' and I'm like 'No, because I'm telling you something that I'd never tell anyone else', and she'd go tell my parents and now I don't trust them for that. (Female, Year 9)*

A lack of trust, and concern about a breach of confidentiality, was therefore seen as a barrier to students seeking support from SBHS around issues such as tobacco and OHD use.

**Lack of Useful Information.** The perceived lack of useful information provided by the SBHS staff, specifically the school nurse, was another area that students felt reduced the perceived usefulness of these services and may act as a barrier to their use. Students identified the need for content specific information relating to tobacco and OHD.

*The school nurse was not that approachable, like it wouldn't be good information it'd probably be dodgy [sic]. The information is usually more about sexual education rather than drugs and everything. (Female, Year 10)*

*If you broke your leg or you've done something all she does is throw you an ice pack, she's not actually good with health information. (Female, Year 9)*

However, a female Year 10 student commented that the school nurse could be useful because she hands out pamphlets, but this student noted the importance of the information being relevant and related to tobacco.

**Don't Actively Listen.** Finally, students expressed their concerns specifically about the school nurse not actively listening to students' questions and concerns. This was seen as a barrier to the use of this service as students felt SBHS staff were not a useful resource for tobacco and OHD issues.

*I was bothered that she [school nurse] did not listen to what I was saying and thought it was pathetic because it was only her point of view. (Female, Year 10)*

*This one time the nurse visited our classroom. Students were asking questions, but she was not listening. I found it confronting when she looked at us like we were asking silly questions when it was her fault for not listening. (Female, Year 9)*

## Discussion

It is apparent there are various factors impacting on young peoples' use of and access to SBHS for support and information surrounding tobacco and other drugs.

These include issues related to: staff availability, perception of perceived role of the SBHS, physical structure and location of SBHS building, perceived staff attitude to student concerns, student familiarity with staff, confidentiality, perceived staff knowledge and resourcing and perceived ability of staff to actively listen to student concerns.

The term 'too busy' has been repeatedly identified as a barrier to adolescent help-seeking (Helms, 2003; Hunt & Eisenberg, 2010; Kalafat, 2003; Lindsey & Kalafat, 1998; Rickwood, Deane, & Wilson, 2007; Schonert-Reichl, 2003). Most schools (especially in Western Australia) have access to a school nurse, but many schools share his/her time between other local schools (Guzys & Kendall, 2006). Students expressed concern about the lack of availability of SBHS staff and similar to the help-seeking literature, that when the SBHS staffs were available, students felt these staff were too busy in their roles to provide support for students.

School assignment of SBHS staff workloads may be related to the quality of pastoral care they are perceived to (and able to) provide. For example, a cross-sectional study (Maes & Lievens, 2003) examining the relationship between school structural variables, individual characteristics and adolescent risk and health behaviours reported that in schools where teachers felt they were overloaded with work, students were 1.2 times more likely to smoke regularly. Increasing teacher workloads means SBHS have a greater role to play in providing pastoral care support that help build relationships with young people and reduce the likelihood of tobacco and OHD use. Furthermore, ensuring that SBHS staff have sufficient time to offer pastoral care services to students is likely to increase student use of these services. Also ensuring that students are aware of SBHS staff's availability is another important strategy. Building the capacity of other staff members within the school to provide pastoral care can assist with directing students to SBHS staff or provide support to students to streamline workloads (Child Health Promotion Research Centre, 2007). Consequently, it was identified by students that SBHS staff members' limited availability may directly affect their capacity to provide follow up with students who have used their services. Importantly, however, students expressed they wanted SBHS staff to provide follow up as this makes them feel cared about and more connected.

Consistent with previous studies (Berg-Kelly, 2003; Kool et al., 2008), students perceived the role of SBHS staff, especially the school nurse, as something different to his/her school-assigned role of providing health promotion and other individual health-related support to students (Council on School Health, 2008). Students perceive the SBHS as not very useful in terms of pastoral care and therefore typically refrain from accessing these services. However, while the role of school nurse may include multiple pastoral care services (Sussman, 2001), in Western Australia, some school nurse(s) may be asked by school principals to deliver only a first aid service (Child Health Services, 2010). It is therefore important that the role of the school nurse, and other SBHS staff, is communicated clearly to students (and parents). This increased awareness and understanding may increase students' familiarity with school nurses and other SBHS staff and their specific roles and services within the school for information and support about tobacco and OHD issues.

Another barrier identified by students was lack of familiarity with individual SBHS staff. Strategies such as having SBHS staff present at assemblies or provide

information in school literature/portal may assist in increasing student familiarity with staff members. For example, an Australian study ( $n = 243$ ), evaluating the effectiveness of a brief school-based help-seeking behaviours intervention, reported that 15% of participants who watched a presentation on where to seek help, reported they were more aware of how to get help and were also likely to seek help (Nicholas, Oliver, Lee, & O'Brien, 2004). Therefore, awareness of SBHS was increased by students who had watched the presentation on where to seek help.

Students reported experiencing a 'don't care' attitude from some SBHS staff within their schools and accordingly they did not see SBHS as an approachable source of tobacco and OHD support. The importance of having school staff who actively show they care about students, was highlighted in a US cross-sectional study of 14- to 19-year-olds, which investigated young peoples' perceptions of the characteristics of facilitators who implemented a school-based smoking cessation program and their success in quitting smoking (Jarrett, Horn, & Zhang, 2009). Of eight characteristics, 'cares about students' was the second most important (83.8%) characteristic identified by students (after 'trustworthiness') to help them to quit smoking (Jarrett et al., 2009). The attitude SBHS staff convey to students appears to be highly associated with students' willingness to seek their help with tobacco and OHD use. Importantly, it appears the higher the students' perception of the level of care conveyed by the SBHS, the more likely students will feel comfortable and encouraged to use these facilities for support and information on tobacco and OHD.

The ability to actively listen was rated highly among students as increasing their willingness to approach school staff. Students suggested they would be more inclined to disclose nonschool-related issues to school staff they perceived would listen (and more importantly, actively listen) to their concerns. Supported by several other studies is the perception by students of SBHS staff's ability to listen effectively also appears to have an impact on the perceived usefulness of SBHS by students who may use tobacco and OHD (Cahill, Shaw, Wyn, & Smith, 2004; Lindsey & Kalafat, 1998; Wald & Kurlaender, 2003). Wald and Kurlaender (2003) suggest it may be important to provide professional learning opportunities for staff in the area of effective communication and active listening skills, as they also found that students are more likely to approach school staff who actively listen to them and who can relate to students and their concerns (Helms, 2003; Lindsey & Kalafat, 1998). This finding is also supported by quantitative research conducted in New Zealand exploring the changing role of school nurses (Kool et al., 2008). Kool and colleagues (2008) found nurses who delivered an 'embracing style' of operation focussed strongly on developing and using excellent communication skills with students (p. 179).

Students discussed the importance of up-skilling all staff, not just SBHS staff as they described feeling more comfortable seeking help from staff they perceived were able to provide advice and up-to-date drug-related information and techniques to reduce drug-related harm. Focus group research conducted by Plano Clark and colleagues (2002) with 205 students who smoked and did not smoke recommended that tobacco information be provided in health classes and assemblies as a prevention strategy. Thus providing opportunities for students to see that SBHS and other staff are willing and care about helping them with health-related issues. This

strategy would also increase their familiarity to students and demonstrate that staff do care about the students in their schools.

Consistent with barriers identified in previous studies of adolescent help-seeking behaviours, confidentiality was a major concern for students in this study (Helms, 2003; Kalafat, 2003; Lindsey & Kalafat, 1998). Students in this study especially expressed concerns that information told to SBHS staff would be discussed with parents. Australian young people aged 12–17 years who attended secondary schools and out-of-school centres indicated that confidentiality was the most important factor impacting their use of health care services (Booth et al., 2004). This finding has important implications for schools and their staff as they have a duty of care to report relevant information, such as drug use problems (Department of Education, 2007). However, this perceived lack of confidentiality can negatively impact on students' decisions to seek help at school. Students in this study suggested the use of a 'confidentiality agreement' when students are disclosing concerns with SBHS staff would improve the likelihood of them trusting the SBHS staff. This highlights the need for SBHS staff and schools to ensure they provide clarity to students about when school staff are obliged to disclose information to others. For example, psychologists are bound by a strict code of ethics to disclose information if students are at harm/risk to themselves or to others.

Finally, the physical location of pastoral care and other allied health staff was identified by students as a barrier to adolescent help-seeking at school for tobacco and other drugs. Students' concerns related to the school nurse's office being exposed and visible to other students and staff, and on the appearance/aesthetics of the nurse's office (e.g., colour, dull posters). These findings are similar to a 2004 qualitative Australian study, where students from both private and government schools reported, among other factors, that structural factors such as waiting times, opening times and whether the buildings were accessible affected their decision to use the health services (Booth et al., 2004). Structural changes may be difficult for schools to organise given that school buildings are largely established, but office locations and the aesthetics of the rooms may be changed. Schools could make offices/buildings more appealing aesthetically to students by encouraging students to propose ways to enhance the SBHS environment, thus enhancing students connectedness to school (Waters, Cross, & Shaw, 2010).

## Recommendations

These research findings suggest that much work needs to be done to promote the role of SBHS staff as credible experts who have extensive training and experience in the field, and who can provide a confidential service to students regarding tobacco and OHD issues. This research shows the need for SBHS staff to actively listen to students, the need for staff capacity building and active communication with students and parents to be efficacious in increasing students' use of SBHS. Schools can involve students in the development of confidentiality agreements and procedures to help them feel more comfortable when disclosing nonschool-related health issues with SBHS staff. It is important to actively and regularly promote the role and services of the SBHS to students at a whole school level through school assemblies, tutor groups, newsletters, school portals, handbooks, and other

awareness raising opportunities. Expanding the traditional pastoral care staff to include staff whom students have identified as approachable (such as health teachers) may reduce the likelihood of staff burnout while recognising the importance of staff accessibility for students. Enhancement of SBHS and other school staff capacity in all health issues, including tobacco control, by ensuring staff have access to current drug-related information and harm reduction strategies to provide up-to-date support for students who may use tobacco and OHDs. Furthermore, encouraging and enabling SBHS staff to attend professional development in the areas of effective communication, listening and counselling techniques will enable them to more effectively support students who use tobacco and OHD. Lastly, links need to be enhanced between SBHS staff and health education teachers to ensure consistency in learning activities and other whole school activities and to ensure that each are addressing issues that students have identified as being relevant to them.

This study builds on the findings of previous research on adolescent help seeking behaviours and tobacco control intervention delivery. While the qualitative research design has limitations in terms of generalisability to other areas and/or school systems, the findings provide localised data from Western Australian government secondary schools in lower SES areas and identifies key issues from the student perspective. The interpretation of the findings may also be influenced by participant selection factors. Selection bias (Collier & Mahoney, 1996) may have occurred in regard to student participation in the study. The active parental consent process allowed for participation to be voluntary, meaning both the parent and student were able to collectively decide if they both agreed for the student to participate in the study. The characteristics that embody the students who did not participate in the study are unknown; however, it may be possible that these students are more likely to engage with problem behaviours (i.e., such as smoking and OHD use; Severson & Biglan, 1989) and therefore may be less likely to participate in the study. All students who participated in the study were from schools surrounding metropolitan Perth, Western Australia, and it is feasible that findings may differ in other areas of Western Australia, Australia and internationally. In addition, findings from non-government schools may also differ based on different ecological contexts, values and beliefs regarding tobacco and OHD use and the usefulness of SBHS in these schools. Another limitation of this study is based on normative perspectives that smoking tobacco is considered an inappropriate behaviour; therefore student responses may be limited by social desirability bias (Crowne & Marlow, 1960). To limit the influence of social desirability bias for student responses during the focus groups, tobacco and OHD behaviours or concerns were allowed to be discussed with reference to a third person (i.e., a peer, a friend or 'someone I know at this school'). These findings help to provide much needed support and direction for SBHS in the area of tobacco and OHD control in Western Australia. All staff (including SBHS staff) have the potential to reduce students' harm from tobacco and OHD use, but need assistance at a whole school level to provide the most effective support for students.

As this research found that students would be more willing to seek help from health teachers they found approachable (and trusted) rather than SBHS teams regarding tobacco and OHD issues, further research is needed to explore students' perceptions of teacher approachability to gain a better understanding of the

characteristics students' perceive influence their willingness to seek help from these approachable teachers. These findings can be used to enhance school staff capacity for being 'approachable' while building student-teacher relationships to enhance school connectedness and reduce involvement in problem behaviours such as tobacco use.

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**Patricia Cardoso** is a Senior Research Officer at the CHPRC. Over the past 6 years she has been involved in a variety of research projects in the area of drug use prevention, obesity prevention and more recently, bullying prevention. Ms Cardoso is currently coordinating the Cyber Friendly Schools Project (CFSP), a 3-year

empirical trial that will test the effectiveness of an innovative school cyberbullying prevention program that actively engages young people in its development and implementation. Her expertise is heavily involved in student leadership interventions. Patricia has completed her Masters in Public Health, which researched the characteristics of staff approachability that impacted on students' willingness to use school-based health services for support and information associated with tobacco and other harmful drugs.

**Dr Laura Thomas** is Deputy Head of the CHPRC. Over the past 10 years she has been involved in a variety of research projects in the areas of bullying prevention, drug use prevention, road safety and pastoral care in education. Dr Thomas recently directed the evaluation of an online framework to assist schools to address cyber-safety issues; an online cyber-safety activity targeting 11 and 12 year old students; and investigated strategies to enhance parental response rates to research participation requests. Dr Thomas has supervised two Masters students to completion; one student explored cyberbullying in adolescence and the other student, in-school health service utilisation by adolescents. Dr Thomas is a sessional academic staff member at Curtin University and Edith Cowan University, lecturing, tutoring and marking in health science units over the past three years.