

## ABRIDGED VERSION

# HELP-SEEKING BEHAVIOURS AND CHILD MENTAL HEALTH

**Sam Game** asks if demographic factors and personal experience of mental health difficulties impact a parent's ability to identify mental health problems in their children and seek help.

## RESEARCH SUMMARY

- ▶ The question considered was as follows: do demographic factors or a personal experience of mental health difficulties impact on a parent's ability to identify mental health problems in their children and seek help?
- ▶ A paper questionnaire was used, which included a Strengths and Difficulties Parent Questionnaire (SDQ) for four- to 17-year-olds.
- ▶ Of the children identified as having mental health difficulties using the SDQ, 58% were boys and 42% girls, 55% had one diagnosable difficulty, 29% had two and 16% had three; 53% of children had internalising disorders (emotional and peer problems) and 47% of children had externalising disorders (conduct and hyperactivity problems).
- ▶ Three schools were involved: a small rural school, a large school in an affluent area and a large school in a ward in the top 20% of deprivation in the country.
- ▶ Of 751 parents, 210 parents completed the questionnaire for 268 children.
- ▶ Trends from national surveys reveal a slight increase over time in the prevalence of mental health disorders in five- to 19-year-olds, rising from 9.7% in 1999 to 12.8% in 2017 (NHS Digital, 2018).

Sayal (2006) has identified that parents have a central role in seeking help for early behavioural or emotional problems. However, Alexander et al (2013) found that parents frequently lacked awareness of early child mental health problems and the importance of early intervention. Similarly, Oh and Bayer (2015) found that 66% of parents did not recognise when their child had a mental health difficulty. Ohan et al (2015) saw that a small number of parents believed that no external help was needed for their child, instead viewing their child's problem as a developmental stage or that their own efforts could resolve the problem. Schraeder and Reid (2015) discovered that parents familiar with mental health services for themselves made greater efforts in seeking help for their child. Gulliver et al (2010) showed that key barriers for parents seeking help for child mental health difficulties included stigma, confidentiality issues and lack of accessibility (see *Barriers to mental health help-seeking in young people* on page 47).

## DEMOGRAPHIC FACTORS: GENDER

Out of a total of 268 questionnaires returned, 245 were completed by mothers (95%) and 22 by fathers (5%). Mothers' feelings were consistent with the Strengths and Difficulties Parent Questionnaire (SDQ) 79% of the time for children with diagnosable mental health difficulties, but they missed 21% of these cases. For children without diagnosable mental health difficulties, mothers were

correct 85% of the time but perceived problems were not supported by the SDQ scores in 15% of the cases. The data from the 22 fathers who responded is too sparse to draw conclusions about fathers' perceptions more generally. However, it is worth noting that no fathers asked for help, although all 22 responded to that question.

Among the children with diagnosable mental health difficulties that were recognised by the mothers, just over half of these mothers (56%) asked for help. The same pattern held for cases where mothers perceived a problem that was not supported by the SDQ scores: 54% of these mothers asked for help.

## MARITAL STATUS

For children with diagnosable mental health difficulties, single parents (n=32, 16%) recognised that there was a difficulty 88% of the time, whereas two-parent households (n=173, 84%) recognised the situation 75% of the time.

For children without diagnosable mental health disorders, single parents

**THE EFFECT OF EDUCATION LEVEL IS QUITE CLEAR IN TERMS OF PERCEIVING MENTAL HEALTH DIFFICULTIES FOR CHILDREN DEEMED AS DIAGNOSABLE BY SDQ**

were correct in 85% of the cases, whereas two-parent households were correct in 88% of the cases. The data provides evidence that any difference between one- and two-parent households is negligible.

Again, overall, about half of the parents who perceived a problem asked for help.

**ETHNICITY**

The sample showed that 93% of respondents were white British or white other, and only 7% were from other ethnic groups, so it is difficult to draw conclusions. However, patterns between white and ‘other ethnic’ parents are similar.

**ACADEMIC ACHIEVEMENT**

Of the 202 parents who responded to the question, 140 parents (70%) were educated to A-level standard, while 62 parents (30%) had received a higher education. The effect of education level is quite clear in terms of perceiving mental health difficulties for children deemed as diagnosable based on the SDQ.

For parents with a degree-level education, only one missed the signs, producing a hit rate of 16:1, whereas for parents with the highest qualification at A-level, the hit rate was roughly 3:1.

Parents with degrees were thus more than five times as likely to correctly identify mental health problems in their children.

Parents at all educational levels were equally likely to perceive a mental health difficulty in cases that were not identified by the SDQ, with a false alarm rate of roughly one in seven. Again, across all groups, roughly half of the parents who perceived a problem had asked for help.

**EMPLOYMENT STATUS**

Employment status was clearly not related to recognising mental health difficulties where they exist, with both groups recognising the problem roughly three times out of four. Where the SDQ does not identify mental health difficulties, non-working parents were slightly more likely to

**DISORDER PREVALENCE IN CHILDREN**



**1 in 10**

five- to 10-year-olds had at least one mental health disorder



**1 in 18**

two- to four-year-olds had a disorder



Behavioural disorders were evident in

**2.5%**

of pre-school children – mostly oppositional defiant disorder (1.9%) and autism spectrum disorder (1.4%)

NHS Digital, 2018

feel that their child had a mental health difficulty than working parents were- roughly one in seven compared with 1.5 in seven.

It is worth noting that non-working parents were far more likely to have children with mental health difficulties (79%) than working parents were (27%).

**NUMBER OF CHILDREN IN THE HOUSEHOLD**

For parents of children with diagnosable mental health difficulties, the number of children in the household has, at most, only a negligible effect on the likelihood that they will perceive the problem.

**PARENTS WITH A MENTAL HEALTH DIAGNOSIS**

When asked if they had their own mental health diagnosis, 22% of parents said they had. Interestingly, whether or not parents had a mental health diagnosis made no difference in terms of whether or not they recognised diagnosable mental health problems in their children; they successfully did so 80% and 81% of the time.

However, parents with their own mental health diagnosis misidentified 29% of these children as having mental health problems, whereas those without their own diagnosis misidentified only 8% of healthy children.

Once again, across all groups, roughly half of the parents who perceived problems asked for help.

**CONCLUSION**

It can be seen that parents were far better than chance at correctly identifying signs of mental health difficulties in their children. Where such difficulties exist, based on the SDQ they correctly identified them in 78% of the cases, missing 22% of these cases. Parents were even better (90%) at correctly recognising cases where their child did not have diagnosable mental health difficulties.

However, parents who have experienced a mental health problem were more likely to misdiagnose their children with difficulties than parents who didn't. This would indicate that while these parents had more children with mental health difficulties, they also made more misdiagnoses and therefore were a more vulnerable group requiring extra professional awareness and support.

What could be seen was that children with diagnosable mental health difficulties were more likely to come from homes where the parent has less education, is a single parent and is not in work.

Parents with a higher education qualification were more accurate at identifying mental health difficulties in their children compared with lower-educated parents. This pattern would suggest that it is more important for professionals to be aware of children in lower-educated families as parents are less likely to raise concerns.

What has been seen consistently throughout the results is that around 50% of parents did ask for help. Further research is needed to identify what prevents parents asking for it.

### IMPLICATIONS AND RECOMMENDATIONS

Action to address the reluctance to ask for help would put a strain on the underfunded systems that we have, but it could make a substantial difference to obtaining appropriate treatment and support for families and children, provided we could understand the reasons for the reluctance and overcome it.

Kataoka et al (2007) found that a third of parents did not follow through after receiving a referral to child mental health service and Bussing et al (2003)

**IT IS MORE IMPORTANT FOR PROFESSIONALS TO BE AWARE OF CHILDREN IN LOWER-EDUCATED FAMILIES AS PARENTS ARE LESS LIKELY TO RAISE CONCERNS**

found that 66% of parents believed no services were needed despite having recognised a problem.

At the end of the questionnaire, parents were given an open text-box to tell us anything else they felt was

relevant. One parent made an astute comment: 'If your child broke a limb, everyone knows where to get it fixed. If your child's head or mind started to break, it's not clear where to go to get it fixed.'

Practitioners and education professionals need to be proactive in offering support.

However, a more joined-up provision of adequate and robust tier 1 and 2 provision for child mental health

with suitably trained and funded professionals is required nationally to allow issues to be dealt with effectively at an early intervention stage. ☺

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## BARRIERS TO MENTAL HEALTH HELP-SEEKING IN YOUNG PEOPLE

- ▶ Public, perceived and self-stigmatising attitudes to mental illness
- ▶ Confidentiality and trust
- ▶ Lack of accessibility
- ▶ Self-reliance
- ▶ Difficulty identifying symptoms
- ▶ Fear/stress about the act of help-seeking or the source of help itself.

### But facilitators to help-seeking include:

- ▶ Positive past experiences
- ▶ Social support and encouragement
- ▶ Confidentiality and trust in the provider.

Gulliver et al, 2010



### KEY TAKE-HOME MESSAGES

- ▶ 78% of parents correctly identified that their child had a mental health difficulty. Consistently around 50% of these parents asked for help.
- ▶ Parents with degree-level education were five times more likely to correctly identify mental health problems in their children, than parents educated up to A-level.
- ▶ Non-working parents were far more likely to have children with mental health difficulties (79%) than working parents were (27%).
- ▶ Parents with their own mental health diagnosis misidentified 29% of these children as having mental health problems, whereas those without their own diagnosis misidentified only 8% of healthy children.



To view references and the full version of this paper, entitled *Parents' identification and help-seeking behaviours around child mental health difficulties*, go to [bit.ly/CP\\_research\\_game](https://bit.ly/CP_research_game)