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"Take me Seriously and Accept me as I am" – Understanding the Help-Seeking Process and the Counselling Relationship when Working With Young People Who Use Drugs

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Key words

Young adults; substance-related disorders; psychosocial support systems; counseling

Abstract

Aim: The aim of this part of a large-scale study of psychosocial distress in young people was to investigate the characteristics of the help-seeking process and the significance of the relationship with the professional in the help-seeking process of young people who use drugs. **Materials and Methods:** We used qualitative methodologies, specifically framework analysis. The sample included 18 young individuals aged 16 to 25 who were participating in various DrogArt Association programs at the time of the study and had drug use or other psychosocial concerns. The three most common types of discomfort indicated were depression, self-harm, and anxiety. All of the young people engaged reported experiencing several distresses. **Results:** The findings suggest that the young people initially sought assistance from public institutions such as psychiatry, general practitioners, or school counselling programs, but few were given assistance. A third reported seeking help on their own, while a third sought informal support for their difficulties. The relationship with the professional is critical both in the early phases of seeking help and in keeping young people engaged in the support process. Professional attitudes that were mentioned as supportive included trust, understanding, and confidentiality. They value safety, a personalized approach, and acceptance. Professionals in the help process exhibited unhelpful attitudes such as disinterest in assisting, imposition, lack of understanding, impatience, and superficiality. **Conclusion:** When seeking and maintaining help for their problems, young people expect professionals to take them seriously and accept them for who they are. A supportive attitude from experts is a key aspect in young people's perseverance in the help process, so knowing their concerns and feeling trusted can be critical building blocks for successful programs to assist young people in psychosocial distress.

Introduction

Working with adolescents and young adults who use drugs is one of the main challenges facing programs working with people who use drugs (PWUD). However, due to their sensitivity, under-18s who use drugs in a problematic or high-risk manner can provide extra

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difficulties for experts who work with young people in programs and provide counselling. Young people often have difficulty making decisions about whether to participate in support programs or are reluctant to do so due to a variety of barriers. The biggest obstacle facing young people experiencing mental distress when trying to get help is their desire to keep their problems hidden out of fear of stigmatization and repressive or inappropriate reactions [1,2]. Young people tend to wait a long time to seek help because of these issues (ibid.). It is frequently too late for clinicians in medical outreach programs to properly evaluate young adults who use drugs and offer appropriate evidence-based treatment because they lack the necessary expertise or comfort [3]. Effective preventative treatments in a range of settings are critical in addressing social skills, problem solving, and self-esteem in the context of child and juvenile drug use [4]. However, it can be problematic for adults to construct treatments and school-based drug education programs without consulting young people [5]. By creating interventions that adults and experts believe are suitable for young people, we may be marginalizing them (ibid.). Without their involvement, we also make it more difficult for them to get assistance through less suitable programs. This article describes one of the methodological strands of a large-scale research of support networks for young people experiencing psychosocial distress in Slovenia [6]. The primary aim of the methodological strand, which examined a group of vulnerable young people with a history of drug use, was to investigate the characteristics of the help-seeking process and to determine what motivates young people to seek and remain in help. The importance of the relationship with the helping professional and what aspects of this relationship can encourage young people to continue in the helping process was another area of specific focus for this strand. Based on young people's experiences seeking help, their interpretation of an appropriate attitude of professionals in the help process, and their suggestions for tailored help, we will be able to make proposals for redesigning the network of programs for young people in psychosocial distress to better meet the needs of help seekers. Online interventions and virtual day centres were also investigated as part of the research, but due to the scope of the issue, they are covered in a separate article [7].

Young adults seeking assistance should have access to a variety of evidence-based support programs, ranging from psychological to pharmacological and harm-reduction interventions, all customized to the needs of young people in the least restrictive environment [3].

Materials and Methods

This publication covers the methodology for a larger research project, Support networks of youths in psychological distress, which was built on a preliminary study [1,6,8]. It looked into the differences between online and traditional help-seeking, as well as help-seeking processes in young people who use drugs. The section of the methodological strand that dealt with online interventions and virtual day centres is provided separately due to its comprehensiveness, as it employed the same methodology on the same sample [7].

We intended to include primarily young individuals who were in open public spaces and not actively participating in existing support networks, but due to the COVID-19 outbreak, only a third of them were included in the final sample. We extended the sample to the DrogArt Association's programmes, in which young people were more or less actively participating, as well as the organisation's online Discord day centre, which for some was their first contact with help. In this way, we were able to speak with young people who had previously sought and received help but then resorted to DrogArt for assistance with further drug-related issues.

The research described in this chapter included the design and implementation of outreach work, a day centre and an advice centre, as well as the development of online interventions (which, in addition to the online day centre mentioned above, involve short or long conversations with young people about their problems using a chat mode on social networks). This allowed us to determine, before starting the research, what information was already accessible on the young people, both at the day centre and in the organization's other activities, and what we still wanted to know, given the goal of the research. The target group of vulnerable young people who use drugs was especially prone to self-harm and suicide ideation, anxiety, panic attacks, and avoidance of psychiatric therapy and various forms of assistance. Because we knew little about where and how they had previously sought help, as well as their experiences with it, we devised a list of research questions to ask the young people during our interviews.

As part of the research, we were interested in where the individual had been 'offered' and where they had sought help, their awareness of programs or forms of help, and the significance of the relationship with the professional in the process of seeking/receiving help.

We employed a qualitative approach and a semi-structured interview to answer the research questions listed above. The interview was divided into four thematic threads, each with its own set of questions that the interviewers were permitted to add to meaningfully. Following the interview, they completed a brief anamnesis on a prepared form, noting demographic information, socioeconomic status, familial risk factors, and so on.

For the analysis of the interviews we used framework analysis [9,10], where we developed a typology of responses based

on the research questions above and used a deductive approach to create a framework of six categories (Help-seeking, Adequacy of help, Importance of the relationship, Barriers, Tailored programs for young people and Online forms of help) and then, by re-analysing the text in an inductive way, we looked for non-set codes that complemented the framework, e.g. 'trust' or 'understanding'. This article just discusses the categories 'Help-seeking' and 'Importance of the relationship', whereas the other categories are covered individually [7].

Data was collected between November 2020 and August 2021, with a sample drawn from the DrogArt Association's various programs and events. Due to the constraints of the COVID-19 epidemic, we conducted just over half of the interviews in person, and the rest via videocalls. Interviews were recorded with consent. The majority of the young people were involved through the Discord virtual day centre, with the remainder participating in the organization's other initiatives listed above [7]. The initial inclusion criteria were age under 25 and presence in open public spaces in Slovenia, but due to movement restrictions during the epidemic, we expanded the sample to include young people who participated in DrogArt Association programs (counselling, day centre, etc.) and were involved in fieldwork in open public spaces in Ljubljana. The survey included 18 participants.

The research followed the University of Ljubljana's Code of Ethics for Researchers. In accordance with the Code, each participant was informed of the purpose of the research, the possibility of withdrawing at any time, and their anonymity, and they were compensated with 10 EUR for their participation, which was a small enough sum at the time of the research to not be the only motivator [11].

The findings are presented in chapters that represent the framework's key categories or components, with particular codes highlighted in bold. Each quote is also linked to the interview number from which it was obtained.

Results

Sample characteristics

The sample comprised of 18 young people aged 16 to 25 at the time of the interviews. The sample's average age was 20 and a half, with the majority of participants (5) aged 20 at the time of the interview. The sample was gender balanced, with eight males and nine females, along with one person identifying as non-binary.

At the time of the study, half of the participants lived in families with average socioeconomic status, one-third characterized their position as below average (poverty or material hardship), and three described their family's socioeconomic level as above average.

The sample of young people had experienced a range of mental health problems and distress at or before the time of the interview. The three most common were depression or low mood (10), self-harm (6) and anxiety (6). Suicidal thoughts or attempted suicide (4), panic attacks (4) and anxiety (3) were also reported. Other types of distress, problems or disorders mentioned included self-punishment, eating disorders, personality disorders, sexual and physical violence, identifying as non-binary, alcoholism in the family, being identified as a child with special needs, obsessive-compulsive disorder, acute schizophrenia, neglect, experience of homelessness, running away from home and hyperactivity. Among the 18 respondents, no one mentioned only one of the listed hardships or none at all. During the hardship, the vast majority (15) of the young people in the sample lived with their primary family, while the remainder lived independently, in a student residence, and with their mother and stepfather (ibid.).

Given the purpose of the study, we included young people who were actively using drugs or who had stopped using drugs at the time of the study. As detailed in the preceding section, they took part in one of the DrogArt Association's support programs or in outreach work with vulnerable young people in an open public place in Ljubljana. At the time of the survey, a small proportion of participants indicated occasional drug usage (e.g., once or twice a month). A greater proportion claimed having used various substances from the psychedelic, stimulant, and depressive groups but had since curtailed their use. Some also described high-risk use, including injecting heroin. Almost a third had stopped using drugs or were only using them moderately, and three had previously participated in a specialist support program (other than DrogArt).

Various methods of seeking help

In terms of help-seeking, the first study question inquired about where young people had been provided help, where they had sought it themselves, and what kind of assistance they were familiar with. The analysis of the accompanying forms reveals that the vast majority of the young people in the sample sought assistance from various organisations. Only one young person had sought help twice from a private hypnosis therapist before contacting DrogArt. Almost three quarters of the young people in the sample had already sought assistance or been referred to a specialist psychiatrist (outpatient therapy) or an NGO. A high number (11 out of 18) have received treatment from their school, school counselling service, or a social work centre (10). Half of the young people in the sample were admitted to a psychiatric facility. One third had been treated by their family doctor. A rather substantial number (7 out of 18) had sought therapy from a private psychotherapist on a self-pay basis, including two from a licensed therapist. Just under one quarter of the young people have participated in an educational or residential group.

First contact with a formal type of help

We also inquired about where young people first encountered formal types of help. The majority of the young people in the sample sought help before reaching the age of 20. A high number of the interviewees sought support from their elementary or secondary school's counselling department, as well as a psychiatrist. At the age of seven, the youngest participant in the study sought assistance from a psychologist in the first grade of elementary school. For those who sought care on their own, it was primarily in a psychiatric clinic or psychiatrist, where it was critical that the assistance was free and that they had nowhere else to go... *"And because the mental clinic is the only free choice, and I don't have the funds to go elsewhere. Besides, I have no idea how to discover anything else. So a mental clinic, a doctor, or a psychiatrist, for example." (INT 1).* One young person independently sought help at a counselling centre for children and adolescents at the age of 13 ... *"I heard that they were offering free therapies at [name of org.], so I went there, but I didn't tell my parents." (INT 15).* In addition to a psychiatrist, other first contacts with help included psychotherapy, help from a teacher at school outside of the counselling service, a social worker at a primary school, and an NGO.

Some of the young people in the sample first sought help in various psychiatric departments and units or from a psychiatrist, and some were later hospitalised once or several times. *"I myself was hospitalised twice when I wanted to kill myself. At the time, a friend of mine knew about it and somehow found me in the woods, so she convinced me to go to a hospital or she would call an ambulance. They immediately sent me to Ljubljana, where I spent three days on machines before being transferred to the children's ward. The situation there was dire, ..." (INT 4).* Some of the individuals were admitted to psychiatric care at a young age, such as seven years old, and later hospitalized. *"Yes ... well, from around the age of nine, when I was first admitted ... one year later, I tried to hang myself. This occurred one year later at [educational institution]. People saw me and saved me. This genuinely irritated me at the time ... I wanted to die already. Then came five years of depression, hatred for life, and loathing for myself ..." (INT 17).*

The majority of the young people in the sample did not seek help on their own, but were assisted by friends or parents, or were 'forced' to accept help. *"When my mother discovered that I had acute schizophrenia, she just knew that something was wrong with me. She directed me to psychiatric clinic. She didn't know who else she could turn to for support. It wasn't until a few weeks or months later, when I wasn't as psychotic, that I realized what was going on." (INT 3).* And another example of being forced to accept help is e.g. *"As a disturbed adolescent, I had the wrong impression about help – that it was pushed on me because I was unusual or something was wrong with me. Yeah, basically, my parents and institutions forced me to get therapy, or I went there on my own, because I didn't want to cope with it at home, so I went to an institution voluntarily to escape it all. Otherwise, I struggle to accept help, especially when it comes to taking the initiative myself." (INT 2).* The first or subsequent contact with assistance or accommodation was not voluntary for three interviewees ... *"The police, basically. I was supposed to go to [name of organization] every month or two weeks to chat. We had troubles at home, I wasn't approachable, communication was poor, and I was acting as a scapegoat, generating problems and fleeing the house ... And, sure, by the time I was fifteen, I was receiving treatment at [name of organization] and attending sessions there." (INT 2).* One of the respondents experienced many psychiatric hospitalizations, beginning in a crisis centre and progressing to a residential group. The following is an example of a young person who was placed in one residential treatment institution and later transferred to another: *"I was in a residential treatment institution from ... about ten years of age and I was expelled because I resisted the system, but [name of the institution], along with my family, put me back in a year later ... That was not the first time, though. The first time was the children's psychiatric clinic. A crime against humanity, that. Well, against childhood at least." (INT 17).* One interviewee was referred by her parents to a drug help organisation because of her cannabis use.

We were particularly interested in whether the young people had received any formal assistance from any organisation. Young individuals who had been offered support were exceedingly rare in the sample, with the majority of respondents reporting that they had not been provided any help. In three examples, young people explain the assistance provided, such as in a student residence. In most cases, as previously stated, the first contact was initiated at the request of the parents or young people themselves, with no assistance supplied by experts. Parties were one way people made contact. This is where one interviewee became acquainted with a programme.

Independent help-seeking

This interviewee's response aptly summarizes the problems that young people face while considering whether to seek or accept assistance from others: *"Yes, I've always been reluctant to ask for help from anyone, whether it's a small thing or a big thing." I'm not sure, maybe I just don't believe in myself and don't want to ask, because I know I'd rather try three times my own before asking for help, like a little girl pleading." (INT 13).* They seek assistance only when it is really necessary, and they may even refuse it before that. Young individuals in the sample often stated that they were looking for a safe setting where they felt accepted: *"Not help, more an environment where I felt good, safe, and okay..." (INT 14)* rather than primarily help. Those who sought help on their own had varying experiences. One of the young women explains her own search for

assistance: *"I was never provided assistance since I never spoke to anyone. However, I did try to discover it myself a few times. It was all bizarre, yet... [laughs]. Yes, I travelled to Ljubljana and rode the bus to the psychiatric clinic, where I told them I needed treatment because I couldn't handle it any more. So, I got it. And the first time I came into contact was when I was about to commit suicide. I did get help twice. But I eventually lost my courage and avoided it." (INT 4).* Independent help-seeking at the Counselling Centre for Adolescents is also described in the example (INT 15) of one young person seeking help at the age of 13.

Informal types of help

As previously stated, young people initially sought assistance from their peers, siblings, and parents. For example, an interviewee claims that his ex-girlfriend informed him about the online day facility. Some of the sample's respondents did not get or mention any help from friends. Friendship wasn't always enough. Respondents claimed that they were not taken seriously or did not obtain a satisfactory response. Some respondents also stated that they did not receive support from friends because they did not show or express that they needed it, or because they believed their distress was too high for their friends to assist them. A good example of friends supporting help-seeking –*"Yeah, she basically just told me that what's happening to me is not okay, that it's not normal and that there is help to be found and that these problems can be solved." It was a one-on-one talk between pals. And I hesitated about it for a while, but when these episodes began, I realized that, yes, this is happening, and I do need help." (INT 6)* – or assisting in help-seeking: *"So now I have found a therapist through my friends ..." (INT 15).*

Importance of the relationship in the help process

One of the research topics addressed the significance of the interaction between the professional and the adolescent in the support process. We began by searching for two relationship-related codes (categories) in the text. We focused on supportive connections as well as less acceptable or improper partnerships, as seen by young people. Later, based on the interviews, we included a category for persisting in help, which included information regarding what motivates young people to continue with the help process.

Supportive relationship

In the section on help responding to the needs of young help-seekers, we mentioned how crucial it is for young people to be able to trust and to feel accepted. In the follow-up interview, they were asked specifically how they felt about the professional's approach to assisting the youth, as well as the relationship between the two.

The three most commonly identified relationship building factors were trust, understanding, and confidentiality. Trust was mostly about trusting the professional participating in the help process (counsellor, therapist, educator, medical staff, etc.), but confidentiality was about respecting privacy, which is typically one of the components of a counselling or therapy agreement. Only two reference samples from the interviews will be provided for the most commonly highlighted codes.

The most frequently expressed building block of a supportive relationship is trust in the professional. *"In a relationship, trust is important to me, building trust is important to me. When the person establishing this relationship listens to you, respects you and is willing to help. This shows that they can be trusted.« (INT 3).*

Another frequently highlighted relationship building block, according to the young people, is understanding from the professional: *"The most important aspect is understanding ... I don't know, just a non-judgemental environment in general, so that the person is not bothered by your hardship ..." (INT 7),* and: *"Luckily, everyone was nice and understanding with me. From what I've heard, that is not everyone's experience though. But they were nice to me, and supportive. And very friendly in a way, which gave me the positive energy to speak out." (INT 4).* One of the most important factors for young people, aside from understanding, is that their difficulties are addressed seriously. *"Yes ... I think that's the most important factor. To have someone take your problems seriously. To have them actually understand." (INT 9).*

The third commonly mentioned relationship building block was confidentiality or privacy. As previously stated, this is a separate code from trust in that it refers to upholding the therapeutic agreement and what and under what conditions the counsellor/therapist may divulge during the help process. Although young individuals in the interviews referred to it as trust, the code differs due to its connotation. *"It's built on trust, I believe, but more from the professional's perspective; respecting privacy and such. So you don't have to be concerned about your parents, other institutions, or the police discovering your secret. Trust is extremely crucial." (INT 5).*

Other relationship building blocks included equal treatment on the part of the professional, which allows them to maintain authority without degrading the young person. *"Our residential group had very personal relationships. Almost friendlike. There was authority, but not the type that humiliated us. I think it was really a familial atmosphere. I believe that is ... very important, yes." (INT 18).*

Safety is also important to them in their relationships, *"It's very important, because if you're entering into a relationship like that, it has to be safe and stable, and that's where it really means a lot to me that I feel safe with the therapist, that is to say that I know that she's not judging anything that I'm saying, I know that she's not evaluating anything that I'm saying, but it's*

really more that I'm expressing myself and my feelings are coming out, that she's not just dictating what I should say. So the relationship is very important." (INT 14), as well as a safe space, in which they believe they can effect change. *"Above all, they provide a safe place, a safe relationship, so that you can build on that in order to make some changes." (INT 2).*

It is important to them that the professional accepts them: *"The foundation is that the person accepts you as you are and doesn't expect you to change. This is what I find most important in building [the relationship]." (INT 8).* They also emphasise that they are more comfortable when the professional is non-judgemental: *"It is a sort of maternal relationship for me, which makes me feel that the relationship is very open, that I can say anything, that I have someone who will not judge me no matter what I say to them. And it is a very open relationship, I don't feel judged. Even when I cancel a session, I don't have to worry about her hating me now or anything like that." (INT 12).* The non-judgemental attitude of the professional can also be linked to the code of safety highlighted earlier, as non-judgement in the helping process can build a sense of safety, which is one of the starting points for a successful help process.

Below are the codes that can be linked to the characteristics of the professional, the way they work, and the methods or techniques that are appropriate to the young people in the help process.

The first of these relates to good communication and active listening. *"Above all, listening from both sides, being open and letting people have their say." (INT 12).* and *"I don't know ... the most honest answer I could give is that it is a mixture of verbal and non-verbal contact. I find that when the person sitting opposite you is calm, they listen to you, and if they don't understand something, they will ask you exactly what you meant." (INT 16).*

They like empathy and non-intrusive help from the professional: *"Very good. They are more empathetic, they listen more, they know when I'm not comfortable talking about things. That is why I like [name of org.] so much.« (INT 3)*, and: *"I feel that the people at [name of org.] always try to reach their users by establishing an equal footing. Sure, there's a program involved, but the relationships are human, casual and natural. Of course you have the intention to help and you stick to certain principles, but you don't try to force ideas on people." (INT 2)*, but also patience and making the young person feel that their difficulties are important: *"Yes, must say that they were all very patient and they actually helped me, that was great, made it much easier for me; I wasn't worried that I was wasting their time or that some other person with greater distress should be in my place ..." (INT 6).*

It is also important to them that the relationship or the professional is 'human' and genuinely interested in the young person: *"Personally, I read people very quickly, and I can see if they are interested. For example, if the professional is light-hearted during the talk, that's an OK approach, well, a friendly one, sort of." (INT 4).* and *"It is built on ... yes, a human approach. So that it isn't just a conversation with a therapist, psychiatrist or psychologist. But between two people. Where one person listens, one person shares a story. I think that's very important. They enter the conversation with a background of knowledge and training, not in a condescending, but in a really gentle human way." (INT 18).* It is also important for the professional to be friendly towards the young person and to establish a relationship with them on an equal footing.

Unsupportive or inappropriate relationship

In contrast to connections with professionals that young people feel suitable and supportive, we sought to understand what they dislike or find aggravating about the relationship. Some of the codes in this category have the opposite characteristics of a helpful relationship as previously defined.

Of all the features of an unsuitable relationship, the one that irritates them the most is the professional's lack of interest/motivation to help: "The only thing that truly irritated me was the fact that she was so uninterested. *She would just look at me and ... [shakes head, tuts].* That is very harmful to the relationship. *The cold-blooded 'yes, yes, ok ...' leaves a really bad feeling." (INT 4).* One young person describes a poor experience when seeking psychotherapeutic help: *"The fact that I went to a residential group and I needed psychotherapy, some help. They first put me in [location], at the health centre, which I didn't enjoy. The lady there said to me: 'I'm getting paid for these hours anyway, you can be quiet...'" (INT 13).* The following quote from one of the young people shows a lack of time on the part of the professional: *"With the school counsellor in the eighth grade of primary school, the only problem was that she was very busy, working on the computer all the time. Sometimes I felt like I was speaking to myself. It was around the end of primary school; I didn't mind because I knew I wasn't the only one there and she had other responsibilities." (INT 5).*

Another sign of a non-supportive relationship is a lack of understanding. *"If I'm abstinent and have a relapse or anything, and I come to [name of organization] about it, I feel like everyone is criticizing me. I don't know, I didn't get any understanding or somebody to accept me and help me get out of it, even if it was only to chat to. Whereas at [name of organization], I got it, or would have received it if I had come here." (INT 2).*

They are bothered by superficial attitudes of professionals, which may partly overlap with the aforementioned disinterest: *"Superficial. The conversations moved at a rapid pace. And it wasn't easy for me to confide my problems there …"* (INT 3) and *"the paedopsychiatrist put down some papers, wrote a few things down, asked how I was, and, I don't know, probably wrote that I was fine, and that was it, more or less. I was a bit put off by that approach, it didn't seem human. You're sitting across the table with them, but it's like visiting the doctor's office."* (INT 16)

They are also not comfortable with degradation and subordination in their relationships. One example from an interview where a degrading attitude is mentioned: *"[The relationship] is ruined when you are not being taken seriously, or even humiliated or ridiculed. Or when they act like they know better. Which is technically true, of course, but it sometimes comes out in a really bad way. But I think it's very important that they are patient with you and that they believe what you say ..." (INT 6)*, and another expressing subordination: *"Always, in every other program I was in, I was still a minor, plus I had a slightly different experience of authority then. So I felt very subordinate to these workers, to everybody. Although at [name of org.] the program is also set up in such a way that these residents or patients are in the hospital and they follow a system, they follow the rules, and the employees are actually their superiors. It is part of the program, which of course has its purpose. At [name of org.], I experienced this social worker as an authority that I had to avoid, to somehow satisfy her with my answers just so she wouldn't pry further." (INT 2)*. The following example also describes 'forcing change' when the adolescent was not ready to do so: *"For me, it's too much interference in things I don't want to change or I'm not ready to change yet. And being told that you don't need to change the way you are, however, this is not ok, and that is not ok, etc. I mean, what? So, yeah ... being forced, and changes you are not ready for." (INT 15)*.

Two interviewees also describe feelings of insincerity and not being heard ... *"... that the person is not interested at all, even though they keep asking you. People don't always say what they think, so they'll say, 'go on, tell me, you can trust me, you can be honest with me', but then you see it's not like that at all, because they are making assumptions about you, and it's not appropriate to treat people like that." (INT 13),* and, as an example of insincerity and not 'clicking' with the professional ... *"Yes, very much so. If that person ... if the relationship is not good ... if there is no honesty, there is nothing you can do. The other thing is that ... I don't know ... If I don't like the person, I just can't do it. The relationship is very important to me." (INT 15)*. Another, slightly lengthier, example is of a young person for whom the professional's refusal to listen resulted in a reluctance to be helped, and the quote also contains the aforementioned code indicating the professional's indifference in helping. *"I was hoping for help or support, but I was quite disappointed. After a few of these encounters, I became hesitant to accept help from others. Because I felt extra desperate and hurt as a result of that. When things like that happen to you over time and you need someone to help you, but you notice that they aren't listening to you, are giving you useless advice, or don't know what to do ... I don't know. I assumed there was nothing there for me." (INT 16)*. Several interviews also revealed that the young people were put off by professionals giving or imposing advice.

One young person also identifies the inconsistency of the professional's reactions as an inappropriate aspect of the connection, which can also show itself as 'unresponsiveness' to the young person's needs, where the professional 'misreads' or fails to hear the young person's needs: *"The relationship is ruined for me by a kind of inconsistency of response, so that if I point out one problem and they respond to it in a very accepting way, and then the next one they respond to in a judgmental way, it breaks down the trust I have in that person, because that makes them inconsistent and unsure in my eyes."* (INT 14).

A last example of an inappropriate or unsuitable attitude is a professional's failure to maintain confidentiality. *"Some of them seemed good. But others... I had one counsellor, but then moved to another owing to a specific issue and what had occurred. We got into a fight because she said she would not tell anyone else. Three or four days later, I hear from my mother about what I told the counsellor." (INT 8)*.

Importance of the relationship with the professional for young people's persistence in the help process

When developing assistance programmes for young people who use drugs, it is critical to understand what motivates them to remain with the process and what causes them to abandon it. This question was posed independently, and the responses or codes that emerged are closely tied to the supporting connection indicated above, which can understandably be 'linked' to young people remaining in the help process.

Young people remain in help when they trust the professionals in the process and when they are taken ***seriously***: *"I could always open up to anyone, as long as they offered and I could see that they were a good person. So I couldn't tell you about getting involved in help, because I'm the kind of person who could just tell anyone my problems if they were willing to listen. But staying in the process ... I don't know, I guess I was lucky or I had a feeling of whom I could trust, because so far I ... I stayed away from people who didn't take me seriously."* (INT 1) Some persist because of the aforementioned feeling of acceptance: *"I think it is very important. If you don't feel welcome, cared for and supported, you might as well just leave. When you feel like you are just being a nuisance. Or if you don't feel comfortable with the person – you go away, like anyone would. But if there is an environment that is welcoming, friendly and chill, people will be attracted to it, since it enables them to relax and trust. I think it's very important to have a place like this." (INT 4)*.

Similarly, the previously emphasised understanding and support from the professional were important for remaining in help: *"I think what helped me persist was that I had a feeling of sincere support and understanding. I used to think, when I was younger, that support was about being given advice on how to solve your problems. But it is not. I think ... so that's what turned me off of previous forms of help. The atmosphere in the office was so cold. Plus, they would just dish out advice. There was no genuine contact." (INT 16)*. And another example, which, in addition to understanding, also expresses hope

that the situation will improve: *"Some encouragement. Something like, 'yes, you were right in that situation,' some sort of support and understanding – which you don't always get unconditionally, so for me it is ... Above all, some sort of hope that I will get better, I think. I really want to get better. That's what drives me to keep going." (INT 18).*

They are also more inclined to stay with a service that does not feel forced on them and allows them to leave if they are unable to continue. *"I believe that if there was another person around or if they were invasive in any manner, I wouldn't have lasted as long as I did. But, since I had the option of leaving the group, I decided to stay for another two years." (INT 18).*

Next is the aforementioned patience of the professional: *"Yes, I think it's very important that they are patient, that they listen to you and that even if it sounds like you're crazy, that they believe you, because usually – you are crazy. And sometimes I hear about professionals being rude or impatient or whatever, I always think, oh, good thing I didn't encounter people like that." (INT 6).*

When asked why she persists in help, one young person says she appreciates her therapist's approach: *"Because I don't really have anyone to talk to like I can talk to [name]. Sometimes I'm not sure if I'm the weird one, or if other people are, so they can't communicate with me ... and it's enough for me to hear myself, and even if we're not talking about a problem, or something trivial that doesn't bother me, just being able to share is very important to me. And you can feel it: as you work through some challenges, your perspective on the world shifts." (INT 13).*

One interviewee mentions that she needs to make sense of the help offered and requires an appropriate approach in order to persist. *"Yes. Very, very much so. I guess that if I liked the professional and their approach, I persisted even if I didn't notice any immediate results. If it looked like they didn't have the best approach, I didn't see the point in persisting. First of all, it is wasting time; the one hour you're there plus half an hour's drive there and back ... the couple of Xanax I'd get out of it are just not worth it, I'm sorry." (INT 7).* Another interviewee, in response to why she stopped the help process, says that it ended prematurely at the initiative of the professional: *"I find this very important. I had a psychologist who, after a couple of months of trial therapy, ended up saying that she couldn't help me anymore. And for me, that was ... I didn't like it at all, because I still needed a lot of assistance. But she ended up sending me somewhere else. That was the only time I felt really bad about it ... hearing that she couldn't do anything for me after two months of therapy. That didn't sound right to me. I had higher expectations that she would be able to help me for a longer period of time." (INT 6);* she goes on to explain that she did not 'click' with the professional: *"Yes, in fact I found myself another psychologist. But he wasn't exactly what I was looking for. You know, you have to see the psychologists once or twice to know if they are a good fit. This one wasn't it. And now I'm looking again or waiting to apply for something else." (INT 6).*

One final example from the interview that summarizes the previously discussed principles of listening, comprehending, and treating young people seriously by professionals: *"It is extremely vital to be gentle with mentally ill people, to take them seriously, and to listen to them. That is also the most significant aspect for those with social anxiety. Many people I know have had unpleasant experiences with psychiatrists and psychologists and have never returned. So I think it's the most significant aspect. I'm not sure why these people are psychologists, psychiatrists, or whatever, if they don't take their patients seriously. In my opinion, that is the most significant component. If I had come to this closed ward earlier – which is what happened to me this year, after I'd already learned so much about my illness and other illnesses – I would never have returned, and I would still be in dire straits, if not dead." (INT 1)*

Discussion

The following findings came from the portion of the research that studied the help-seeking process of young people who use or have used drugs and were in contact with DrogArt programs at the time of the study. All of the young people in the sample reported having at least one psychosocial or mental health condition for which they had sought help in a variety of ways, including participating in various programs given by public and private non-profit organizations or online support. Two thirds of those interviewed had encountered problems before the age of 15, with an average age of 12. The sample was primarily made up of persons who had stopped using drugs for various reasons or who used drugs infrequently, with a quarter of the young people consuming illicit drugs, primarily cannabis, on a regular basis. However, the vast majority of responders had a history of drug use, some of which was high-risk. Three of them were already enrolled in another specialized program for illegal drug users (in addition to the DrogArt sessions). The findings on the various types of suffering described by young people are consistent with those from other research, which reveal that between 50 and 90% of young people with drug problems also have mental health problems, including conduct disorder, anxiety, and depression [12,13]. The last two, along with self-punishment, were among the most prevalent in our study. Several studies have found that young persons with substance use disorders (SUDs) and alcohol difficulties may have several mental diagnoses while seeking treatment [14,15]. In our sample, half of the young people were admitted to a psychiatric institution. Studies have also revealed a gender gap, with females undergoing therapy allegedly having more linked mental health problems than males [12,16]. On the other hand, studies have indicated that a sizable proportion of

young individuals with drug problems do not report any mental health issues throughout the first phase of treatment [12].

A high number of the young people in the sample did not seek help on their own when they were in distress. They received assistance from friends or relatives, and some were obliged to accept support due to hospitalization or court orders. Some of the young individuals sought care from various mental facilities and departments. Just under one third of young people report seeking first or subsequent treatment independently in an institution and encountering resistance and difficulties, such as delaying or downplaying their problem or difficulty. One-third of the young people received informal assistance from friends, partners, or family members. Those who did not receive or received insufficient help claim that they were not taken seriously, that the support did not arrive at the appropriate time, or that they did not accept or demonstrate that they required it. In only three situations were young people offered formal assistance by an institution when they did not seek it themselves.

Young people might thus be extremely vulnerable at the start of the help-seeking process, particularly when confronted with resistance and hurdles, and when they are hesitant to seek treatment for psychological suffering. They need to be supported in their search for help, especially since a huge majority of them do not receive informal support at this critical stage of the process where they must be taken seriously. In our study, various public institutions played an important role in the first stage of young people's help-seeking process, particularly health care institutions such as psychiatric hospitals (where half of the young people were admitted) and general practitioners (where one-third of the young people were treated). In addition to healthcare institutions, some young people received their first treatment at a school counselling service or a social work centre. A sizable fraction sought assistance at their own expense.

Because some of them will not seek help on their own, it is critical that they have information about where and how to get help in times of need, and that these key institutions are staffed by professionals who are especially sensitive to the needs of young help-seekers and trained to work with young people, or that these professionals are part of multidisciplinary teams with other specialised organisations dealing with young people's psychosocial distress [3]. The clear link between mental health and substance use disorders emphasizes the necessity of integration in treatment, as well as the requirement for a multidisciplinary strategy that addresses multiple co-occurring problems at once [12,13]. This may be the greatest solution for many young individuals who struggle with drug addiction (ibid.). Otherwise, institutions' narrow emphasis can result in a revolving door effect, in which the young person is sent from door to door with the message that their services are inappropriate for the young person or that the young person does not fit into their framework [17].

Because young people already struggle to seek help and begin treatment on their own, a positive reception and customized approach by experts is critical in the support process. Our findings indicate that a supportive relationship with professionals is critical in assisting young people to manage their challenges and persevere in the treatment process. The most often cited supportive attitudes of the professional during the help process were trust, understanding, and confidentiality (in terms of protecting personal information). They value safety, a personalized approach, and acceptance. The professional's approach should be non-judgmental and non-intrusive, and the professional's support should be based on the young person's needs. Unsupportive relationships are characterised by the professional being uninterested in helping, imposing, non-understanding, demeaning, impatient and superficial. In order to achieve a positive outcome in the solution of their problems, it is good for young people to persevere in the help process. Our research results show that a supportive relationship is an important factor in keeping people engaged in the process, while at the same time they need to trust the professionals and feel that they are being taken seriously. Also important is their understanding of their difficulties, as well as the notion that they are not being forced to accept help. The findings are consistent with those of Hadland and associates, who defined beneficial interventions as ones that are personalized to young people, non-restrictive, voluntary, and involve continual contact with young people [3]. This can be a recommendation for those working in help programs, but it requires a good deal of empathy and understanding of young people, and is understandably difficult to achieve.

We must understand the results of this study with a certain limitation, namely that of the qualitative research and the relatively small sample of young people participating in various DrogArt Association programmes. One of the limitations of the research, in addition to the relatively small sample size, was that a large proportion of the young people in the sample were involved at the time of the research in an organisation whose way of working with young people who use drugs is based on acceptance and understanding of their problems and an approach that is not intrusive or coercive. The selection of the organisation therefore had a certain bias towards positive experiences in the help process. Thus, they described a method with which they had favourable experiences while also distinguishing it from prior negative encounters. Understanding the supportive attitudes of

professionals can help us to design new or improve existing programs for young people with drug problems, as this will help us to better respond to the needs of young people seeking help.

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Conflict of interest

None to declare.

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