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Adolescents' views of helping professionals: A review of the literature

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Abstract

This paper reviews 54 papers exploring adolescents' own views of their interactions with doctors, mental health workers and other 'helping professionals'. Twelve global themes emerge repeatedly in the qualitative literature, where adolescents are asked to talk about their preferences or their experiences of receiving help from such professionals. The twelve themes are reported and illustrated with results of related quantitative studies, and implications of these themes for professionals offering services to this age group are considered. Methodological limitations of the literature are discussed, along with suggestions for future research.

Keywords: Young people's experiences; Helping relationships in adolescence; Services for adolescents; Qualitative research with young people

Introduction: Why are adolescents' views of professionals relevant?

Adolescence is traditionally seen as a time of optimal physical health and 'normal' emotional turmoil. However, it is also a time when a large proportion of young people engage in risky behaviours such as substance misuse and unprotected sex which can lead to both immediate and future health-risks (Department of Health, 2004; Millstein, Irwin, Adler, Cohn, & Dolcini, 1992).

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In terms of emotional wellbeing, a range of epidemiological studies (Offer, Howard, & Ostrov, 1991) have found that around 20% of adolescents indicate psychological disturbance in their responses to symptom questionnaires. Even higher proportions of teenagers report the need for help with personal, emotional or behavioural problems (Barker & Adelman, 1994; Boldero & Fallon, 1995). In the UK, rates of deliberate self-harm increased by over a quarter between 1985 and 1995, with the main causes of mortality among the young people in the UK being accidents and suicide (Department of Health, 2004). Parents and friends are much more likely than professionals to be named by young people as sources of help and advice (Boldero & Fallon, 1995; Ciarrochi, Deane, Wilson, & Rickwood, 2002; Ensign & Panke, 2002; Friedman, 1991; Harrison & Harrington, 2001; Offer et al, 1991; Oppong-Odisent & Heycock, 1997; Tishby, Turel, Gumpel, & Pinus, 2001), but there may be medical, social and emotional problems which are beyond the scope of parents and friends to resolve. In the UK, currently, there is a drive to provide specialist services targeted at adolescents which address government targets for reducing national rates of teenage pregnancy, smoking, substance misuse, sexually transmitted infections and suicide among the young people. There is also an acknowledgment that adolescence is a time when patterns of service use are developed which tend to continue throughout adult life: if young people have positive early experiences of accessing help from professionals they are more likely to continue seeking help when they need it throughout their lives (Department of Health, 2004).

In order to help young people, services need to attract young people to seek help in the first place, provide a service that encourages them to return for further appointments, and create an atmosphere where teenagers feel able to disclose to professionals thoughts, feelings or behaviours which may be putting them at risk. It is the author's experience that both child and adult mental health professionals tend to regard adolescents as a 'difficult-to-engage' client group, a view reflected in the psychotherapy and counselling literature (Hanna, Hanna, & Keys, 1999), and that teenagers therefore tend to 'fall through the gap' between children's and adults services in the UK, where there are few services specifically catering for the needs of adolescent clients (Falconbridge, 1996). A preliminary search of the literature indicated that there were relatively few published research papers documenting what young people themselves say about psychologists, counsellors and other mental health professionals (Table 2) but that there seemed to be an equal quantity of literature on doctors and other physical health-care workers. Upon reading the literature it became apparent that there were many themes in common to what young people want from these apparently quite different services, and that young people had useful things to say that would be relevant to the helping professionals who work with them across a range of professional groups.

Methods

Web of Science, PsycInfo, Medline and Embase databases of peer-reviewed journals dating from 1981 to 2004 were searched in July 2004 for English-language articles with titles or abstracts containing the terms (adol* or teen* or you*) in conjunction with (view* or experience* or perspective* or relationship*) and (help* or doctor* or general practitioner* or paediatrician* or counsel* or therap* or psyc* or mentor* or nurs* or teacher* or physi* or professional* or worker*). Papers were obtained that contained empirical studies in which adolescents were asked to give their views on the professionals and services designed to help them. Studies of help from

family, friends or 'natural mentors' were excluded, as were ethnographic accounts or those where data took the form of case studies or quotations from individual young people with no thematic analysis. Studies were only accepted where at least half of the participants were between the ages of 12 and 19 and where the mean age was between 13 and 18, therefore excluding samples consisting purely of university-age young adults. Analyses of therapeutic groups were also excluded, as it was found from reading several such studies that the young people talked almost exclusively about the influence of other group members rather than about the adult helpers.

Characteristics of the teenage participants and the professionals discussed in the reviewed papers are detailed in Table 1. Methodological characteristics of the papers are summarized in Table 2. The search terms chosen were intended to access research papers examining adolescents' perspectives of the whole range of helping professionals across healthcare, education and social services. However, it can be seen from Table 1 that the majority of papers obtained covered mental health and counselling services or doctors and other health-care professionals. The overwhelming majority of studies focused on young people from either North America or Great Britain. It is acknowledged that the authors' search strategy may have missed out studies where young people expressed their views about helping professionals but in the context of research

Table 1
Characteristics of participants and professionals in the studies reviewed

Participant characteristics	Number of studies where information available	Details
Professional group	54	Mental health/counselling services (20) Doctors/other health-care professionals (19) Other (mentors/social workers/care assistants/educational psychologists) (6) Variety of different service-providers (8)
Participants' experience of the service discussed	45	All participants have used the service currently or in the past (31) Only some participants have ever used the service (14)
Age-range of participants	50	All participants aged 12–20 (30) Includes some older participants aged 20–25 (10) Includes some younger participants aged 8–11 (10)
Gender of participants	54	Both boys and girls (47) All girls (6) All boys (1)
Country in which study took place	54	USA (29) Great Britain (16) Canada (3) Israel (2) Other: Australia/Germany/Ireland/Sweden (4)
Ethnic identities of participants	26	Range: 11–100% of participants are from minority ethnic groups $>50\%$ of participants are from minority ethnic groups (15)

Table 2
Methodological characteristics of the studies reviewed

Methodological characteristics	Number of studies where information available	Details
Qualitative or quantitative data?	54	Purely quantitative (22) Purely qualitative (18) Mixed qualitative and quantitative (14)
Data collection method	54	Written questionnaires (27) Individual face-to-face interviews (23) Focus groups (12) Telephone interviews (3) (several studies used multiple methods)
Number of participants	54	Qualitative studies range: 5–72 participants Quantitative studies range: 22–5152 participants (7 studies <100, 23 studies 100–1000, 6 studies >1000)
Participation rate	32	Range: 33–100% of those invited to take part. (7 studies $<50\%$, 17 studies 50–90%, 8 studies $>90\%$)

questions asking about their experience of particular health problems such as chronic illness, rather than about the professionals per se.

It can be seen from Table 2 that there was a relatively even spread of studies using quantitative versus qualitative methodologies, and that the most common research methods were written questionnaires followed by individual face-to-face interviews, with a substantial number of authors interviewing young people in focus groups.

What do adolescents say is important to them? Twelve global themes

Each paper was read by the first author who recorded the themes reported by each study on a spreadsheet. These themes were then grouped thematically by the first author into the 12 global themes reported below. Each of the 12 themes reported emerged in seven or more of the 32 qualitative studies reviewed (Table 3).

In an attempt to reflect most strongly the themes which young people themselves see as important, themes are presented in order of the frequency with which they appear in open-ended qualitative investigations. This is intended to avoid bias based towards the areas in which adult service providers and researchers are most likely to focus in quantitative surveys. It is also intended to mitigate somewhat the influence of what the reviewer herself finds most interesting or relevant in the literature. However, this method of presentation gives no consideration as to the prominence or centrality of each theme within each individual paper and so should not be taken as a 'Top 12' whereby Theme 1 is regarded as 'more important' to young people in general than Themes 3 or 12. It can be seen from Table 3 in any case that many of the themes appear in the exact same number of studies.

Table 3
Themes emerging from qualitative studies

Theme	Total	Qualitative studies in which theme emerged
1. "What I tell them is confidential"	17	De Rosa et al. et al. (1999); Ensign and Panke (2002); Garland and Besinger (1996); Ginsburg, Forke, et al. (2002); Ginsburg, Forke, et al. (2002); Jacobson et al. (2000); Jones et al (1997); Le Surf and Lynch (1999); Oppong-Odisent and Heycock (1997); Pearson et al. (1995); Pritchard et al. (1998); Rosenfeld et al. (1996); Shuppert-West et al. (1991); Tatar (2001); Woolfson and Harker (2002)
2. "They explain things and give me information and advice"	17	Beresford and Sloper (2003); Chalmers et al. (2000); De Anda (2001); Dunne et al. (2000); Ensign and Panke (2002); Garland and Besinger (1996); Ginsburg, Forke, et al. (2002); Ginsburg, Winn, et al. (2002); Ginsburg et al. (1997); Jacobson et al. (2000); Jacobson et al. (2001); Kuehl et al. (1990); Oandason and Malik (1998); Pearson et al. (1995); Rosenfeld et al. (1996); Wilde and Haslam (1996); Woolfson and Harker (2002)
3. "They listen to me"	15	Buston (2002); Collins et al. (2000); De Anda (2001); De Rosa et al. (1999); Dunne et al (2000); Ensign and Panke (2002); Garland and Besinger (1996); Ginsburg, Forke, et al. (2002); Ginsburg, Winn, et al. (2002); Ginsburg et al. (1997); Le Surf and Lynch (1999); Nabors et al., 2000; Skar and Tamm (2001); Strickland-Clark et al. (2000); Woolfson and Harker (2002)
4. "They are kind, caring, sympathetic, understanding"	13	Buston (2002); De Rosa et al. et al. (1999); Dunne et al (2000); Garland and Besinger (1996); Ginsburg, Forke, et al. (2002); Jones et al (1997); Kuehl et al. (1990); Le Surf and Lynch (1999); Oppong-Odisent and Heycock (1997); Pritchard et al. (1998); Rosenfeld et al. (1996); Skar and Tamm (2001); Strickland-Clark et al. (2000)
5. "I can trust them"	11	De Anda (2001); Ensign and Panke (2002); Ginsburg, Forke, et al. (2002); Ginsburg et al. (1997); Jones et al (1997); Le Surf and Lynch (1999); Nabors et al. (1999); Pritchard et al. (1998); Rosenfeld et al, (1996); Skar and Tamm (2001); Tatar (2001)
6. "They are competent, experienced and qualified"	11	Buston (2002); Garland et al. (2000); Ginsburg, Forke, et al. (2002); Ginsburg, Winn, et al. (2002); Ginsburg et al. (1997); Jones et al. (1997); Le Surf and Lynch (1999); Oppong-Odisent and Heycock (1997); Pearson et al. (1995); Rosenfeld et al. (1996); Tatar (2001)
7. "They don't patronize me or treat me like a child."	11	Buston (2002); Collins et al. (2000); De Rosa et al. et al. (1999); Donovan et al. (1997); Ginsburg, Forke, et al. (2002); Ginsburg, Winn, et al. (2002); Jacobson et al. (2001); Le Surf and Lynch (1999); Oandason and Malik (1998); Skar and Tamm (2001); Woolfson and Harker, 2002
8. "For medical issues many girls prefer to see a female doctor"	11	Beresford and Sloper, 2003; Boekeloo et al., 1996; Buston, 2002; Ensign and Panke, 2002; Ginsburg, Forke, et al., 2002; Ginsburg et al., 1997; Jacobson et al., 2001; Jacobson et al., 2000; Neinstein et al., 1985; Oandason and Malik, 1998; Pearson et al., 1995

Table 3 (*continued*)

Theme	Total	Qualitative studies in which theme emerged
9. "They are non-judgemental"	10	Beresford and Sloper (2003); Chalmers et al, (2000); De Anda (2001); Dorer et al. (1999); Ginsburg, Forke, et al. (2002); Ginsburg, Winn, et al. (2002); Jacobson et al. (2001); Jones et al. (1997); Le Surf and Lynch (1999); Pearson et al. (1995); Rosenfeld et al. (1996)
10. "I feel comfortable and it's easy to talk"	10	Beresford and Sloper (2003); Buston (2002); Dunne et al. (2000); Garland et al. (2000); Jacobson et al. (2000); Jones et al. (1997); Oandason and Malik (1998); Oppong-Odisent and Heycock (1997); Pearson et al, (1995); Rosenfeld et al. (1996)
11. "I get to see the same person each time"	10	Beresford and Sloper (2003); Buston (2002); De Rosa et al. et al. (1999); Ginsburg et al. (1997); Le Surf and Lynch (1999); Nabors et al. (2000); Oppong-Odisent and Heycock (1997); Rosenfeld et al. (1996); Skar and Tamm (2001); Wilde and Haslam (1996)
12. "I am treated as an individual not just part of their job"	7	Beresford and Sloper (2003); Buston (2002); Chalmers et al. (2000); Ensign and Panke (2002); Ginsburg et al. (1997); Le Surf and Lynch (1999); Skar and Tamm (2001)

Under each theme heading, results of quantitative studies where such issues have been specifically investigated are then given to illustrate, back up and provide greater insight into the 12 themes.

1. "What I tell them is confidential"

Confidentiality emerged as a theme in over half of the qualitative studies reviewed although its prominence varied amongst different groups. A further seven studies asked young people specific questions about confidentiality, indicating that young people's concerns with this issue are mirrored by those of the research community. Collins and Knowles (1995) asked young people how important confidentiality was to them in a forced choice format: 53% said essential and only 2% not important. Cheng, Savagneau, Sattler, and De Witt (1993), Collins and Knowles (1995), Jacobson, Mellanby, Donovan, Taylor, and Tripp (2000) and Snir and Hardoff (2004) found girls to be more concerned with maintaining confidentiality than boys. Snir and Hardoff (2004) found that older adolescents rated confidentiality as more important than younger adolescents whereas Cheng et al. (1993) found no such age difference. Local cultural factors may play an important part in the significance young people attach to confidentiality; Snir and Hardoff (2004) found confidentiality to be significantly more important to their Israeli sample than it was to a comparable US sample.

Many adolescents are not aware that they are entitled to a confidential service from professionals. In Cheng et al.'s (1993) sample, only a third of young people knew they had a right to confidential care, yet Boekeloo, Schamas, Cheng, and Simmens (1996) found trust in a doctor's ability to maintain confidentiality to be significantly associated with ratings of comfort with the doctor. Mckee and Fletcher (1994) found that over one-third of girls who reported forgoing

needed health care gave concern about their parents finding out as the reason. On the other hand, focus-group members in the Ginsburg, Winn, Rudy, Crawford, and Schwarz's (2002) study said that they got around their confidentiality concerns by simply not telling the most sensitive information to professionals they did not trust. The National Service Framework for Children and Young People in the UK (Department of Health, 2004) states that all services working with young people should have policies and procedures which ensure that their right to confidentiality is respected, and that these should be clearly displayed for young people to read.

When asked, the majority of adolescents agree that confidentiality should not be absolute where a young person is at risk. Over three quarters of teenagers agree with confidentiality being breached if a young person is suicidal, although less than half see this as justified in the case of sexual activity, pregnancy, criminal behaviour or drug use (Cheng et al., 1993; Collins & Knowles, 1995; Jones, Finlay, Simpson, & Kreitman, 1997). Young people are generally more in favour of breaching confidentiality to parents than to teachers or the police (Cheng et al., 1993; Collins & Knowles, 1995).

2. *''They explain things and give me information and advice''*

Young people see professionals as experts and they want them to share their knowledge. Young people value doctors, mentors, school staff, counsellors and family therapists who give them information on their problems and advice on how to cope with or solve them. Young people want professionals to explain things to them, both about their problems, and about treatment procedures. This may also include providing information on sensitive and embarrassing topics; when asked, over 70% of young people said they wanted their physician to give them advice on contraception and sexual health matters (Rawitscher, Saitz, & Friedman, 1995).

It is important to teenagers that professionals ''talk to you on your own level'' (De Anda, 2001) using language they understand rather than medical or psychological jargon (Beresford & Sloper, 2003; Ensign & Panke, 2002; Ginsburg, Forke, Cnaan, and Slap, 2002; Ginsburg, Menapace, & Slap, 1997; Ginsburg, Winn, et al., 2002; Oandason & Malik, 1998; Rosenfeld et al., 1996, Woolfson & Harker, 2002). Information giving has to be coupled with the caring and relationship factors described below; Kuehl, Newfield, and Joanning (1990) found that family therapists needed to be perceived as caring in order for families to take their suggestions on board, and students whose mothers had breast cancer said that although information was a source of support in itself the medical facts given in biology lessons were not enough (Chalmers, Kristjanson, Woodgate, Taylor-Brown, & Nelson, 2000).

3. *''They listen to me''*

Young people stress that communication between themselves and professionals has to be a two-way process. They want doctors to respect both their knowledge about their own bodies (Ensign & Panke, 2002; Oandason & Malik, 1998) and their feelings, fears, and sense of modesty (De Rosa et al., 1999; Ensign & Panke, 2002; Ginsburg, Forke, et al., 2002; Ginsburg et al., 1997) and rate themselves as more relaxed with a GP who listens to them (Jacobson, Richardson, Parry-Langdon, & Donovan, 2001). In several studies, adolescents talked about the importance of the professional respecting their right to say 'no' to medical treatments (Ensign and Panke, 2002), to

having their care assistant with them all the time (Skar and Tamm, 2001), or to talking about difficult issues (Chalmers et al., 2000; Garland, Salzman, & Aarons, 2000; Le Surf and Lynch, 1999). Young people may feel particularly unheard when consultations are rushed and several studies found that they would like more time with their mentors, counsellors and doctors (De Anda, 2001; Donovan, Mellanby, Taylor, & Tripp, 1997; Ginsburg et al., 1997; Jacobson et al., 2001; Nabors, Weist, Reynolds, Tashman, & Jackson, 1999).

4. "They are kind, caring, sympathetic, understanding"

Across the qualitative literature, professionals are not simply seen as information providers and recipients; their caring and empathic skills are also highly valued. When asked specifically, around half of young people said that having a more sympathetic GP would make it easier to go and see them (Donovan et al., 1997; Kari, Donovan, Li, & Taylor, 1997). Girls may be more likely than boys to be dissatisfied with a doctor who is seen as uncaring or unsympathetic (Donovan et al., 1997; Jacobson et al., 2001)

5. "I can trust them"

Being able to trust professionals emerged as a theme in qualitative studies across the domains of mental health, medical, social and educational services. In several of these articles, trust is closely linked to concerns about confidentiality, although some young people stressed that they would not trust professionals who gave verbal assurances of confidentiality but seemed dishonest, disrespectful or insincere (Ensign & Panke, 2002; Ginsburg et al., 1997). Pritchard, Cotton, Bowden, and Williams (1998) found trust to be an excellent predictor of teenagers' engagement with their educational social worker (ESW): the item "*It's no good talking to the ESW—the bottom line is that they can't be trusted*" was endorsed by none of the participants classed by their general response patterns on the questionnaire as engaged, but by 90% of those who were non-engaged.

6. "They are competent, experienced and qualified"

Young people want to know that both doctors and counsellors are qualified, experienced, and competent at dealing with their problems. Interestingly, none of the quantitative studies asking researcher-defined questions asked about this theme, and Tatar (2001) found this factor to be seen as more important by adolescents than it was by school counsellors themselves. In studies concerning physical health-care providers adolescents' concerns around competence manifested as a particular concern with cleanliness and hygiene (Buston, 2002; Jones et al., 1997; Ginsburg, Forke, et al., 2002; Ginsburg, Winn, et al., 2002; Ginsburg et al., 1997; Rosenfeld et al., 1996). As Ginsburg et al.'s (1997) participants pointed out, they are able to protect themselves from emotional harm by not disclosing sensitive information, but they cannot protect their bodies from contamination from the medical provider or other patients.

It is not immediately obvious how professionals can assure young people of their competence, but Ginsburg et al.'s (1997) participants came up with a simple concrete solution; they would like health-care providers to display certificates of qualification on their office walls and tell them how long they have been practicing.

7. "They do not patronize me or treat me like a child"

The qualitative literature documents teenagers' dislike of doctors or counsellors who are seen as patronizing or as treating them like a child. Although in some studies adolescents expressed a wish to be treated like adults (Ginsburg, Winn, et al., 2002), in others they wished to be treated as teenage people in their own right, neither as adults nor as children (Buston, 2002; Oandason and Malik, 1998). Interestingly, no quantitative studies have attempted to measure this dimension, although the National Service Framework in the UK has as one of its core standards that:

> "All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood." (Department of Health, 2004, p. 121)

'Effective communication and engagement' with young people has been prioritized as one of the key 'skills for health' required from the children's workforce in the UK (Department of Health, 2004, p. 117). It seems that more research is needed into what adolescents regard as 'age-appropriate' treatment in the context of different service providers, and that young people themselves may have an important role in training and monitoring professional development in this area.

8. "For medical issues many girls prefer to see a female doctor"

The only theme to emerge specifically from medical studies was the preference of some girls for a female doctor, which interestingly does not seem to be an important issue for young people when seeing a counsellor or mental health worker. There was wide variation in the quantitative studies where adolescents were asked specifically about this factor; Donovan et al. (1997) found that 82% of girls but also 46% of boys said it would be easier to see a same-sex GP, whereas Kari et al. (1997) found that only 39% of both sexes said yes to the same question, indicating that this may be more important to some individuals and communities than to others. Currently, in the UK, government policy recommends that 'where practicable' young people are offered a choice regarding the sex of the professional they see (Department of Health, 2004), but to provide this option for all young people would have major staffing implications for many service providers. As with issues of confidentiality it would also be interesting to measure young people's awareness that they have this choice in settings where it does exist.

9. "They are non-judgemental"

It is important to teenagers not to feel judged, blamed or criticized by professionals; the item "The ESW always blames you for things going wrong at school" was endorsed by only 2% of engaged but by 80% of non-engaged young people in Pritchard et al.'s (1998) study. The young people with chronic illnesses interviewed by Beresford and Sloper (2003) described their reluctance to reveal they were not taking their medication or other behaviours they felt that their doctors would disapprove of. Adolescents resent negative assumptions being made about them based on stereotypes, for example that homosexual practices are painful or dangerous (Ginsburg, Forke, et al., 2002), that all homeless young women are sexually active (Ensign & Panke, 2002), or that teenagers are 'troublemakers' (Jacobson et al., 2001).

10. "I feel comfortable, and it is easy to talk"

Young people describe the importance of professionals being 'easy to talk to' but also their frequent experiences of feeling uncomfortable, awkward or embarassed with these adults. This is perhaps not surprising given that adolescence is frequently considered to be a time of heightened self-consciousness (Cheng et al., 1993). When asked specifically, around half of adolescents say they feel uncomfortable talking with their GP about personal or sexual problems (Donovan et al., 1997; Rawitscher et al., 1995). Several studies found girls to feel more uncomfortable than boys (Donovan et al., 1997; Jacobson et al., 2000; Oandason & Malik, 1998; Oppong-Odisent & Heycock, 1997). Boekeloo et al. (1996) found the strongest predictor of comfort in talking about sexual issues with a physician to be how much the physician themself asked about sexual issues in the teenagers' general health examination, therefore comfort may be increased by the information-giving described in Theme 2. Consistent with these findings, current government policy in the UK recommends that all professionals working with young people should be confident themselves in discussing sexual health and relationship issues, substance and alcohol misuse and mental health problems, a recommendation which has major implications for the training of professionals in this country (Department of Health, 2004).

Young people frequently say that they want their doctors or counsellors to be friendly or approachable (Dorer, Feehan, Vostanis, & Winkley, 1999; Ginsburg, Forke, et al., 2002; Jones et al., 1997; Nabors, Reynolds, & Weist, 2000; Oppong-Odisent & Heycock. 1997). They rate themselves as more relaxed with a GP who they see as friendly and approachable (Jacobson et al., 2001) but the professional's dress style and whether they wear a white coat is seen by most as irrelevant to how comfortable they feel (Neinstein, Stewart, & Gordon, 1985; Jones et al., 1997). The above-mentioned themes of confidentiality, being listened to, understood, and not-judged may also contribute to teenagers feeling comfortable and able to talk about their problems.

11. "I get to see the same person each time"

Young people describe the importance of developing an ongoing relationship by seeing the same professional each time, be it a care-assistant, doctor or counsellor. Beresford and Sloper's (2003) participants described how they felt particularly uncomfortable and found it hardest to communicate with doctors they had not met before. Research on Attachment Theory (Bowlby, 1969) would hold that having the same professional there each time would enhance trust, comfort and feeling cared for. However, there does not seem to be any quantitative research into the effects of staff turnover on teenagers, and it is not a factor which is considered or prioritized in current government policy in the UK (Department of Health, 2004).

12. "I am treated as an individual, not just part of their job"

Young people describe wanting to be treated as an individual, a 'real person', and want to believe that the professional is genuinely accepting and caring, not treating them just because it's their job or career (Chalmers et al., 2000; Ginsburg et al., 1997; Le Surf & Lynch, 1999). 90% of non-engaged versus 8% of young people who had engaged with their ESW agreed with the statement "the ESW is not really interested in me, it's only a job to them." (Pritchard et al., 1998).

Skar and Tamm (2001) and De Anda (2001) report young people's wish that their mentors and care-assistants be 'more like a friend' to them, and Nabors et al. (2000) and Oandason and Malik (1998) found that girls wanted their mental health workers and GPs to share more with them about their own lives. In other studies, young people describe it as helpful to know that the professional has some personal experience of the problems they are going through (Buston, 2002; Chalmers et al., 2000; Kuehl et al., 1990; Oppong-Odisent & Heycock, 1997).

Limitations of the literature and areas for future research

A need for published studies of adolescents' views of health professionals other than counsellors/ mental health workers and doctors/nurses working in primary care

The author was surprised to identify a lack of literature asking young people what they want from medical staff working in in-patient hospital settings, where workers might be expected to have either intensive daily contact with the young person over a period of time, or irregular contacts but over a long stretch of their life-span. Allied with this was a lack of studies focusing on workers from allied health professions such as occupational therapy or physiotherapy. Perhaps even more surprisingly there was an absence of studies focusing on teaching and non-teaching staff in schools or on young people's experiences of social workers. One interpretation of the focus of the literature published is that professionals such as primary care physicians and counsellors who work in settings where adolescents choose to come and see them about a discrete problem (and can easily choose to 'vote with their feet' and not attend if dissatisfied) may have a greater interest in researching what would make young people more likely to access their service and continue attending until treatment is successful. In hospital care, education and social work domains young people have far less choice about whether they access the professional or not.

A need for more reported information about participants, researchers and the research process

It is important that the reader of both qualitative and quantitative research knows something about the participants studied so that they can judge to what extent findings can be generalized to other young people (Elliott, Fischer, & Rennie, 1999). Although virtually all of these studies describe the sex and age of their participants (Table 2), only around half describe their ethnic identities and only one in five of the studies measured the socioeconomic status of individual participants.

Only two-thirds of the studies report participation rates (Table 1) and these vary greatly between studies. Qualitative studies tend not to attempt to access representative samples of a particular population but it should be borne in mind that those adolescents who attend youth groups or turn up to interviews and focus-group meetings may well be those who are especially well-engaged with adult-run services. The views of those teenagers who either never access or drop out of services may well be under-represented in this literature.

Teenagers' willingness to give critical feedback about adults may depend on who is asking the questions. Very small numbers of participants in studies where questions were posed by the service/ therapist themselves gave anything they disliked about the service (Dunne, Thompson, &

Leitch, 2000; Kendall & Southam-Gerow, 1996). In contrast, in a study where the interviewer made clear that she was independent of the services (Buston, 2002), young people made nearly twice as many negative as positive comments. None of the studies reviewed employ young people as interviewers or focus-group leaders and it is interesting to speculate how the views young people give of professionals might differ were they talking to peers. Written questionnaires may be less at risk of this sort of social-desirability bias than semi-structured face-to-face interviews, but the questions asked, and the findings-reported are still determined by researchers' own agendas, values and beliefs which are rarely explicity disclosed in research reports.

Macran, Ross, Hardy, and Shapiro (1999) describe four levels of service-user involvement in research. The majority of studies reviewed here fall under Macran's level 1, where young people are asked directly for information about the meaning, value and experience of the help they have received but where professionals still define the research questions to be asked and the methods by which they are to be answered. Only seven of the studies reviewed (Garland et al., 2000; Ginsburg et al., 1997; Ginsburg, Forke, et al., 2002; Ginsburg, Winn, et al, 2002; Le Surf and Lynch, 1999; Nabors et al., 2000; Tatar, 2001) fit criteria for Macran's levels 2 or 3 by involving young people in the development of research tools and the setting of research questions.

Of the qualitative studies reviewed over half report data thematically but do not cite any method as to how the themes were arrived at. Few qualitative authors describe performing any 'credibility checks' (Elliott et al., 1999) on their findings, either by discussing them with participants, or with other researchers or professionals who work with adolescents. There is great variation in the extent to which readers are provided with quotations from the young people themselves to demonstrate how themes are grounded in the data.

A need for a greater focus on exploring the relationship of young-people's views to behaviours and outcomes

There is a paucity of research relating young people's views to the actual behaviours of either themselves or professionals. The relationship between satisfaction and outcome of treatment seems to be an area of both theoretical and practical interest yet at present, researchers looking at young people's perspectives of services (generally utilizing inductive qualitative methods of enquiry) and researchers looking at outcomes of services (generally using quantitative methods and standardized scales) seem to maintain a wary distance from each other. Several adult satisfaction questionnaires have been shown to have good internal consistency with adolescent samples (Brannan, Sonnichsen, & Heflinger, 1996; Noser & Bickman, 2000) and other authors (Shapiro, Welker, & Jacobson, 1997; Stuntzner-Gibson, Koren, & De Chillo, 1995) describe satisfaction measures designed specifically for young people. Three of the studies reviewed report the development of scales based on items generated by qualitative research with adolescents themselves (Garland et al., 2000; Ginsburg, Forke, et al., 2002; Tatar, 2001), but none of these three adolescent-derived questionnaires have yet been compared with other relevant variables such as use of services or outcomes of treatment.

The 12 global themes emerging as important to young people will probably not come as a surprise to many professionals who work with adolescents. However, what seems to be missing at present from the qualitative literature is an understanding of *how* a young person decides that a professional is any of these things, of how the themes interrelate, and of how young people's

perceptions develop and change over the course of their relationship with the adult helper. For example, how can professionals best explain things to young people, what do professionals do that make it 'comfortable and easy to talk', and what leads trust to be gained or lost over time?

Conclusions

This review has presented 12 themes commonly emerging from 54 studies asking adolescents for their views on the professionals that help them. Researching young people's experiences of helping professionals seems to be a relatively new but accelerating area of study, which is of increasing importance in the UK at present where the government has stated that it wishes to see:

> "The views of children, young people and families being valued and taken into account in the planning, delivery and evaluation of services." (Department of Health, 2004)

Researchers now need to expand from asking *what* young people think, to asking *how* their views relate to their use of the services they are offered and *how* we as professionals can be helped to work most effectively with young people.

References

Barker, L., & Adelman, H. (1994). Mental health and help-seeking among ethnic minority adolescents. *Journal of Adolescence*, *17*, 251–263.

Beresford, B., & Sloper, P. (2003). Chronically Ill adolescents' experiences of communicating with doctors: A qualitative study. *Journal of Adolescent Health*, *33*, 172–179.

Boekeloo, B., Schamas, L., Cheng, T., & Simmens, S. (1996). Young Adolescents' comfort with discussion about sexual problems with their physician. *Archives of Pediatric and Adolescent Medicine*, *150*, 1146–1152.

Boldero, J., & Fallon, B. (1995). Adolescent help-seeking: What do they get help for and from whom? *Journal of Adolescence*, *18*, 193–209.

Bowlby, J. (1969). *Attachment and loss*, Vol. 1. London: Hogarth Press.

Brannan, A., Sonnichsen, S., & Heflinger, C. (1996). Measuring satisfaction with children's mental health services: Validity and reliability of the satisfaction scales. *Evaluation and Program Planning*, *19*(2), 131–141.

Buston, K. (2002). Adolescents with mental health problems: What do they say about services? *Journal of Adolescence*, *25*, 231–242.

Chalmers, K., Kristjanson, L., Woodgate, R., Taylor-Brown, J., & Nelson, F. (2000). Perceptions of the role of the school in providing information and support. *Journal of Advanced Nursing*, *31*(6), 1430–1438.

Cheng, T., Savagneau, J., Sattler, A., & De Witt, T. (1993). Confidentiality in health care: A survey of knowledge, perceptions and attitudes among high school students. *JAMA*, *269*(11), 1404–1407.

Ciarrochi, J., Deane, F., Wilson, C., & Rickwood, D. (2002). Adolescents who need help the most are the least likely to seek it: The relationship between low emotional competence and low intention to seek help. *British Journal of Guidance and Counselling*, *30*(2), 173–188.

Collins, M., Lemon, C., & Street, E. (2000). A consumer view of teen living programs: Teen parents' satisfaction with program components and services. *Families in Society*, *81*(3), 284–293.

Collins, N., & Knowles, A. (1995). Adolescents' attitudes towards confidentiality between the school counsellor and the adolescent client. *Australian Psychologist*, *30*(3), 179–182.

De Anda, D. (2001). A qualitative evaluation of a mentor program for at-risk youth: The participants' perspective. *Child and Adolescent Social Work Journal*, *18*(2), 97–117.

De Rosa, C., Montgomery, S., Kipke, M., Iverson, E., Ma, J., & Unger, J. (1999). Service utilization among homeless and runaway youth in Los Angeles, California: Rates and reasons. *Journal of Adolescent Health*, *24*, 190–200.

Department of Health. (2004). *National service framework for children, young people and maternity services: Core standards*. London: DH Publications.

Donovan, C., Mellanby, L., Taylor, B., & Tripp, J. (1997). Teenagers' views on the general practice consultation and provision of contraception. *British Journal of General Practice*, *47*, 715–718.

Dorer, C., Feehan, C., Vostanis, P., & Winkley, L. (1999). The overdose process—adolescents' experiences of taking an overdose and their contact with services. *Journal of Adolescence*, *22*, 413–417.

Dunne, A., Thompson, W., & Leitch, R. (2000). Adolescent males' experience of the counselling process. *Journal of Adolescence*, *23*, 79–93.

Elliott, R., Fischer, C., & Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*, 215–229.

Ensign, J., & Panke, A. (2002). Barriers and bridges to care: Voices of homeless female adolescent youth in Seattle, Washington, USA. *Journal of Advanced Nursing*, *37*(2), 166–172.

Falconbridge, J. (1996). The development of a self-referral teenage clinic. *Clinical Psychology Forum*, *97*, 22–26.

Friedman, I. (1991). Areas of concern and sources of advice for Israeli adolescents. *Adolescence*, *26*(104), 967–976.

Garland, A., & Besinger (1996). Adolescents' perceptions of outpatient mental health services. *Journal of Child and Family studies*, *5*(3), 355–375.

Garland, A., Salzman, M., & Aarons, G. (2000). Adolescent satisfaction with mental health services: Development of a multi-dimensional scale. *Evaluation and Program Planning*, *23*, 165–175.

Ginsburg, K., Forke, C., Cnaan, A., & Slap, G. (2002). Important health provider charcteristics: The perception of urban ninth graders. *Developmental and Behavioral Pediatrics*, *23*(4), 237–243.

Ginsburg, K., Menapace, A., & Slap, G. (1997). Factors affecting the decision to seek health care: The voice of adolescents. *Pediatrics*, *100*(6), 922–930.

Ginsburg, K., Winn, R., Rudy, B., Crawford, J., & Schwarz, D. (2002). How to reach sexual minority youth in the health care setting: The teens offer guidance. *Journal of Adolescent Health*, *31*, 407–416.

Hanna, F., Hanna, C., & Keys, S. (1999). Fifty strategies for counseling defiant, aggressive adolescents: Reaching, accepting and relating. *Journal of Counseling and Development*, *77*(4), 395–404.

Harrison, L., & Harrington, R. (2001). Adolescents' bereavement experiences: Prevalence, association with depressive symptoms and use of services. *Journal of Adolescence*, *24*, 159–169.

Jacobson, L., Mellanby, A., Donovan, C., Taylor, B., & Tripp, J. (2000). Teenagers' views on general practice consultations and other medical advice. *Family Practice*, *17*(2), 156–158.

Jacobson, L., Richardson, G., Parry-Langdon, N., & Donovan, C. (2001). How do teenagers and primary health care providers view each other? An overview of key themes. *British Journal of General Practice*, *51*, 811–816.

Jones, R., Finlay, F., Simpson, N., & Kreitman, T. (1997). How can adolescents' health needs and concerns best be met? *British Journal of General Practice*, *47*, 631–634.

Kari, J., Donovan, C., Li, J., & Taylor, B. (1997). Adolescents' attitudes towards general practice in North London. *British Journal of General Practice*, *47*, 109–110.

Kendall, P., & Southam-Gerow, M. (1996). Long-term follow-up of a cognitive-behavioural therapy for anxiety-disordered youth. *Journal of Consulting and Clinical Psychology*, *64*(4), 724–730.

Kuehl, B., Newfield, N., & Joanning, H. (1990). A client-based description of family therapy. *Journal of Family Psychology*, *3*(3), 310–321.

Le Surf, A., & Lynch, G. (1999). Exploring young people's perceptions relevant to counselling: A qualitative study. *British Journal of Guidance and Counselling*, *27*(2), 231–243.

Macran, S., Ross, H., Hardy, G., & Shapiro, D. (1999). The importance of considering clients' perspectives in psychotherapy research. *Journal of Mental Health*, *8*(4), 325–337.

Mckee, M., & Fletcher, J. (1994). Missing needed care among urban adolescent girls: Relationship to physician trust. *Journal of Adolescent Health*, *34*(2), 131.

Millstein, S., Irwin, C., Adler, N., Cohn, L., & Dolcini, S. (1992). Health-risk behaviors and health concerns among young adolescents. *Pediatrics*, *3*, 422–428.

Nabors, L., Reynolds, M., & Weist, m. (2000). Qualitative evaluation of a high-school mental health program. *Journal of Youth and Adolescence*, *29*(1), 1–13.

Nabors, L., Weist, M., Reynolds, M., Tashman, N., & Jackson, C. (1999). Adolescent satisfaction with school-based mental health services. *Journal of Child and Family studies*, *8*(2), 229–236.

Neinstein, L., Stewart, D., & Gordon, N. (1985). Effect of physician dress-style on patient–physician relationship. *Journal of Adolescent Health Care*, *6*, 456–459.

Noser, K., & Bickman, L. (2000). Quality indicators of children's mental health services: Do they predict improved client outcomes? *Journal of Emotional and Behavioural disorders*, *8*(1), 9–18.

Oandason, I., & Malik, R. (1998). What do adolescent girls experience when they visit family practitioners? *Canadian Family Physician*, *44*, 2413–2426.

Offer, D., Howard, K., & Ostrov, E. (1991). To whom do adolescents turn for help? Differences between disturbed and no-disturbed adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *30*(4), 623–630.

Oppong-Odisent, A., & Heycock, E. (1997). Adolescent health services—Through their eyes. *Archives of Disease in Childhood*, *77*, 115–119.

Pearson, V., Owen, M., Phillips, D., Gray, D., & Marshall, M. (1995). Family planning services in Devon, UK: Awareness, experience and attitudes of pregnant teenagers. *British Journal of Family Planning*, *21*, 45–49.

Pritchard, C., Cotton, A., Bowden, D., & Williams, R. (1998). A consumer study of young people's views on their educational social worker. *British Journal of Social Work*, *28*, 915–938.

Rawitscher, L., Saitz, R., & Friedman, L. (1995). Adolescents' preferences regarding human immunodeficiency virus (HIV)-related physician counseling and HIV testing. *Pediatrics*, *96*(1), 52–58.

Rosenfeld, S., Fox, D., Keenan, P., Melchiono, M., Samples, C., & Woods, E. (1996). Primary care experiences and preferences of urban youth. *Journal of Pediatric Health Care*, *10*(10), 151–160.

Shapiro, J., Welker, C., & JAcobson, B. (1997). The youth client satisfaction questionnaire: Development, construct validation and factor structure. *Journal of Child Clinical Psychology*, *26*(1), 87–98.

Shuppert-West, J., Kayser, L., Overton, P., & Saltmarsh, R. (1991). Student perceptions that inhibit the initiation of counseling. *The School Counselor*, *39*, 77–83.

Skar, L., & Tamm, M. (2001). My assistant and I: Disabled children's and adolescents' roles and relationship to their assistants. *Disability and Society*, *6*(7), 917–931.

Snir, T., & Hardoff, D. (2004). Preferences of Israeli adolescents in seeking health services. *Journal of Adolescent Health*, *34*(2), 131–132.

Strickland-Clark, L., Campbell, D., & Dallas, R. (2000). Children and adolescents' views on family therapy. *Journal of Family Therapy*, *22*(3), 324–341.

Stuntzner-Gibson, D., Koren, P., & De Chillo, N. (1995). The youth satisfaction questionnaire: What kids think of services. *Families in Society*, *76*, 616–624.

Tatar, M. (2001). Comparing adolescents' considerations for self-referral and counsellors' perceptions of these considerations: An exploratory study. *Journal of Adolescence*, *24*, 171–181.

Tishby, O., Turel, M., Gumpel, O., & Pinus, U. (2001). Help-seeking attitudes among Israeli adolescents. *Adolescence*, *36*(142), 249–264.

Wilde, M., & Haslam, C. (1996). Living with epilepsy: A qualitative study investigating the experiences of young people attending outpatients clinics in Leicester. *Seizure*, *5*, 63–72.

Woolfson, C., & Harker, M. (2002). consulting with children and young people: Young people's views of a psychological service. *Educational and Child Psychology*, *19*(4), 35–46.