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Help seeking for emotional and behavioural problems in children and adolescents

A review of recent literature

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Introduction

Studies have repeatedly shown that a substantial number of children and adolescents suffer from emotional or behavioural problems [3, 46]. Although these problems can hamper everyday functioning and well-being, only a minority of disordered children and adolescents receive help from mental health services [6, 17, 33].

In order to improve our understanding of this discrepancy, it is important to investigate factors that influence the process leading to receiving professional help. The model proposed by Verhulst and Koot [44] provides us with a useful framework in this respect. Following Goldberg and Huxley [21, 22], the help-seeking process

■ **Abstract** In order to understand the discrepancy between rates of child and adolescent psychopathology and rates of mental health service use, variables influencing the help-seeking process need to be investigated. The present article aims to extend and refine previous findings by reviewing 47 recent empirical studies on parental and adolescent problem recognition and help seeking, and problem recognition by the general practitioner (GP). Several variables (child age, the presence of medical and school-related problems, informal help seeking, past treatment of parents or relatives, family size, and type of maltreatment) were discovered to influence parental/adolescent problem recognition and/or help seeking, while refinements were

found for the effects of type of psychopathology, child gender, adolescent attitudes and personality, parental psychopathology, social support, and sociodemographic variables. Although recent studies uncovered several determinants of problem recognition by the GP (child gender, age, past treatment, academic problems, family composition, life events, type of visit, and acquaintance with child), this aspect of the help-seeking pathway remains relatively uncharted and, therefore, needs to be the focus of future research.

■ **Key words** help seeking – child and adolescent psychopathology – problem recognition – mental health services

for child and adolescent psychopathology is described as consisting of five levels, each separated by a filter. The filters refer to [1] parental recognition of the problematic nature of the child's behaviour and the subsequent decision to consult a general practitioner (GP), [2] recognition of the child's problems by the GP, [3] the GP's decision to refer the child to psychiatric care, and [4] the psychiatrist's decision to refer the child from outpatient to inpatient psychiatric care. Several variables in the child, parents, family, GP and environment were hypothesised to influence these filters (Table 1).

Although many researchers have acted upon the request for more research in this field, to our knowledge these findings have not been systematically reviewed in the decade following Verhulst and Koot's work. The

Table 1 Variables influencing filters 1 and 2 in the help-seeking process (adapted from Verhulst and Koot 1992)

	Child	Parents and family	Environment	GP/paediatrician
1. Parental help seeking	type of problems severity of problems gender	awareness of problem distress threshold personality psychopathology attitudes and beliefs education level support from extended family psychosocial family stress	sociodemographic factors availability of services	
2. Problem recognition by GP/paediatrician	type of problems severity of problems		sociodemographic factors availability and use of screening measures	training interview style personality attitudes

present article will describe recent results concerning determinants of help seeking for child and adolescent psychopathology, focusing on the way in which these results extend and refine previous findings. Confirmations of past findings will be mentioned only briefly. Our focus will be exclusively on the first two filters, in which parental and adolescent problem recognition and help seeking, and problem recognition by the GP are central.

Methods

Psychlit and Medline databases were searched for empirical studies published between 1992 and 2001, within a limited age range of 0–18 years, and restricted to publications written in English. To find studies dealing with the first filter, the key words (child OR adolescent) AND (psychopathology OR psychiatry OR disorder OR behaviour problem OR emotional problem) were combined with the terms (help seeking OR mental health service use), while studies concerning the second filter were searched by combining the first key words with the terms (recognition OR referral) AND (general practitioner OR paediatrician OR clinician). This resulted in 70 hits for the first, and 36 hits for the second filter. We continued searching by means of the 'snowball method'.

Some countries provide the possibility of directly consulting a mental health professional. As this kind of help seeking was believed to be comparable to help seeking from a GP in countries like the Netherlands and Great Britain, both were included as part of the first filter.

Excluding non-empirical and methodological articles, 47 publications were selected as relevant for our review, with 35 publications applying to the first filter (Table 2), and 12 to the second filter (Table 3).

Results

■ Child characteristics influencing the first filter

Although the presence of child psychopathology does not automatically lead to parental problem recognition [37], the chance of concern about, and help seeking for child psychopathology was confirmed to increase with comorbidity [20, 23], and with increasing severity and persistence of problems [2, 6, 15, 18, 23, 34, 42]. Adolescents' experience of psychological distress and functional impairment was confirmed to increase their help seeking [33, 39, 48, 49].

Recent studies have provided contradictory results concerning the effect of type of child psychopathology on problem recognition and help seeking. While several studies have confirmed the hypothesis of an increased chance of problem recognition and help seeking for externalising problems [8, 37, 48], others have found an opposite effect [23], or no effect at all [20, 42, 45].

The effect of the child's gender on parental problem recognition and help seeking is dependent on the age of the child. In childhood and early adolescence more help is sought for boys, whereas in late adolescence, girls seek help more frequently [16, 19, 20, 41, 50]. This finding may result from the fact that externalising problems, which are more prevalent in boys than girls, tend to decrease with age, whereas internalising problems, which are more typical for girls, tend to increase with age.

The child's age per se has also been found to be associated with professional help seeking, although debate remains concerning the nature of this association. Some investigators have found help seeking to be increased in middle and late adolescence compared to early adolescence [19, 34, 41], whereas others [7] have found a decrease in mental health service use in late adolescence. Verhulst and Van der Ende [45] found the child's age only to be related to parental service need, and not to service utilisation.

Table 2 Studies conducted since 1992 on filter 1 of the help-seeking process for child and adolescent psychopathology

Authors	N*	Age	Subjects	Sample	Variables included
Angold et al. 1998	1015	9–13	Parents Children	School-based sample of children scoring above a cut-off on part of the Child Behavior Checklist, demographic and service-use questions, as well as matched controls	Child psychopathology and impairment Impact of child's symptoms on family Parental mental health problems Sociodemographic variables Mental health service use
Barker and Adelman 1994	471	16–20	Children	School-based sample of lower SES, ethnic minority backgrounds	Adolescent psychopathology and distress Social support Sociodemographic variables Accessibility and organisation of help services Mental health service use and attitudes towards seeking help
Briggs-Gowan et al. 2000	1060	5–9	Parents	Paediatric practice-based sample of children scoring at/above the subclinical range of the Child Behavior Checklist or rated as problematic by the Provider Rating Form, as well as controls without problems	Child psychopathology Parental mental health problems Stressors and social support Sociodemographic variables Mental health service use
Burns et al. 1995	1015	9–13	Parents Children	School-based sample of children scoring above a cut-off point on part of the Child Behavior Checklist, demographic and service-use questions, as well as matched controls	Child psychopathology and impairment Impact of child's symptoms on family Parental mental health problems Sociodemographic variables Mental health service use
Cohen and Hesselbart 1993	760	12–21	Parents Children	General population sample	Child psychopathology Sociodemographic variables Mental health service use
Cornelius et al. 2001	196	14–16	Parents Children	Primarily treatment-admitted sample of fathers who met DSM-III-R criteria for substance abuse, as well as a self-selected control group	Adolescent psychopathology Parental mental health problems Sociodemographic variables Mental health service use
Costello et al. 1997	1256	9–13	Parents Children	School-based sample of American Indian and White children	Child psychopathology and impairment Sociodemographic variables Family deviance and family mental illness Mental health service use
Cuffe et al. 1995	478	12–15	Parents Children	School-based sample of adolescents scoring high on a depression or suicide scale, as well as a control group	Adolescent psychopathology and impairment Sociodemographic variables Mental health service use
Cunningham and Freiman 1996	6216	6–17	Parents	General population sample	Child mental and general health and impairment Family member's mental health status Family structure Sociodemographic variables Mental health service use
Curry 1998	94	5–11	Parents	Non-random convenience sample of Black parents	Child psychopathology Parents' attitudes towards and satisfaction with professional help Sociodemographic variables Mental health service use
Farmer et al. 1997	1015	9–13	Parents Children	School-based sample of children scoring above a cut-off point on part of the Child Behavior Checklist, demographic and service-use questions, as well as matched controls	Child psychopathology and impairment Impact of child's symptoms on family Sociodemographic variables Mental health service use
Farmer et al. 1999	1007	9–13	Parents Children	See Farmer et al. 1997	See Farmer et al. 1997
Feehan et al. 1994	976	7–15	Parents Children	General population sample	Child psychopathology Sociodemographic variables Mental health service use

Table 2 *continued*

Authors	N*	Age	Subjects	Sample	Variables included
Fisher et al. 1997	1285	9–17	Parents Children	Multi-site community sample	Child psychopathology and impairment Attitudes towards mental health services Parental mental health status Perceptions of mental health status Sociodemographic variables Mental health service use and barriers to service use
Garland et al. 1996	662	2–17	Caretakers	Sample of children who were in foster care for at least 5 months	Child psychopathology Type of child maltreatment Mental health service use
Gasquet et al. 1997	3287	12–20	Children	School-based sample	Adolescents' somatic and mental health Aspects of adolescents' daily life (leisure, sexual relations) Quality of family relations Sociodemographic variables Mental health service use
Gasquet et al. 1999	868	12–20	Children	School-based sample of adolescents with probable psychiatric problems	Adolescent psychopathology Adolescents' perceived physical health Social network support Sociodemographic variables Mental health service use
Harris 1996	2881	10–19	Children	School-based sample of adolescents who did not receive professional help during the previous 3 months and who were never diagnosed with a mental disorder	Adolescent self-reported health status Sociodemographic variables Adolescent problem recognition
John et al. 1995	1587	6–16	Parents Children Teachers	General population sample	Child psychopathology, medical and school problems Parental mental health Family functioning Sociodemographic variables Mental health service use
Lavigne et al. 1998	388	2–8	Parents Children	Paediatric practice-based sample of children scoring above the 90 th percentile of the Child Behavior Checklist, and a matched control group of low scorers	Child psychopathology and impairment Parental psychopathology Family environment and life events Sociodemographic variables Mental health service use
Leaf et al. 1996	1285	9–17	Parents Children	Multi-site community sample	Child psychopathology and impairment Sociodemographic variables Mental health service use
Leslie et al. 2000	480	1–17	Caregivers Mental health data sets	Sample of children who entered long-term foster care	Child psychopathology Child maltreatment history and placement pattern Sociodemographic variables Mental health service use
Logan 2000	59	?	Parents Children	Sample of depressed adolescents and a control group	Adolescent and parental psychopathology Quality of adolescent-parent communication Parental awareness of adolescent problems Mental health service use
McMiller and Weisz 1996	192	7–17	Parents	Sample of families admitted to community mental health clinics	Parental perception of severity of child problems Parental attitudes towards mental health services Sociodemographic variables Mental health service use
Pavuluri et al. 1996	128	2.5–5	Parents	School-based sample of children scoring above a cut-off point on the Behavior Check List, Hyperactivity Scale, and Internalising Disorder Scale, as well as matched controls	Child psychopathology Sociodemographic variables Mental health service use and barriers to service use
Pumariega et al. 1998	2405	11–19	Children	School-based, tri-ethnic sample	Adolescent psychopathology Sociodemographic variables Mental health service use

Table 2 *continued*

Authors	N*	Age	Subjects	Sample	Variables included
Rickwood and Braithwaite 1994	715	16–19	Children	School-based sample	Adolescent psychological impairment/distress Adolescent personality Adolescent social support Sociodemographic variables Mental health service use
Saunders et al. 1994	4274	12–18	Children	School-based sample of adolescents who identified themselves as having a mental health problem	Adolescent psychopathology and physical health Adolescent attitudes towards help seeking Adolescent history of abuse, suicidal ideation Sociodemographic variables Mental health service use
Schonert-Reichl and Muller 1996	221	13–18	Children	School-based sample	Adolescent personality variables Sociodemographic variables Mental health service use
Sourander et al. 2001	857	8–16	Parents Children Teachers	General population sample	Child psychopathology (reported by parents, teachers, adolescents) Sociodemographic variables Mental health service use
Verhulst and Van der Ende, 1997	2227	4–18	Parents	General population sample	Child psychopathology, school problems and physical health Parental psychopathology Parental perception of child psychopathology Family functioning and life events Sociodemographic variables Mental health service use
Wu et al. 1999	1285	9–17	Parents Children	Multi-site community sample	Child psychopathology, impairment, and physical health Parental and child perceptions of the need for services Sociodemographic variables Parental history of mental health service use Mental health service use
Wu et al. 2001	206	9–17	Parents Children	Sample of children who met DSM-III-R criteria for depressive disorders	Child psychopathology and impairment Parental perception of the need for services and unmet need Sociodemographic variables Maternal history of mental health service use Mental health service use
Zahner et al. 1992	822	6–11	Parents Teachers	School-based sample	Child psychopathology and impairment Parents' and teachers' perception of need for help Sociodemographic variables Mental health service use and barriers to service use
Zahner and Daskalakis, 1997	2519	6–11	Parents	School-based sample	Child psychopathology, impairment, physical health, and school problems Parental perception of need for help, and attitudes towards help Family stressors Sociodemographic variables Mental health service use

* Number of subjects in the last stage of the study

While some researchers found self-consciousness and self-worth to be negatively related to adolescents' professional help seeking [41], others found self-consciousness and the willingness to disclose one's mental health only to be related to adolescents' informal help seeking [39], which, in turn, was found to increase

the chance of adolescents seeking professional help [40].

The presence of additional medical and school-related problems has repeatedly been shown to increase help seeking for child psychopathology [17, 19, 26, 50]. Since school problems did not increase parental prob-

Table 3 Studies conducted since 1992 on filter 2 of the help-seeking process for child and adolescent psychopathology

Authors	N*	Age	Respondents	Sample	Variables included
Briggs-Gowan et al. 2000	1060	5–9	Parents	Paediatric practice-based sample of children scoring at/above the subclinical range of the Child Behavior Checklist or rated as problematic by the Provider Rating Form, as well as controls without problems	Child psychopathology and possible child abuse Parental mental health problems Stressors and social support Sociodemographic variables Mental health service use
Brugman et al. 2001	4480	5–15	Parents Child health professionals	General health service-based sample	Parents' perception of child psychopathology Child health professionals' perception of child psychopathology Child academic problems Sociodemographic variables Past treatment for child psychosocial problems Life events
Evans and Brown 1993	232	8–14	Parents GPs	GP practice-based sample	Child psychopathology Parents' and GPs' perception of the need for services Mental health service use
Horwitz et al. 1992	1886	4–8	Parents Clinicians	Paediatric practice-based sample	Parents' and clinicians' perception of child psychopathology Sociodemographic variables Characteristics of clinical visit
Horwitz et al. 1998	1148	4–8	Parents Paediatricians	Sample of children scoring high on the Child Behavior Checklist or identified as having a psychological problem by their physician, as well as randomly chosen controls	Parental and paediatricians' perception of child psychopathology Sociodemographic variables Parental help-seeking intentions and actual help seeking
Kelleher et al. 1997	10250	4–15	Parents Clinicians	Primary practice-based sample	Parents' and clinicians' perception of child psychopathology Clinicians' attitudes towards mental health care Clinicians' training and experience Family functioning Type of insurance Visit characteristics Sociodemographic variables
Kelleher et al. 1999	14910	4–15	Parents Clinicians	Primary practice-based sample	Parents' and clinicians' perception of child psychopathology Sociodemographic variables
Kelleher et al. 2000	21065	4–15	Clinicians	Primary practice-based sample	Clinicians' identification of child psychosocial problems Visit characteristics Sociodemographic variables Type of insurance
Kramer and Garralda 1998	136	13–16	Parents Children GPs	GP practice-based sample	Adolescent psychological and physical health and impairment GPs' perception of adolescent psychopathology Maternal psychopathology Sociodemographic variables
Lavigne et al. 1993	3876	2–5	Parents Paediatricians Child psychologists	Paediatric practice-based sample of children scoring above the 90 th percentile of the Child Behavior Checklist, as well as a matched control group of low scorers	Parents' perception of child psychopathology Paediatricians' perception of child psychopathology Psychologists' perception of child psychopathology/impairment Sociodemographic variables
Stiffman et al., 1997	792	13–17	Children Service providers	Health care and welfare service-based sample	Child psychopathology Providers' perception of child psychopathology and of problems in identifying child psychopathology Sociodemographic variables Mental health service use
Wissow et al. 1994	234	0.5–14	Parents Paediatricians	Paediatric practice-based sample	Child behaviour and development Parental psychosocial distress Patient-physician communication

* Number of subjects in the last stage of the study

lem recognition, this may indicate the importance of the teacher in the detection and referral of disordered children [45].

■ Parent and family characteristics influencing the first filter

Recent findings confirmed the notion that parental problem recognition and help seeking is dependent on the amount of distress or burden parents experience in raising their child, rather than on the level of child psychopathology per se [1, 14, 15, 35, 48, 49].

Confirmation has also been found for the influence of parental attitudes and beliefs [17, 37], education level [15, 26, 40], and family stress [11, 19, 20, 31, 42, 50] on help seeking.

The presence of psychological problems in the parents has been shown to increase problem recognition, but not to increase mental health services need and utilisation [8, 17, 45]. When parents or relatives received mental health care themselves, an increase in help seeking for child psychopathology did show [11]. However, when a differentiation between general and professional help seeking was applied, only the first was significantly related to the acquaintance with other mental health care users [39].

Family size proved to exert a comparable differential effect on parental problem recognition and help seeking, for it was found that the presence of siblings was related to a smaller chance of parents perceiving child behaviour as problematic [45], but not to a decrease in the likelihood of these parents seeking help [8, 16, 45].

The type of maltreatment children experienced has been shown to be associated with service use for children in foster care. Active types, such as sexual or physical abuse, are related to increased service use [18], while more passive types of maltreatment, like neglect or caretaker absence, are associated with decreased help seeking [34].

■ Characteristics of the environment influencing the first filter

The previously found association between low social support and parental help seeking disappeared when a differentiation between determinants of informal and professional help seeking was applied [39].

A negative association between ethnic minority status and parental and adolescent help seeking has been found [2, 9, 10, 11, 34, 49, 50], but this association seemed to disappear when socio-economic variables were controlled for [38, 51]. Informal help seeking was found to be increased in minority groups and other cultures [12, 36, 37, 39].

The influence of sociodemographic factors like SES, income, and type of insurance on help seeking seems to depend largely on a country's healthcare system. Whereas studies conducted in the USA and Australia have found different effects of these variables on help seeking [4, 6, 7, 11, 15, 17, 37, 40], studies in countries like France, Finland and the Netherlands, in which healthcare is readily available and where there are no major financial constraints to receiving professional help, have not found any association between SES and help seeking, after controlling for the effect of SES on child psychopathology [19, 20, 42, 45].

■ Child, parent, and family characteristics influencing the second filter

Although identification of child psychosocial problems in primary care increased significantly in previous decades [28], problem recognition by the GP or paediatrician still forms an important barrier on the way to specialised psychiatric help [24, 27, 30, 43], as a significant number of disordered children are not identified as such by their physician [5, 13, 32]. This could partly be due to the fact that parents and adolescents, who recognise their child's or their own problems, often do not mention these problems to their physician [4, 24, 30].

Problem recognition was found to be greater for boys [25, 27], older children [27], and children of single parents [25]. Kelleher et al. [27] found a lower proportion of clinicians' recognition for African-American versus non-African-American children, but this association failed to reach significance when sociodemographic factors were controlled for [29]. This led the authors to believe that clinician biases may not be the primary cause of ethnic differences in mental health service use found in other studies.

Brugman et al. [5] found problem recognition to be related to the severity of child psychopathology, past treatment for psychosocial problems, life events, and academic problems. When these factors were taken into account, the effect of sociodemographic factors on problem recognition disappeared.

■ Characteristics of the GP influencing the second filter

Confirmation was found for the effects of training [43], interview techniques [47], and the availability and use of screening measures [25, 43] on problem recognition by the GP.

Problem recognition was found to be lower for children with whom the physician was less well acquainted [25, 27], and for acute care visits versus long visits, probably because developmental and behavioural issues are more likely to be discussed during long visits [25].

Discussion

Recent studies have provided extensions and refinements of variables described by Verhulst and Koot [44] to influence parental/adolescent problem recognition and help seeking and problem recognition by the GP.

The differential effects of several variables on parental/adolescent problem recognition versus help seeking underline the importance of distinguishing between these aspects of the first filter in future research.

Recent results showed the importance of other sources of help for understanding the help-seeking process, as informal help seeking and past treatment of parents or relatives proved to increase help seeking for child psychopathology, and past treatment of the child proved to increase problem recognition by the GP. Moreover, differentiating between determinants of professional and informal help seeking can be crucial for understanding the effect of certain variables on help seeking.

School-related problems were found to play an important role in the help-seeking process, influencing

both parental help seeking and problem recognition by the GP. Future research should, therefore, focus on the role of school personnel in the detection, referral, and provision of help for child and adolescent psychopathology, and on the effect this exerts on mental health service use.

In spite of the apparent importance of the second filter, only a few studies have investigated variables influencing problem recognition by the GP. Although these studies have uncovered several determinants of the second filter not mentioned by Verhulst and Koot, it is often unclear whether these results are due to differential problem recognition by the GP or differential patterns of reporting by parents. For example, the increase of clinicians' problem recognition for boys [25, 27] may also be due to the fact that boys have a greater chance of exhibiting externalising problems that cause disturbance in their environment, thereby increasing the chance of parents mentioning these problems to the GP. Clearly, much more research needs to be done to further unravel factors affecting problem recognition by the GP.

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