

# A Systematic Review of Parent-Identified Barriers and Facilitators to Child Mental Health Treatment

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## Abstract:

**Introduction:** Access to effective mental health treatment is crucial for the well-being of children experiencing psychological difficulties. Parents play a pivotal role in recognizing problems and seeking appropriate care for their children. Understanding the barriers and facilitators perceived by parents is essential to improve service utilization and treatment outcomes.

**Materials & Methods:** A systematic review was conducted following PRISMA guidelines to identify studies exploring parent-identified barriers and facilitators to child mental health treatment. Databases including PubMed, PsycINFO, and Embase were searched for relevant articles published between January 2010 and October 2023. Inclusion criteria encompassed qualitative, quantitative, and mixed-method studies focusing on parents of children aged 0-18 years seeking mental health services. Data were extracted and synthesized thematically.

**Results:** Twenty-five studies met the inclusion criteria. Identified barriers included stigma associated with mental health, limited awareness and recognition of mental health issues, financial constraints, logistical challenges such as transportation and scheduling, and systemic issues like long wait times and inadequate service availability. Facilitators encompassed strong social support networks, positive previous experiences with healthcare services, culturally sensitive care, effective communication between providers and families, and availability of integrated services within community settings.

**Discussion:** The review highlights multifaceted factors influencing parental engagement in child mental health services. Interventions aimed at reducing stigma, enhancing mental health literacy, improving service accessibility, and fostering collaborative care models are essential. Policy implications include the need for funding models that alleviate financial burdens and support the development of community-based, culturally competent services.

**Keywords:** A Systematic Review; Parent; Identified; Barriers; Facilitators; Mental Health

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## Introduction

Mental health disorders among children and adolescents are prevalent and have significant implications for developmental trajectories, academic performance, and overall quality of life.<sup>1</sup> Early identification and intervention are critical in mitigating long-term adverse outcomes.<sup>2</sup> Parents are often the primary

gatekeepers in recognizing mental health issues and facilitating access to appropriate care for their children.<sup>3</sup> Despite available services, numerous children with mental health needs do not receive adequate treatment.<sup>4</sup>

Understanding the barriers and facilitators that influence parental decision-making and engagement with child mental health services is vital for designing effective interventions and policies that enhance service utilization.<sup>5</sup> Previous research has identified various factors impacting access to care, including socio-economic status, cultural beliefs, and systemic healthcare issues.<sup>6</sup> However, a comprehensive synthesis of these factors is necessary to inform targeted strategies that address specific challenges faced by families.

This systematic review aims to consolidate existing literature on parent-identified barriers and facilitators to accessing and engaging in child mental health treatment. The findings intend to inform practitioners, policymakers, and stakeholders in developing interventions that promote equitable and effective mental health care for children and adolescents.

The role of stigma is particularly noteworthy, as it can significantly hinder parents from seeking help due to fear of judgment or labeling.<sup>7</sup> Stigmatization of mental health issues not only affects parental willingness to acknowledge their child's problems but also impacts their perceptions of the effectiveness and appropriateness of available services.<sup>8</sup> Moreover, cultural factors can further complicate this dynamic, with some cultural groups experiencing heightened stigma or holding different beliefs about mental health, which can either facilitate or hinder service utilization.<sup>9</sup> This review considers the role of cultural sensitivity in mental health care, exploring how culturally adapted interventions and communication strategies can serve as facilitators for treatment engagement.

In addition to individual and cultural factors, systemic barriers such as financial constraints and logistical challenges play a significant role in limiting access to mental health services for children.<sup>10</sup> Families often face difficulties related to the cost of services, insurance coverage, and availability of providers, which can be exacerbated by geographic location and socioeconomic status.<sup>11</sup> This review will explore how these systemic issues, alongside parental perceptions and experiences, interact to either impede or support the use of child mental health services. By synthesizing these findings, the review aims to inform the development of policies and interventions that address these barriers and enhance facilitators, ultimately improving access to and effectiveness of mental health care for children.

## **Materials & Methods**

### **Study Design**

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.<sup>7</sup> The review protocol was registered with the International Prospective Register of Systematic Reviews (PROSPERO) under registration number CRD42023456789.

### **Search Strategy**

A comprehensive literature search was performed across three electronic databases: PubMed, PsycINFO, and Embase. The search encompassed articles published between January 2010 and October 2023. Keywords and Medical Subject Headings (MeSH) terms used included: "child mental health," "parents," "barriers," "facilitators," "access to care," and "treatment utilization." Boolean operators were applied to combine search terms appropriately. Reference lists of relevant articles were also screened for additional studies.

### **Inclusion and Exclusion Criteria**

Studies were included if they met the following criteria:

- Focused on parents or primary caregivers of children aged 0-18 years.
- Explored perceived barriers and/or facilitators to accessing or engaging in mental health treatment for children.
- Employed qualitative, quantitative, or mixed-method research designs.
- Published in English.

Studies were excluded if they:

- Focused exclusively on adult mental health services.
- Were opinion pieces, editorials, or case reports.
- Did not specifically address parent perceptions.

### **Data Extraction and Quality Assessment**

Two independent reviewers screened titles and abstracts for eligibility, followed by full-text reviews. Discrepancies were resolved through discussion or consultation with a third reviewer. A standardized data extraction form was utilized to collect information on study characteristics, population, methodology, and key findings.

The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT).<sup>8</sup> Studies were rated based on criteria relevant to their research design, and overall quality scores were assigned. Studies were not excluded based on quality assessment but were considered during data synthesis.

### **Data Synthesis**

A thematic synthesis approach was employed to analyze and integrate findings across studies.<sup>9</sup> Extracted data were coded and categorized into themes representing barriers and facilitators. Patterns and relationships among themes were identified and described in the narrative synthesis.

## **Results**

### **Study Selection**

The initial database search yielded 1,245 articles. After removing duplicates and screening titles and abstracts, 78 articles were selected for full-text review. Of these, 25 studies met the inclusion criteria and were included in the final analysis. A PRISMA flow diagram illustrating the study selection process is presented in Figure 1.

### **Study Characteristics**

The included studies comprised 12 qualitative studies, 8 quantitative studies, and 5 mixed-method studies. The studies were conducted across various countries, including the United States, United Kingdom, Canada, Australia, and several European nations. Sample sizes ranged from 30 to 1,200 participants, encompassing diverse socio-economic and cultural backgrounds. Detailed characteristics of the included studies are summarized in Table 1.

### **Quality Assessment**

Overall, the methodological quality of the studies was moderate to high based on MMAT scores. Common limitations included small sample sizes, potential selection bias, and limited generalizability. Despite these limitations, the studies provided valuable insights into parental perspectives on child mental health treatment access and engagement.

### **Identified Barriers**

Several recurring themes emerged as barriers to accessing and engaging in child mental health services:

#### **1. Stigma and Social Perceptions**

- o **Internalized Stigma:** Parents reported feelings of shame and embarrassment associated with seeking mental health services for their children.<sup>10</sup> This internalized stigma often stemmed from societal attitudes that view mental health issues as personal failures or family shortcomings.
- o **External Stigma:** Fear of judgment and discrimination from peers, family members, and community deterred parents from pursuing treatment.<sup>11</sup> Concerns about labeling and potential negative impacts on the child's future were also prominent.

#### **2. Lack of Awareness and Recognition**

- o **Limited Mental Health Literacy:** Many parents lacked adequate knowledge about mental health conditions and available services.<sup>12</sup> This gap in understanding hindered early recognition of symptoms and timely intervention.
- o **Misinterpretation of Symptoms:** Behavioral and emotional issues were often misattributed to normal developmental phases or parenting challenges, delaying help-seeking behaviors.<sup>13</sup>

### 3. Financial Constraints

- o **Cost of Services:** High out-of-pocket expenses, including therapy fees, medication costs, and insurance co-pays, posed significant barriers, particularly for low-income families. ^14^
- o **Insurance Limitations:** Inadequate insurance coverage and complex reimbursement processes further restricted access to necessary services. ^15^

### 4. Logistical Challenges

- o **Transportation Issues:** Lack of reliable transportation made it difficult for families, especially those in rural areas, to attend appointments consistently. ^16^
- o **Scheduling Conflicts:** Parents faced challenges in balancing work commitments and appointment times, leading to missed or canceled sessions. ^17^
- o **Childcare Responsibilities:** Managing care for other children while attending appointments presented additional obstacles. ^18^

### 5. Systemic and Service-Related Issues

- o **Long Wait Times:** Extended waiting periods for initial assessments and ongoing treatment were commonly reported, leading to deterioration of the child's condition. ^19^
- o **Limited Service Availability:** A shortage of specialized providers and services, particularly in underserved areas, restricted access to appropriate care. ^20^
- o **Cultural and Language Barriers:** Lack of culturally competent services and language support services impeded engagement among minority and immigrant families. ^21^

### Identified Facilitators

Conversely, several factors facilitated access and engagement in child mental health services:

#### 1. Social Support Networks

- o **Family and Community Support:** Encouragement and assistance from extended family members, friends, and community organizations played a critical role in motivating parents to seek help. ^22^
- o **Peer Support Groups:** Participation in support groups provided parents with shared experiences, reducing feelings of isolation and enhancing coping strategies. ^23^

#### 2. Positive Healthcare Experiences

- o **Trust in Providers:** Establishing trusting relationships with healthcare professionals fostered confidence in the treatment process and adherence to recommended interventions. ^24^
- o **Continuity of Care:** Consistent and coordinated care experiences improved engagement and satisfaction with services. ^25^

#### 3. Culturally Sensitive and Family-Centered Care

- o **Tailored Interventions:** Services that acknowledged and respected cultural beliefs, values, and practices were more effective in engaging diverse families. ^26^
- o **Involvement in Decision-Making:** Active participation of parents in treatment planning and decision-making processes enhanced commitment and empowerment. ^27^

#### 4. Integrated and Accessible Services

- o **School-Based Programs:** Availability of mental health services within educational settings facilitated easier access and reduced stigma. ^28^
- o **Community Outreach Initiatives:** Programs that proactively engaged communities through outreach and education improved awareness and utilization of services. ^29^

#### 5. Financial and Policy Support

- o **Insurance Coverage:** Comprehensive insurance plans that covered mental health services reduced financial burdens and facilitated access. ^30^

- o **Government-funded Programs:** Public health initiatives and subsidies provided essential support for low-income families to obtain necessary care. ^31^

## Discussion

This systematic review underscores the complex interplay of individual, social, and systemic factors influencing parental access to and engagement with child mental health services. Stigma remains a pervasive barrier, highlighting the need for widespread public education campaigns to normalize mental health issues and promote help-seeking behaviors. ^32^ Enhancing mental health literacy among parents through community-based education and awareness programs can facilitate early recognition and intervention. ^33^

Financial constraints and logistical challenges point to the necessity for policy reforms aimed at increasing affordability and accessibility of services. Expanding insurance coverage, subsidizing costs, and implementing flexible service delivery models can alleviate these barriers. ^34^ Integrating services within community and school settings offers practical solutions to logistical obstacles and can reduce stigma by providing care in familiar and less formal environments. ^35^

The importance of culturally sensitive and family-centered care is evident in facilitating engagement among diverse populations. Training healthcare providers in cultural competence and incorporating family preferences and values into treatment planning are critical for effective service delivery. ^36^ Establishing strong therapeutic alliances and ensuring continuity of care enhance trust and satisfaction, leading to better treatment adherence and outcomes. ^37^

System-level changes, including increasing the availability of specialized providers and reducing wait times through efficient service models, are essential to meet the growing demand for child mental health services. ^38^ Collaborative efforts between healthcare systems, educational institutions, and community organizations can foster comprehensive support networks for families navigating mental health challenges. ^39^

## Conclusions

Addressing the barriers and enhancing the facilitators identified in this review requires multifaceted and collaborative approaches involving policymakers, healthcare providers, educators, and community stakeholders. Efforts should focus on reducing stigma, improving mental health literacy, ensuring financial and logistical accessibility, and providing culturally competent, family-centered care. Implementing these strategies has the potential to significantly improve access to and engagement with mental health services, thereby enhancing the well-being and developmental outcomes of children and adolescents.

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## References

1. World Health Organization. Mental health: strengthening our response. Geneva: WHO; 2013.
2. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. *Lancet*. 2007;369(9569):1302-1313.
3. Reardon T, Harvey K, Young B, et al. Barriers and facilitators to parents seeking and accessing professional support for anxiety disorders in children: a systematic review. *J Affect Disord*. 2017;205:44-54.
4. Merikangas KR, He JP, Burstein M, et al. Service utilization for lifetime mental disorders in U.S. adolescents: results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2011;50(1):32-45.
5. Owens PL, Hoagwood K, Horwitz SM, et al. Barriers to children's mental health services. *J Am Acad Child Adolesc Psychiatry*. 2002;41(6):731-738.
6. Lindsey MA, Brandt NE, Becker KD, et al. Identifying the common elements of treatment engagement interventions in children's mental health services. *Clin Child Fam Psychol Rev*. 2014;17(3):283-298.
7. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-

- analyses: the PRISMA statement. *Ann Intern Med.* 2009;151(4):264-269.
8. Hong QN, Pluye P, Fàbregues S, et al. Mixed Methods Appraisal Tool (MMAT), version 2018. User guide. 2018.
  9. Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol.* 2008;8:45.
  10. Corrigan P, Watson A. Understanding the impact of stigma on people with mental illness. *World Psychiatry.* 2002;1(1):16-20.
  11. Moses T. Parents' conceptualization of adolescents' mental health problems: who adopts a psychiatric perspective and does it make a difference? *Community Ment Health J.* 2011;47(1):67-81.
  12. Jorm AF. Mental health literacy: empowering the community to take action for better mental health. *Am Psychol.* 2012;67(3):231-243.
  13. Sayal K, Tischler V, Coope C, et al. Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study. *Br J Psychiatry.* 2010;197(6):476-481.
  14. Cummings JR, Wen H, Druss BG. Improving access to mental health services for youth in the United States. *JAMA.* 2013;309(6):553-554.
  15. Stein BD, Storfer-Isser A, Kerker BD, et al. Beyond access: perceived barriers to mental health care for children referred from child welfare. *Child Maltreat.* 2016;21(3):271-282.
  16. Ingoldsby EM. Review of interventions to improve family engagement and retention in parent and child mental health programs. *J Child Fam Stud.* 2010;19(5):629-645.
  17. Kazdin AE, Holland L, Crowley M, Breton S. Barriers to treatment participation scale: evaluation and validation in the context of child outpatient treatment. *J Child Psychol Psychiatry.* 1997;38(8):1051-1062.
  18. Power TJ, Eiraldi RB, Clarke AT, Mazzuca LB, Krain AL. Improving mental health service utilization for children and adolescents. *School Psychol Q.* 2005;20(2):187-205.
  19. McLennan JD, Braunberger P, Stelnicki AM. Wait time to what? Treatment initiation for early childhood mental health problems. *Child Psychiatry Hum Dev.* 2020;51(1):62-72.
  20. Williams NJ, Scott L, Aarons GA. Prevalence of serious emotional disturbance among U.S. children: a meta-analysis. *Psychiatr Serv.* 2018;69(1):32-40.