



Research Article

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Study of perception and help seeking behaviour among parents for their children with psychiatric disorder: a community based cross-sectional study

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Abstract

Background: Child mental health problems present a health challenge for all societies, which are aggravated by lack of knowledge in parents regarding them as well as suboptimal response to them with reference to the help seeking behaviour by parents of these cases. We tried to find out perception of child mental health problems in parents and also the help seeking behaviour of parents residing in an urban slum of Mumbai because understanding impediments to perceiving these disorders and thereby having optimal health seeking behaviour could greatly contribute to reducing the impact of these problems on children's growth and development overall. **Study design & setting:** A cross-sectional study was conducted in urban slum of Mumbai. **Materials & Methods:** Systematic random sampling technique was used to select 257 respondents which were interviewed for presence of mental health disorder using semi-structured questionnaire. Parents of 38 children who were diagnosed for mental health disorder were interviewed with the help of pre-tested questionnaire for perception and help seeking behaviour for psychiatric disorder in their children. Interviews were conducted after getting informed consent. Two focus group discussions with the parents of the cases about their child's mental health were also conducted. **Results:** 47.4% parents perceived the problems in behaviour of their child and of these, only 10.5% parents sought treatment voluntarily before the interview. Major reasons given for not taking treatment were unawareness, no felt need, stigma attached to mental health. Parents' perception and help seeking behaviour were better for male gender, higher education of parents, employed parents, having 5-10 members' family and stress-free family. **Conclusion:** Present study outlined the need of awareness in parents regarding child mental health problems. Parents also need to be addressed in intervention and education programs related to child mental health.

Keywords: Child psychiatry, Help-seeking for child mental health, Perception of child mental health.

INTRODUCTION

Unlike physical illness, which in most of the cases has clear-cut symptomatology, any deviation from normal mental development or behaviour in children may not be easily identified by the parents except from grave observable changes. Studies done in both developing and developed countries have shown higher prevalence rates of psychopathology among children emphasizing the universality of the problem. According to World Health Organization,^[1] community-based studies have revealed an overall prevalence rate for mental disorders of about 20% in several national and cultural contexts. Community-based studies in India such as Srinath, *et al.*^[2] Rahi, *et al.*^[3], and Patil RN, *et al.*^[4] reported prevalence of psychiatric morbidity in children (4-16 years) ranging from 12.0% to 16.5%. Despite the increasing evidence on the prevalence of child mental health problems and disorders in non-western societies, there has been limited research on how these problems are perceived by parents in different societies, and what types of supports, help and services they would wish to receive. In particular, it is unknown whether there are cultural and ethnic differences in parental beliefs about the causes of children's problems and appropriate interventions. Also there is very little information on parents' awareness and perceptions of different services and sources of help for children with mental health problems. Parents' perceptions have the potential to influence their recognition of the problem, their help-seeking behaviour, and their engagement and adherence with treatment.^[5,6,7,8] The limited recognition of child mental health problems

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can have a long-term impact, with persistence of psychopathology into adulthood. Hence, the present study was carried out in the community to know the perception of parents about psychiatric disorder, help-seeking behaviour and its relationship with socio-demographic variables.

Aims & objectives:

1. To study perception of mental health problem among the parents for their children suffering from psychiatric disorder.
2. To study pattern of help-seeking behaviour among the parents for mental health problem in their children.
3. To study socio-demographic variables that affect perception and help-seeking behaviour among the parents.

METHODOLOGY

Study area: A was conducted in urban health centre post in an urban slum, which is a field practice area of Department of Community Medicine of the teaching medical institute in Mumbai.

Study duration: 1 year (June 2007- May 2008).

Study type: a cross-sectional study

Sampling and sample size: In the first phase of study total 257 respondents (children aged 5-14 years) were included and systematic random sampling technique was used with household as a sampling unit to select them. 38 children were diagnosed as having mental health problem. So, parents (N=38) of these children were interviewed for perception and health seeking behaviour in the second phase of study (present study).

Data collection: A pre-designed Diagnostic Screening Interview^[9] schedule was used for data collection which is a standardized tool for diagnosing psychiatric disorders in children and adolescents based on DSM-IV criteria. Interviews were conducted after getting informed consent. In first stage of the study, children were assessed for psychiatric disorder based on DSM-IV criteria. In second stage, parents of those children who were diagnosed as having psychiatric disorder were interviewed face to face for perception and help-seeking behaviour.

Definition of 'Help-seeking': In the mental health context, help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern. Parents who indicated that they did not seek help or perceive a need for help within the past 12 months were classified as non-help seekers.

Two focus group discussions with the parents of the cases about their child's mental health were also conducted. Each discussion included six to eight parents who had agreed to participate in such discussions. To facilitate attendance, focus groups were held at the urban health centre which was located in the community where the present study was undertaken. The group discussions focused on parents' concerns about their child's emotional health or behaviour and their views and experiences about the process of seeking help, specifically through primary health care setting as well as through friends, family and the community (including non-medical services such as schools). Each focus group discussion was facilitated by one researcher, while another researcher took field notes. The facilitator probed for possible reasons where help had not been sought for specific concerns.

Statistical analysis: Data classification and analysis was done using SPSS software. The tests of significance used were Chi-square and Logistic regression analysis.

RESULTS

Total 38 parents were interviewed for perception and help-seeking behaviour for psychiatric disorder in their children.

Perception among parents: Out of 38 parents, 20 (52.6%) have not perceived the problems in behaviour of their child and 18 (47.4%) parents perceived that their children were suffering from any of the psychiatric disorders. Parents' perception of mental health problem was seen more in children suffering from mental retardation, nocturnal enuresis and epilepsy. Parents' perception was least in cases of attention deficit hyperactivity disorder.

Help seeking behaviour among parents: Out of 38 parents, only 12 (31.6%) parents sought help for mental health problem in their child. Of the 26 parents who had not sought any help for their child's mental health problem, 3 said that they have not heard about treatment for the disorder and also there was no need of treatment according to them, 8 parents were unaware about help seeking or treatment places while 15 parents said that they avoided it due to many reasons like lack of time and money, stigma attached to mental health problems etc. So, only 12 parents had at least one contact with psychiatrist. Teaching institute, private hospital and general practitioners were help seeking/treatment places. No follow up of these cases was possible. Therefore, information about continuation of therapy could not be obtained. Some parents might have sought consultation from psychiatrist in private practice but the details of this information were also not available.

The relationship of socio-demographic variables with parents' perception of mental health problem in their children [Table 1] showed that perception of psychiatric morbidity was higher in parents having children aged 11-14 years but it was not statistically significant as compared to other age groups, higher in males than in females ($\chi^2 = 6.63$; $df = 1$; $P < 0.05$), in children of mothers having higher education ($\chi^2 = 6.20$; $df = 2$; $P < 0.05$), in children having less number of siblings in the family, 5-10 members' family size and in children of the family where parents were living together ($\chi^2 = 6.63$; $df = 1$; $P < 0.05$). Better perception of child mental health problem was also seen in the families where fathers were employed and mothers were housewives as well as in children living in less stressful environment ($\chi^2 = 4.26$; $df = 1$; $P < 0.05$). Similarly, relationship of socio-demographic variables with parents' help-seeking behaviour for diagnosis and treatment of mental health problem [Table 2] in their children showed that help-seeking was better for male children, in parents having higher education, having employment, having less family size and stress free environment in the family. Univariate logistic regression analysis identified parents having higher education, parents who were living together, having less family size, having employed fathers and stress free family environment had higher odds for perception as well as help-seeking behaviour for the psychiatric morbidity [Table 3 and 4] in their children.

Table 1: Relationship of variables with parents' perception of mental health problem in children

| Variable/s | No. of respondents (n=38) | Perceived mental health problem (%) | Chi-square (χ^2) value | df | p value |
|-----------------------------|---------------------------|-------------------------------------|-------------------------------|----|--------------------|
| Age group (Child) | | | | | |
| 5-8 years | 11 | 6 (54.5) | 3.06 | 2 | 0.22 |
| 8-11 years | 16 | 5 (31.3) | | | |
| 11-14 years | 11 | 7 (63.7) | | | |
| Gender (Child) | | | | | |
| Male | 26 | 16 (61.5) | 6.63 | 1 | 0.01* |
| Female | 12 | 2 (16.7) | | | |
| Family size | | | | | |
| Less than 5 family members | 8 | 2 (25) | 7.62 | 2 | 0.02* |
| Between 5-10 family members | 23 | 15 (65.2) | | | |
| More than 10 family members | 7 | 1 (14.3) | | | |
| Education of mother | | | | | |
| Illiterate & primary | 28 | 10 (35.7) | 6.20 | 2 | 0.04* |
| Secondary | 8 | 6 (75.0) | | | |
| Higher education | 2 | 2 (100.0) | | | |
| Parental status | | | | | |
| Living together | 26 | 16 (61.5) | 6.63 | 1 | 0.01* |
| Not living together | 12 | 2 (16.7) | | | |
| Occupation of father | | | | | |
| Unemployed | 14 | 2 (14.3) | 9.73 | 1 | 0.002 [†] |
| Employed | 24 | 16 (66.7) | | | |
| Occupation of mother | | | | | |
| Housewife | 19 | 13 (68.4) | 6.76 | 1 | 0.009 [†] |
| Working mother | 19 | 5 (26.3) | | | |
| Stress in the family | | | | | |
| No | 23 | 14 (60.9) | 4.26 | 1 | 0.04* |
| Yes | 15 | 4 (26.7) | | | |
| Number of siblings | | | | | |
| 0 to 3 | 25 | 15 (60.0) | 4.68 | 1 | 0.03* |
| ≥4 | 13 | 3 (23.1) | | | |

* indicates that p value is significant, †indicates that P value is highly significant, df= degree of freedom. Figures in parentheses indicate percentages calculated row wise

Table 2: Relationship of variables with parents' help-seeking behaviour for mental health problem

| Variable/s | No. of respondents (n=38) | Sought help for mental health problem (%) | Chi-square (χ^2) value | df | p value |
|-----------------------------|---------------------------|---|-------------------------------|----|--------------------|
| Age group (Child) | | | | | |
| 5-8 years | 11 | 5 (45.5) | 2.32 | 2 | 0.31 |
| 8-11 years | 16 | 3 (18.8) | | | |
| 11-14 years | 11 | 4 (36.4) | | | |
| Gender (Child) | | | | | |
| Male | 26 | 11 (42.3) | 4.39 | 1 | 0.04* |
| Female | 12 | 1 (8.3) | | | |
| Family size | | | | | |
| Less than 5 family members | 8 | 1 (12.5) | 7.40 | 2 | 0.03* |
| Between 5-10 family members | 23 | 11 (47.8) | | | |
| More than 10 family members | 7 | 0 (0.0) | | | |
| Education of mother | | | | | |
| Illiterate & primary | 28 | 5 (17.9) | 10.31 | 2 | 0.006 [†] |
| Secondary | 8 | 5 (62.5) | | | |
| Higher education | 2 | 2 (100.0) | | | |
| Parental status | | | | | |
| Living together | 26 | 11 (42.3) | 4.39 | 1 | 0.04* |
| Not living together | 12 | 1 (8.3) | | | |
| Occupation of father | | | | | |
| Unemployed | 14 | 1 (7.1) | 6.13 | 1 | 0.01* |
| Employed | 24 | 11 (45.8) | | | |
| Occupation of mother | | | | | |
| Housewife | 19 | 7 (36.8) | 0.49 | 1 | 0.48 |
| Working mother | 19 | 5 (26.3) | | | |
| Stress in the family | | | | | |
| No | 23 | 11 (47.8) | 7.12 | 1 | 0.008 [†] |
| Yes | 15 | 1 (6.7) | | | |
| Number of siblings | | | | | |
| 0 to 3 | 25 | 10 (40.0) | 2.40 | 1 | 0.12 |
| ≥4 | 13 | 2 (15.4) | | | |

* indicates that p value is significant, † indicates that P value is highly significant, df= degree of freedom. Figures in parentheses indicate percentages calculated row wise

Table 3: Parents' perception of mental health problem in children: Logistic regression (univariate)

| Variable | Odds ratio (95% Confidence Interval) | P value |
|----------------------|--------------------------------------|---------|
| Gender (Child) | | |
| Male | 8.000 (1.445 – 44.297) | 0.017* |
| Female | ® | |
| Parental status | | |
| Living together | 8.000 (1.445 – 44.297) | 0.017* |
| Not living together | ® | |
| Occupation of father | | |
| Employed | 12.000 (2.147 – 67.067) | 0.005* |
| Unemployed | ® | |
| Occupation of mother | | |
| Housewife | 6.067 (1.486 – 24.764) | 0.012* |
| Working mother | ® | |
| Stress in the family | | |
| No | 4.278 (1.036 – 17.663) | 0.045* |
| Yes | ® | |
| Number of siblings | | |
| 0 to 3 | 5.000 (1.096 – 22.820) | 0.038* |
| ≥4 | ® | |

* indicates that p value is significant, ® indicates reference category

Table 4: Parents' help-seeking behaviour for mental health problem in children: Logistic regression (univariate)

| Variable | Odds ratio (95% Confidence Interval) | P value |
|----------------------|--------------------------------------|---------|
| Gender (Child) | | |
| Male | 8.067 (0.903 - 72.076) | 0.062 |
| Female | ® | |
| Education of mother | | |
| Higher | 7.431 | 0.069 |
| Secondary | 7.667 (1.363 - 43.135) | 0.021* |
| Illiterate & primary | ® | |
| Parental status | | |
| Living together | 8.067 (0.903 - 72.076) | 0.062 |
| Not living together | ® | |
| Occupation of father | | |
| Employed | 11.000 (1.235 - 97.964) | 0.032* |
| Unemployed | ® | |
| Occupation of mother | | |
| Housewife | 1.633 (0.410 - 6.509) | 0.487 |
| Working mother | ® | |
| Stress in the family | | |
| No | 12.833 (1.440 - 114.383) | 0.022* |
| Yes | ® | |
| Number of siblings | | |
| 0 to 3 | 3.667 (0.666 - 20.191) | 0.135 |
| ≥4 | ® | |

* indicates that *p* value is significant, ® indicates reference category

DISCUSSION

In the present study, 47.4% parents perceived that their children were suffering from any of the psychiatric disorders. Parents' perception was more as compared to Verhulst et al^[10] study who reported that 31% parents perceived disorder while it was less as compared to study conducted by Cometto et al^[11] who reported that 51% parents perceived the disorder in their child. This difference could be due to the different study settings, cultural contexts. In the present study, 31.6% parents sought help/treatment for their child mental health problem. Major reasons given for not taking treatment were unawareness, no felt need, stigma attached to mental health. This was comparable with Verhulst et al^[10] study who reported that 28% of parents sought professional help for their adolescents. Additional barriers for seeking professional help by parents were worries about adolescents being diagnosed as having a mental health disorder, beliefs that adolescent problems could be resolved without mental health intervention and unawareness of such treatment. The help seeking percentage was also comparable with study conducted by Cometto et al^[11] who reported that 28% had actually sought professional help. Similarly, Verhulst et al^[10], Bergeron et al^[12], Merikangas et al^[13], Unrau et al^[14] and Zwaanswijk M et al (2007)^[15], reported that less than 50% adolescents with mental health difficulties sought professional help for treatment. As per Del Mauro et al^[16], Gulliver et al^[17] and Woodhouse^[18], factors identified as possibly preventing adolescents from seeking help included: a lack of knowledge about mental health, issues pertaining to confidentiality, lack of resources (e.g., cost of services, transport facility, timely access to mental health services), and stigma. Similar barriers were present in this study which prevented prompt help seeking for mental health disorders.

The relationship of socio-demographic variables with parents' perception of mental health problem and seeking help for their children showed that there was no significant difference in age groups for perception and seeking help. Similar findings were reported by Verhulst et al^[10], Cometto et al^[11], Zwaanswijk M et al (2005)^[19]. Parents' perception of mental health problem and seeking help for their children was higher in parents having male child than the female child and in children of mothers having higher education which was similar to findings reported by Zwaanswijk M et al (2005)^[19], Verhulst

et al^[10]. This is due to negligent behaviour of parents towards female child health problems which is usually found in India especially in lower socio-economic class. Family characteristics had a stronger impact on the help-seeking behaviour, which was in accordance with the previously found influence of family structure and size (i.e., single parent family and the presence of siblings; Verhulst et al^[10], Briggs-Gowan et al^[20], Jensen et al^[21]). Better perception of child mental health problem was also seen in the families where fathers were employed and mothers were housewives. This was in contrast to the findings reported by Verhulst et al^[10] who found that occupation was not associated with need for or use of professional services. Probably better paying capacity of father due to employed status as well as mother is available for caring of children at home due to her housewife status might have favoured perception and help-seeking behaviour in this study. Better perception and help seeking behaviour was found in parents of children living in less stressful environment. This finding was not in line with previous research that found that increasing levels of stress predicted a greater likelihood of children receiving mental health services as reported by Verhulst et al^[10], Cometto et al^[11] and Farmer et al^[22].

CONCLUSION

Overall the study found that parents' perception and thereby help seeking behaviour for child mental health problem is very limited especially if factors like female child, a large family size, low educational status of parents, unemployment and stressful environment present in the family. Present study has implications for parental awareness and education regarding common child mental health problems as well as availability of help/care to manage them. In addition to understanding parents' perception and help seeking behaviour about child mental health problems, there is a need to study further the parents' perception of cause of the child mental health problem and how the problem developed over time.

Limitations

In present study there were certain limitations since the responses of the respondents were relied upon and family cohesion was not assessed. Parents of children with psychiatric disorder (specifically mental retardation), are more likely to answer affirmatively when asked about perception of their child illness, especially if the

interviewer is a doctor, irrespective of whether parents actually feel so. Interviewer offered all of them consultation and treatment. All these factors might have affected their help/treatment seeking behaviour.

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