WHĀRAURAU | Sector engagement

Youth wellbeing survey | Access and stigma

In this piece, our Youth Consumer Advisor Tai Benfell and Operations Manager Dr Louise Dolphin, take a deep dive into some of the key statistics noted in the Youth Health and Wellbeing Survey (YHWS) 2025, Tai has a special interest in youth mental health, health inequities and access to care and Louise did her doctoral research investigating mental health stigma among young people.

Tai Benfell – The hidden barrier – finding support

For almost three in ten young people (29.4%), knowing they need support does not necessarily mean knowing where to find it.

And this figure may actually be higher as the data source for the Youth Health and Wellbeing Survey (YHWS) is primarily accessed through schools. So, it does not consider the experiences of young people who are not engaged in education, including rangatahi who are NEET (not engaged in employment, education or training), those who are frequently absent, or those who have already disengaged from systems, or cannot access it without already knowing how the system works.

Consequently the 29.4% figure may only tell part of the story. The young people who are already disconnected from school, health services or other formal systems may also be the young people least likely to know where to seek help, and least likely to be reached by research asking them about it.

Not knowing where to access help is a barrier in itself. Young people are typically expected to navigate a complex landscape of services, eligibility criteria, referrals and different points of entry, often while already experiencing significant distress. Support can be particularly difficult to find when services are organised around diagnoses, thresholds and professional pathways, rather than around how young people actually seek help.

This raises an important question; **If a young person needs support, how easy is it for them to even know where to start?**

Accessibility is therefore not just about whether a service exists, it's about young people knowing it exists and understanding how to navigate the system to access it.

For young people, the pathway to support involves knowing which service to approach, whether they meet the criteria, whether they need a referral, and what will happen once they reach out. When these pathways are unclear, young people can be left trying to navigate the system on their own or may disengage before reaching support at all.

Improving access means making pathways into support clearer, more visible and easier to navigate, while also thinking beyond highly medicalised models of care. Support needs to be available in places young people already are, through pathways that feel safe, familiar and relevant to them, and without requiring them to understand a complex health system before they can receive help

Finding help is part of getting help. If we want young people to seek support earlier, we need to make that first step easier to find and ensure the young people who are already falling through the gaps are included in our understanding of what those gaps look like.

Dr Louise Dolphin – When stigma becomes personal

The YHWS survey reported that 35% of 13 to 19 year-olds said they were too embarrassed when asked why they didn't seek help when they were stressed, down, worried or having a hard time.

In psychology, embarrassment is generally considered a powerful predictor of behaviour. People often change their behaviour to avoid situations where they anticipate feeling embarrassed. Embarrassment sits alongside emotions such as shame, guilt, and pride in that it is a 'self-conscious' emotion[1]. Self-conscious emotions arise when people reflect on and evaluate their own behaviour against social and moral expectations. In other words, an emotion like embarrassment often emerges when we feel we have fallen short of what is considered socially or morally acceptable. On the other hand, an emotion like pride is experienced when we feel we have lived up to the expectations of society. In the context of health behaviour, anticipated embarrassment is linked to delayed help-seeking and avoidance of screening or treatment.

What struck me most in the survey was that embarrassment emerged as such a prominent barrier to seeking mental health support for young people.

Having studied stigma a decade ago, I assumed societal attitudes towards mental health would continue to become less of a barrier. Public awareness campaigns, increased media discussion, and greater visibility of people sharing their experiences have helped normalise conversations about mental health. Yet this statistic tells us that for young people in Aotearoa New Zealand, embarrassment and fear of judgement continue to play a significant role in whether they seek support. The challenge may no longer be getting people to talk about mental health in general but helping young people feel safe talking about **their own** mental health.

Embarrassment is a powerful social emotion that helps people avoid situations where they fear judgement or negative evaluation. For adolescents in particular, where peer acceptance is highly salient, the anticipated embarrassment of seeking support may be enough to prevent help-seeking, even when support is available and mental health difficulties are widely recognised as legitimate.

This highlights an important distinction: while public attitudes towards mental health may have become more accepting, the personal experience of seeking help can still feel socially risky. Young people may understand that mental health difficulties are common yet still worry about how others will react if they disclose their own struggles.

This helps explain why stigma can remain influential **even when** public attitudes appear to improve. A young person may intellectually believe that "it's okay to get help" while simultaneously imagining the embarrassment of others finding out, being seen entering a counselling office, or having to disclose personal difficulties to another person. It is often this anticipated emotional experience, rather than objective social attitudes, that drives behaviour.

[1] Singh, D., & Bhushan, B. (2025). Understanding shame, guilt, embarrassment and pride: A systematic review of self-conscious emotions. *Frontiers in Psychology*, *16*, 1678930.

Research[2] identifies four categories of barriers that may prevent young people from accessing mental health support: social, individual, relationship and systemic. Embarrassment is considered a 'social' barrier. It is rooted in concerns about stigma, judgement, and how others may react if a young person seeks mental health support. 'Individual' barriers (an individual's beliefs and knowledge) include knowledge about mental health and mental health services. 'Professional relationship' barriers (concerns about engaging with clinicians) include confidentiality concerns and previous negative experiences engaging with services. 'Systemic' barriers are practical challenges (e.g. cost, availability, or accessibility of mental health services).

Embarrassment is distinct from other barriers that can influence help-seeking. For clinicians, this distinction matters. While service improvements can address structural barriers, reducing embarrassment requires creating environments where seeking support is viewed as a normal and positive step. Tackling stigma and fostering psychologically safe conversations may be as important as expanding access to care.

[2] Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). *Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies*. *European Child & Adolescent Psychiatry, 30*(2), 183-211.