The role of parent, adolescent, and teacher perceptions in shaping mental health help-seeking: How cross-informant agreement shapes adolescent mental health service contact

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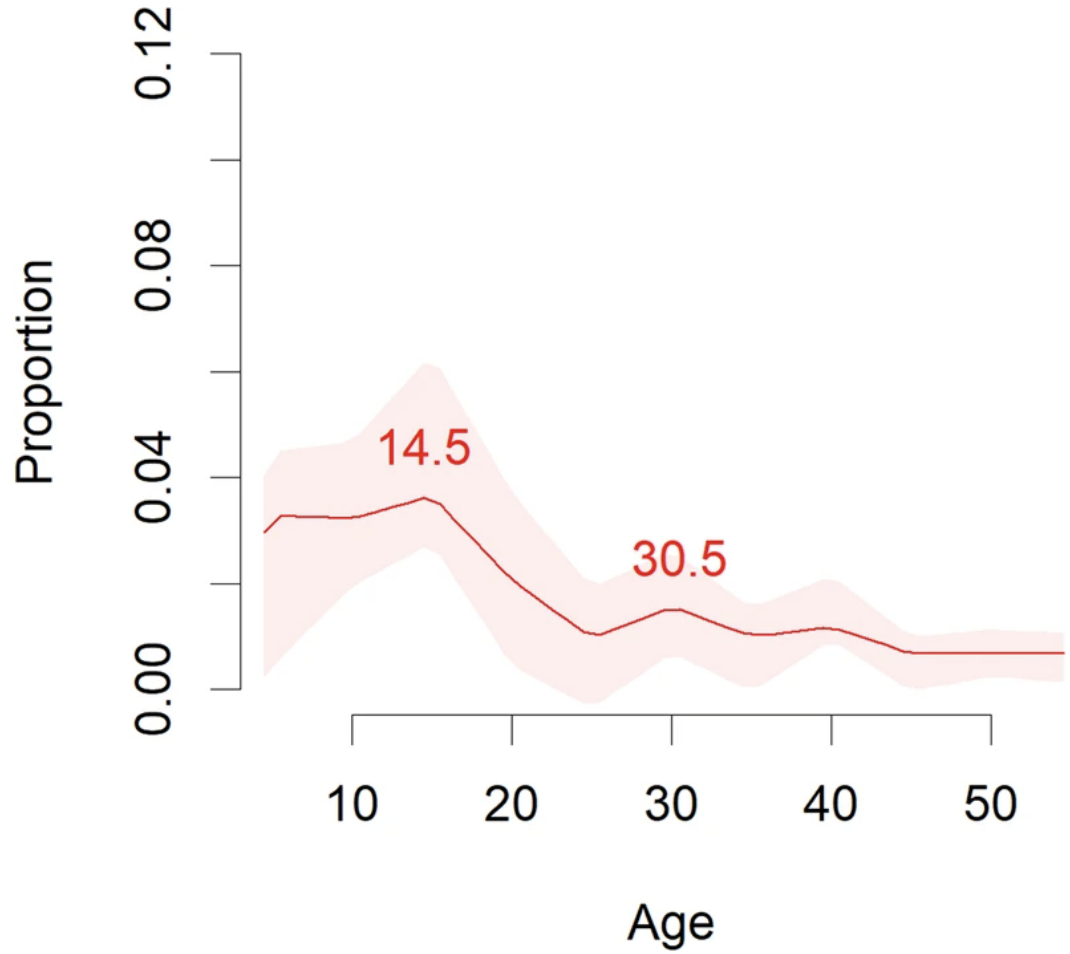
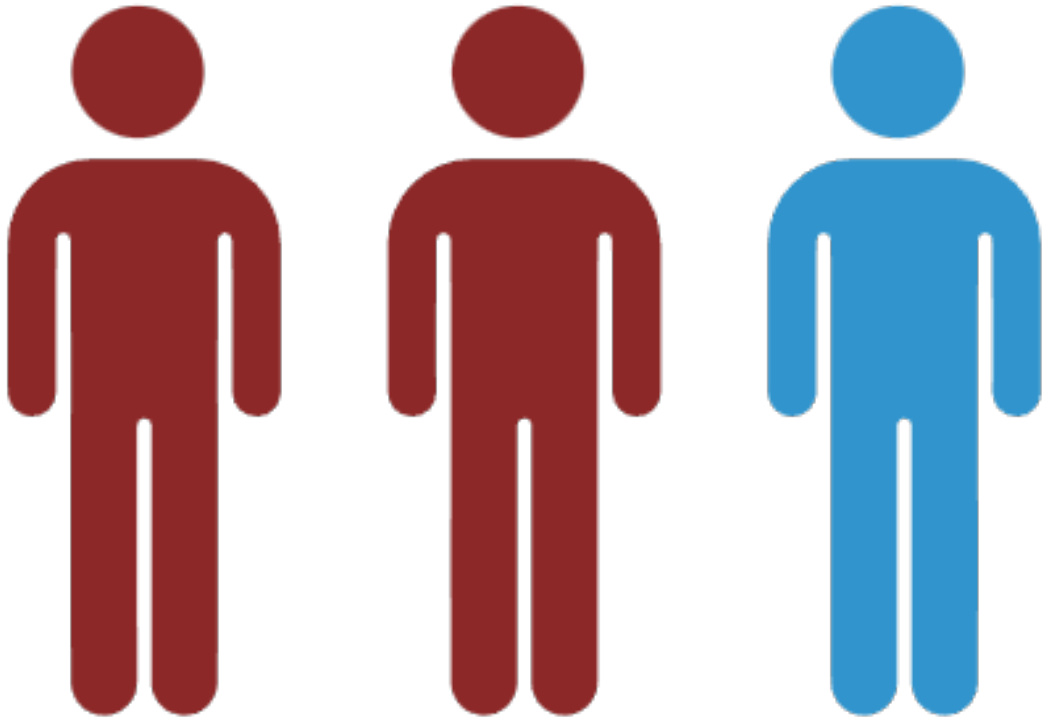


From Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., ... & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Molecular psychiatry*, *27*(1), 281-295, © *Nature*.

The median age of onset of having any mental disorder is 14.5 years.



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2/3 of children and young people with diagnosable mental health conditions do not seek help.

Kieling et al., 2024

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In England, of those who do seek help, less than ¼ seek specialist services.

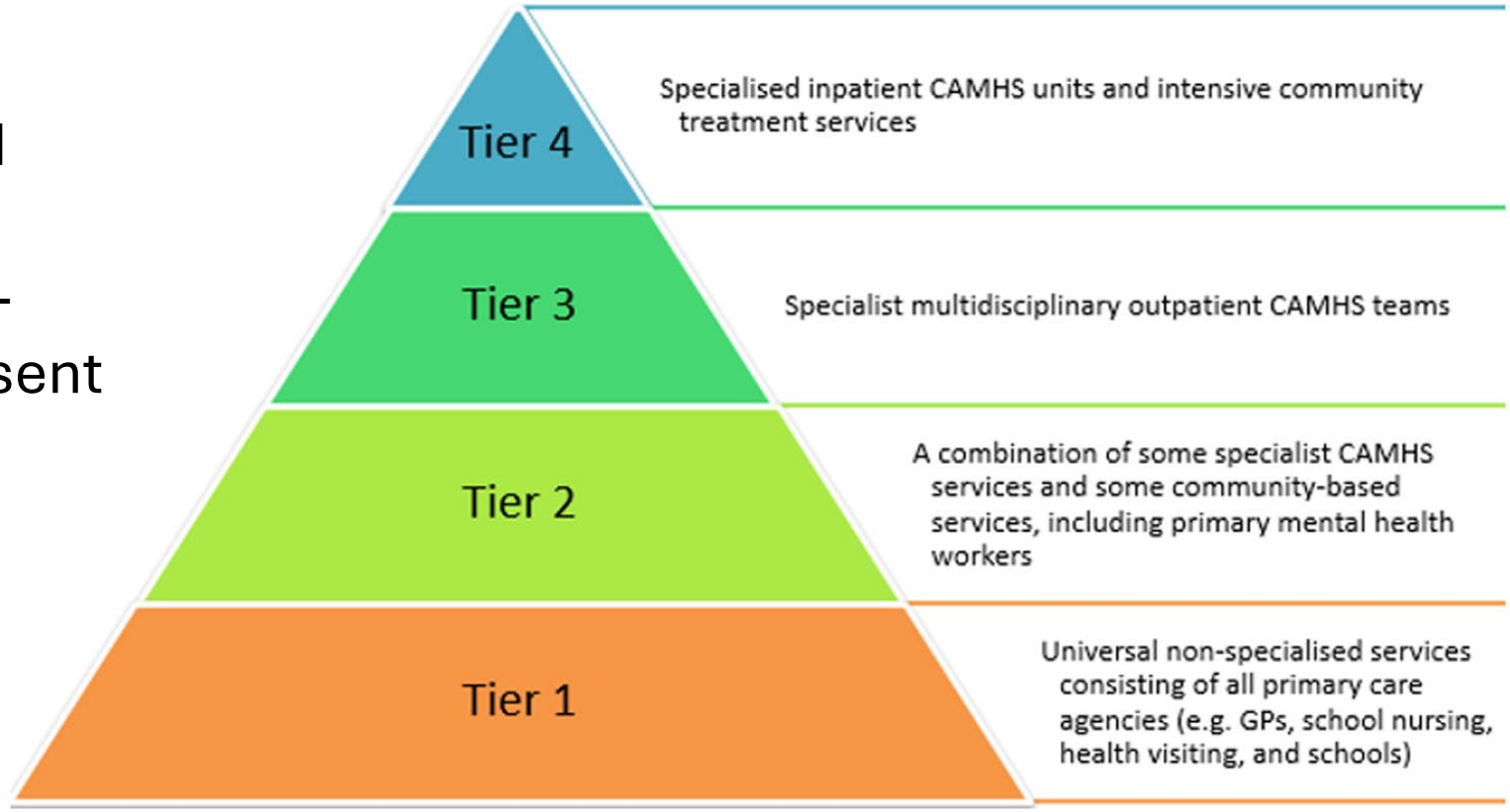
Mathews et al., 2024

Why?

It is difficult for adolescents to seek mental health support by themselves

Access to self-referral pathways within Child and Adolescent Mental Health Services (CAMHS) is not standardised

Many trusts which allow self-referral require parental consent under 16



From Banwell, E., Humphrey, N., & Qualter, P. (2023). Reformed child and adolescent mental health services in a devolved healthcare system: a mixed-methods case study of an implementation site. *Frontiers in health services*, *3*, 1112544, © *Frontiers*.

Parents play a pivotal role in help-seeking

94% of young people attending initial mental health intake reported others influenced help seeking (Wahlin & Deane, 2012)

Family is the main influence on help-seeking in early-to-mid adolescence (Rickwood et al., 2015)

Parent/child agreement on mental health symptoms associated with 43.83% of contact with a mental health provider for externalizing problems (Bajeux et al., 2018)

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Teachers are also important for service access

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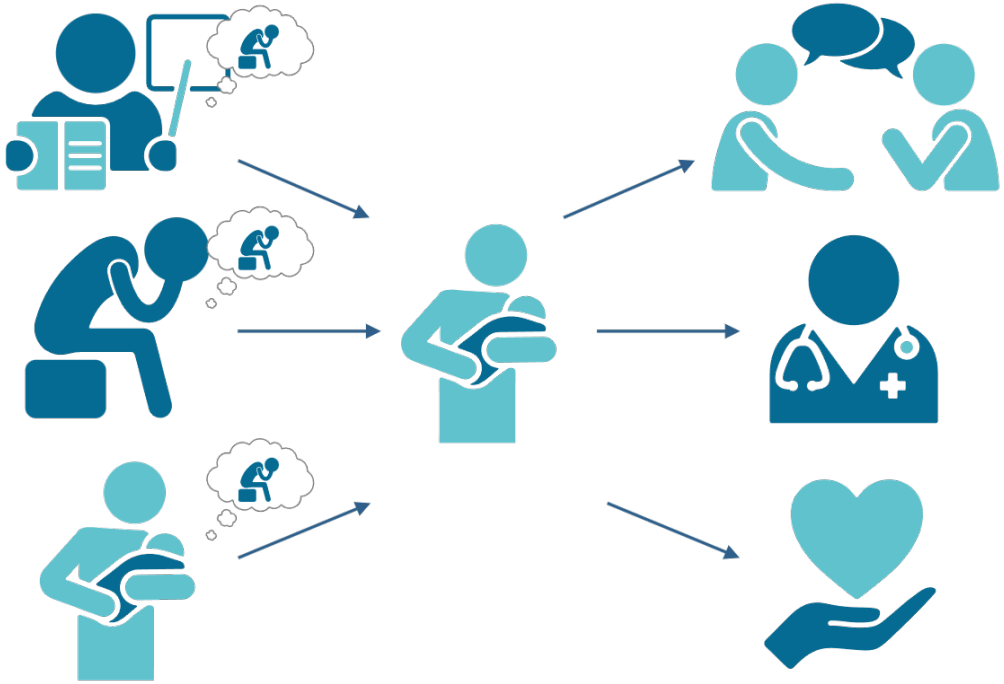
Parental contact with teachers associated with increased odds of contact with mental health specialist services (Ford et al., 2007)

Teachers = most common source of help sought by parents on behalf of children (Smith et al., 2018)

Education professional referrals most often contain sufficient information for effective triaging by CAMHS (Abel et al., 2025)

Research Question

How do differences in how parents, teachers, and adolescents themselves perceive an adolescent's mental health difficulties influence *whether* and *from whom* parents seek support?



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Data Source: Mental Health of Children and Young People Survey 2017

Nationally representative probability sample drawn from the NHS Patient Register to represent the English population. The 2017 survey included 9,117 children and young people aged 2 to 19 years.

Measure of Mental Health: Strengths and Difficulties Questionnaire (SDQ)

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The ***Strengths and Difficulties Questionnaire*** **(SDQ)** measures five latent factors (emotional symptoms, conduct problems, peer problems, hyperactivity, and prosocial behavior) using 25 items.

Measure of Service Contact: Parent-Reported Service Contact

Parents were asked if they had been in contact with one or more of a range of types of support/services during the last year, due to concerns regarding adolescents' "emotions, behaviour, concentration or difficulties in getting along with people".

Informal contact: Family/friends, telephone help line, internet, self-help group

Professional contact: Teacher, GP, social worker, youth justice officer, educational psychologist

Mental health (MH) specialist contact: Psychiatrist, psychologist, counselor

Any contact: Any of the above

Chart created by Tiara Schwarze-Taufiq using Microsoft Powerpoint. Data source: Mental Health of Children and Young People 2017.

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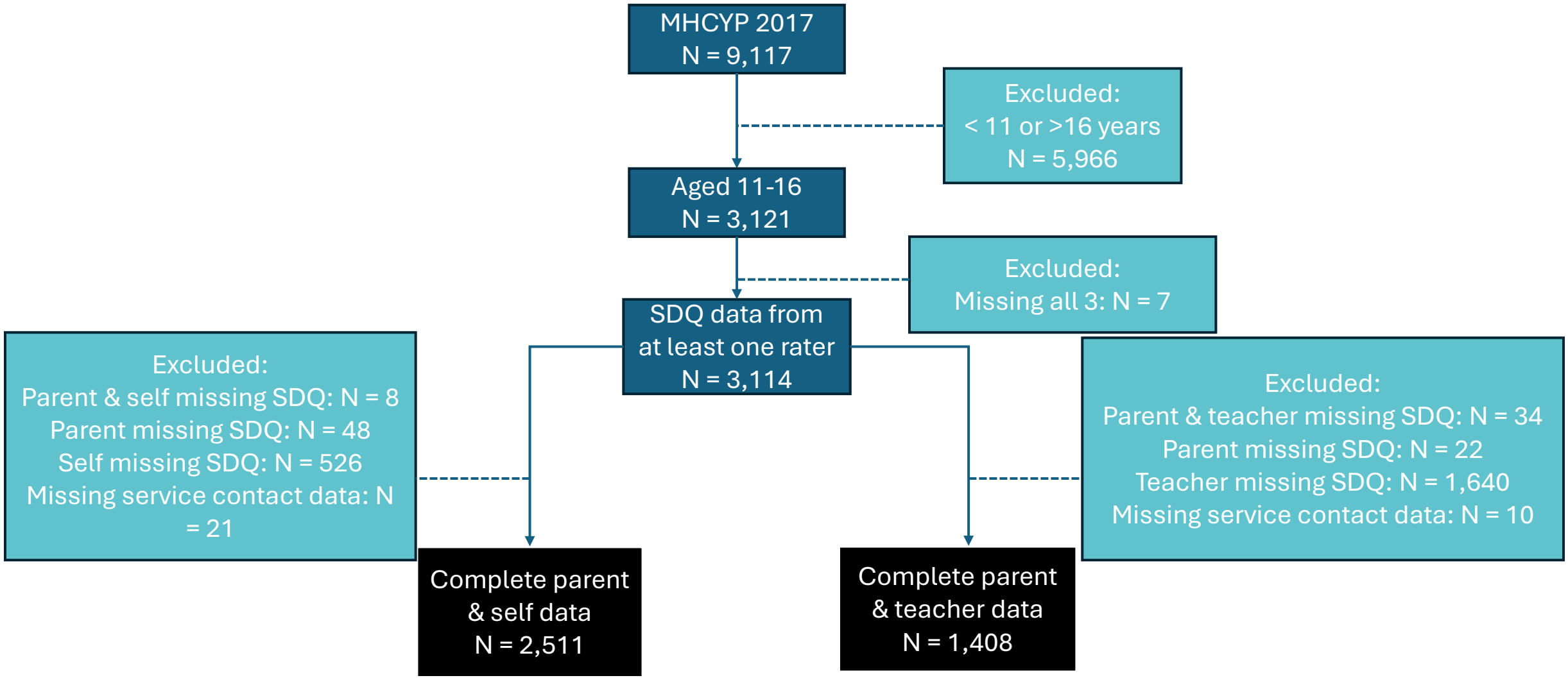
Analytic Sample



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Methodology

Multi-Group Confirmatory Factor Analysis (MG-CFA): To determine whether items on the SDQ measure the same construct across informants and construct latent factor scores from a strictly invariant measurement model.

Logistic Polynomial Regression: To examine interactions between (a) parent and teacher and (b) parent and self-reported extracted latent SDQ subscores in predicting parent-reported service contact.

Estimated Marginal Means: To evaluate nature of significant cross-informant interactions. We used R package emmeans.

Missing Data, Covariate Adjustment, Weighting

Missing Data: Complete-case analysis due to multi-informant data.

Covariate Adjustment: Regression analyses were adjusted for race (White vs. Non-White), Index of Multiple Deprivation (IMD) quintile, sex, age, region, and parental distress (GHQ-12).

Weighting: We created weights by multiplying MHCYP-provided survey weights by inverse probability weights (IPWs).

Key Findings

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(1) Disagreement is common between informants on the SDQ.

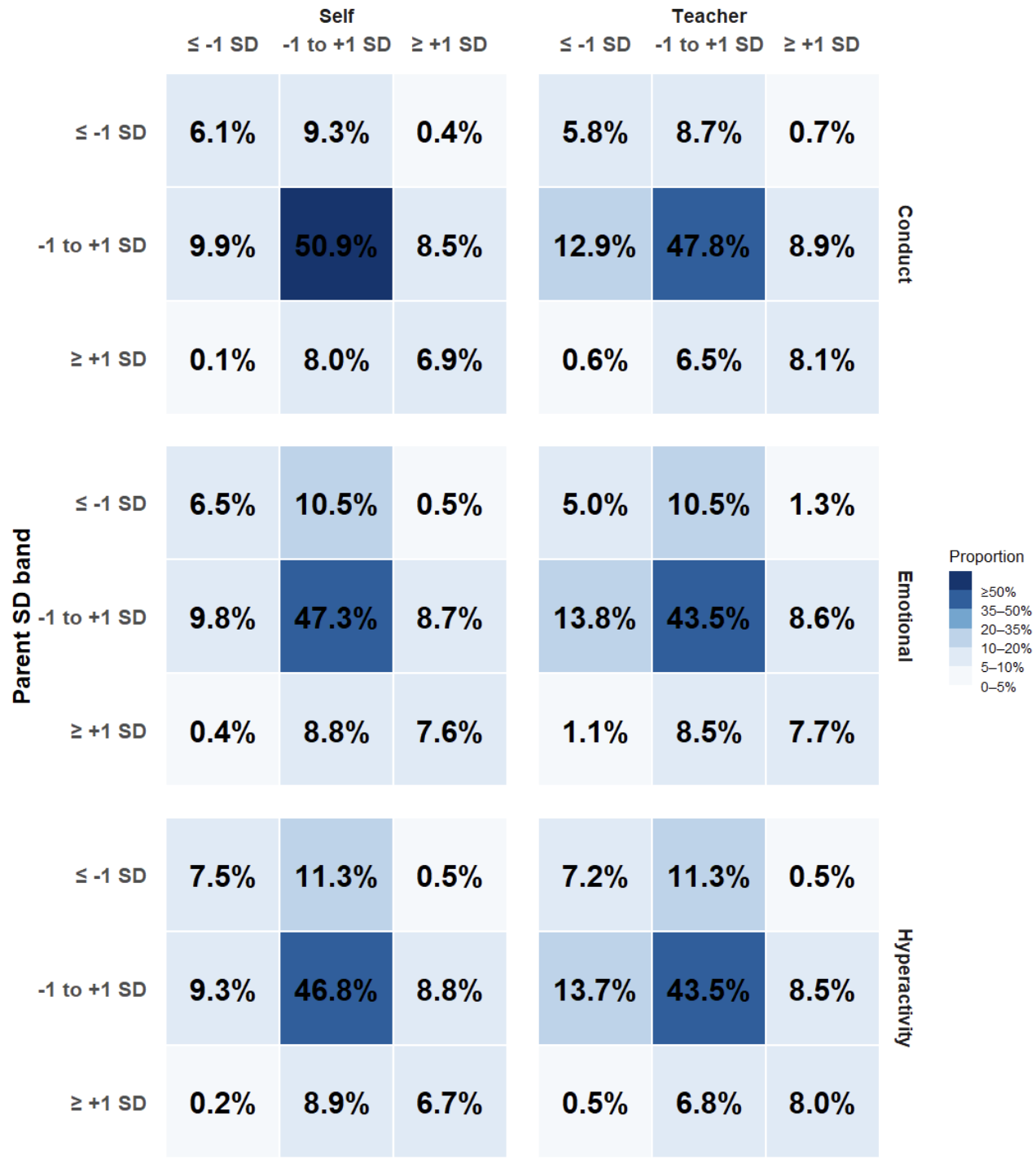
(2) There is a significant interaction between parent and self-reported emotional symptoms in predicting the odds of contact with informal and non-specialist professional support.

(3) Adolescents identifying emotional symptoms increases the odds of parents seeking informal or non-specialist professional support if a parent has not identified emotional symptoms.

(4) If a parent has already identified emotional symptoms in their child, parent-teacher agreement greatly increases the odds of parents seeking any form of help.

(5) Parents are largely the sole determinants of whether adolescents access mental health specialist services.

(6) No statistically significant interactions were observed for conduct or hyperactivity.



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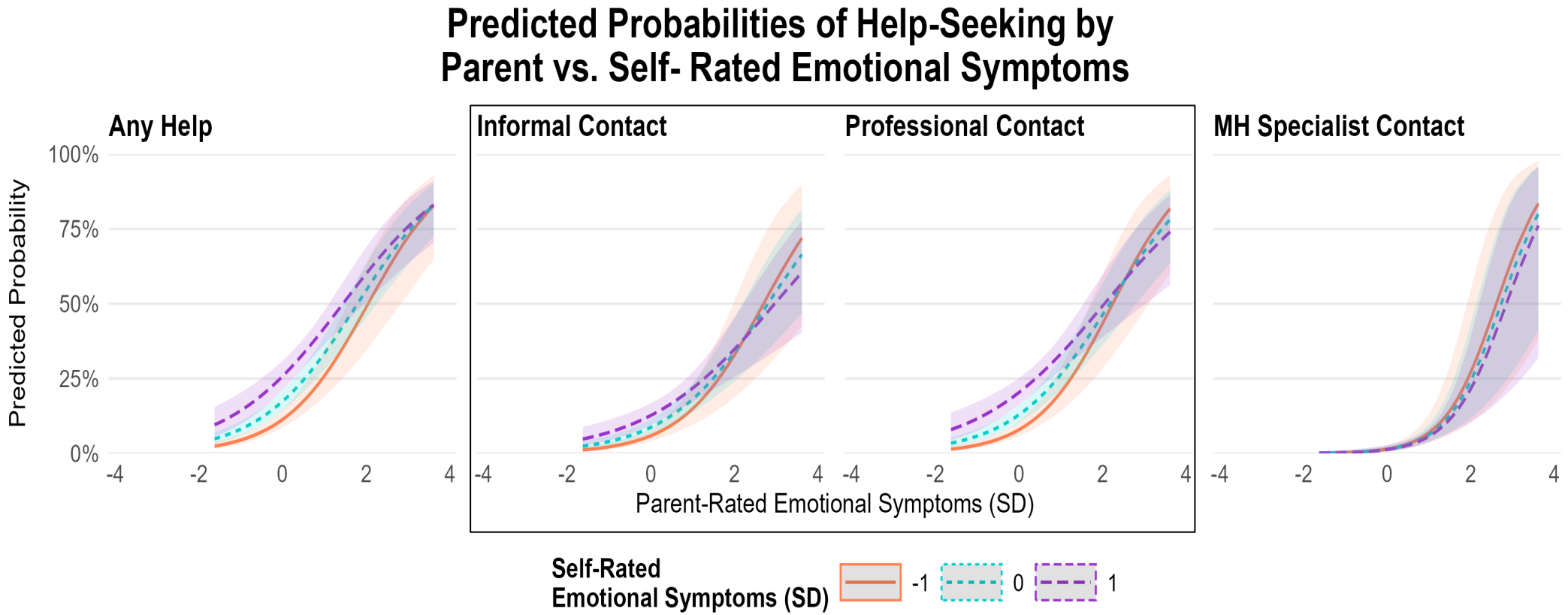

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When adolescents reported high (+1SD) emotional symptoms but parents did not, parents had around 52% higher odds of reporting informal contact (OR: 1.52, 95% CI: [1.18, 1.96]) compared to parent-adolescent pairs where neither reported emotional symptoms.

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When adolescents reported high (+1SD) emotional symptoms but parents did not, parents had around 72% higher odds of reporting professional contact (OR: 1.72, 95% CI: [1.37, 2.17]) compared to parent-adolescent pairs where neither reported emotional symptoms.

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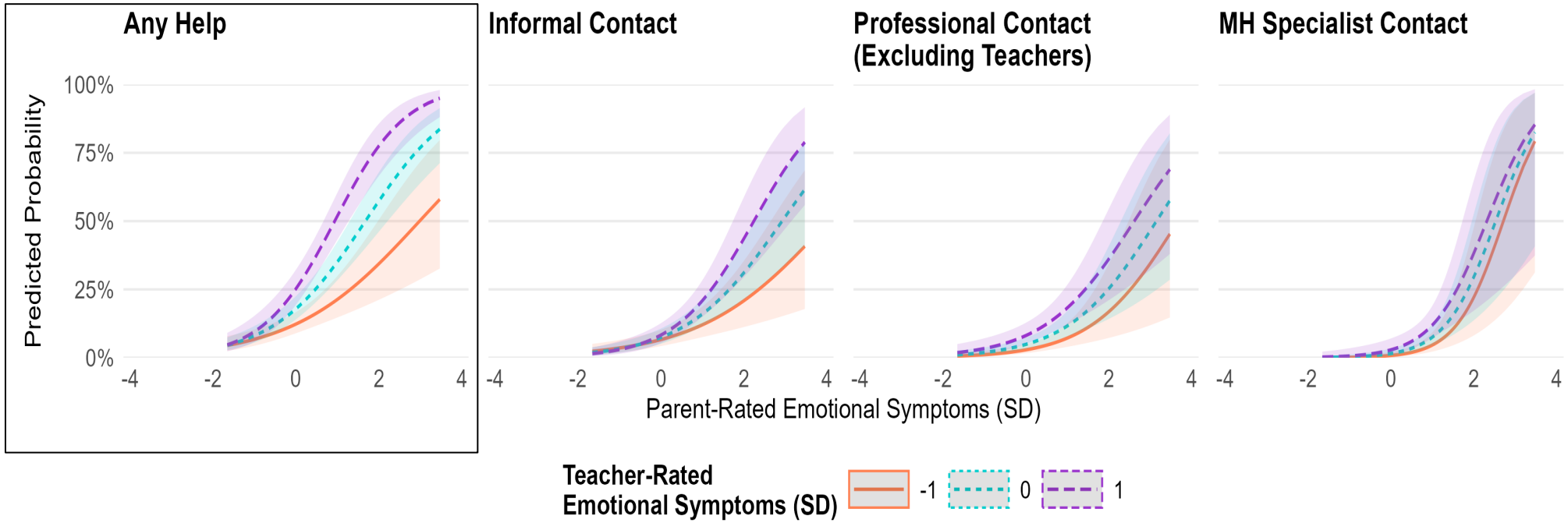
Predicted Probabilities of Help-Seeking by Parent vs. Teacher- Rated Emotional Symptoms



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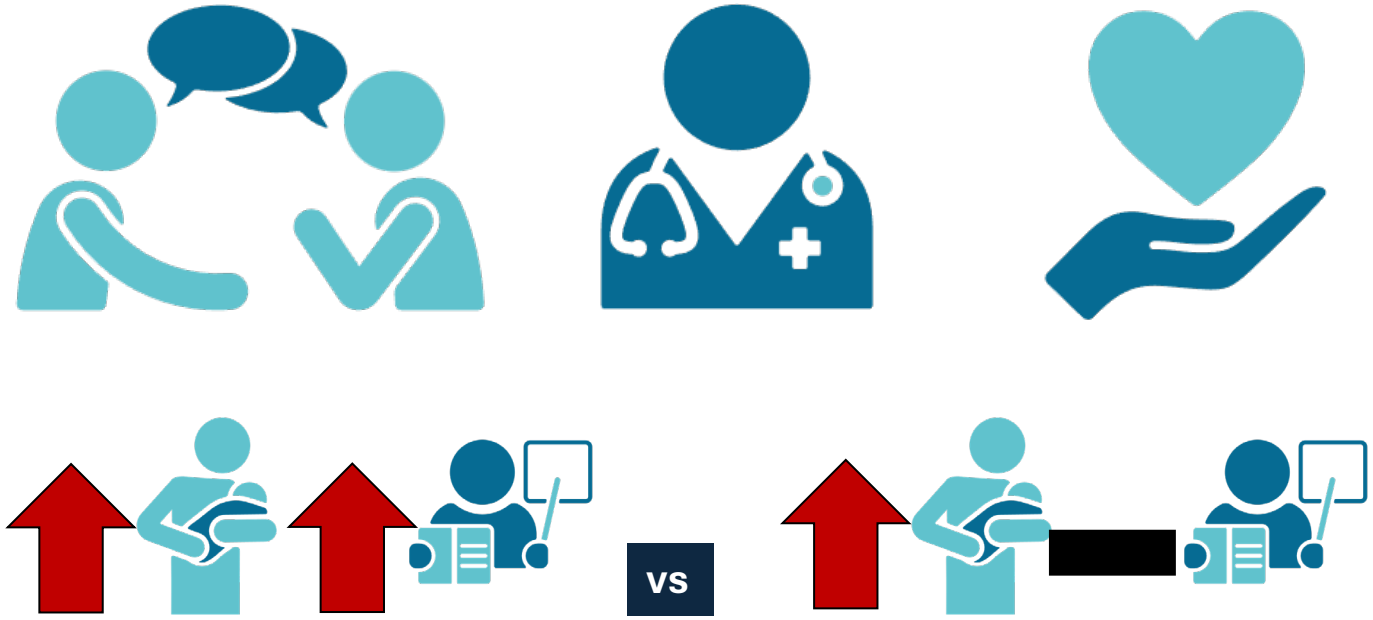

When both parents and teachers reported high (+1SD) emotional symptoms, parents had twice the odds of reporting any service contact (OR: 2.00, 95% CI: [1.43, 2.79]) compared to parent-teacher pairs where parents reported high emotional symptoms (+1SD) and teachers did not (0SD).

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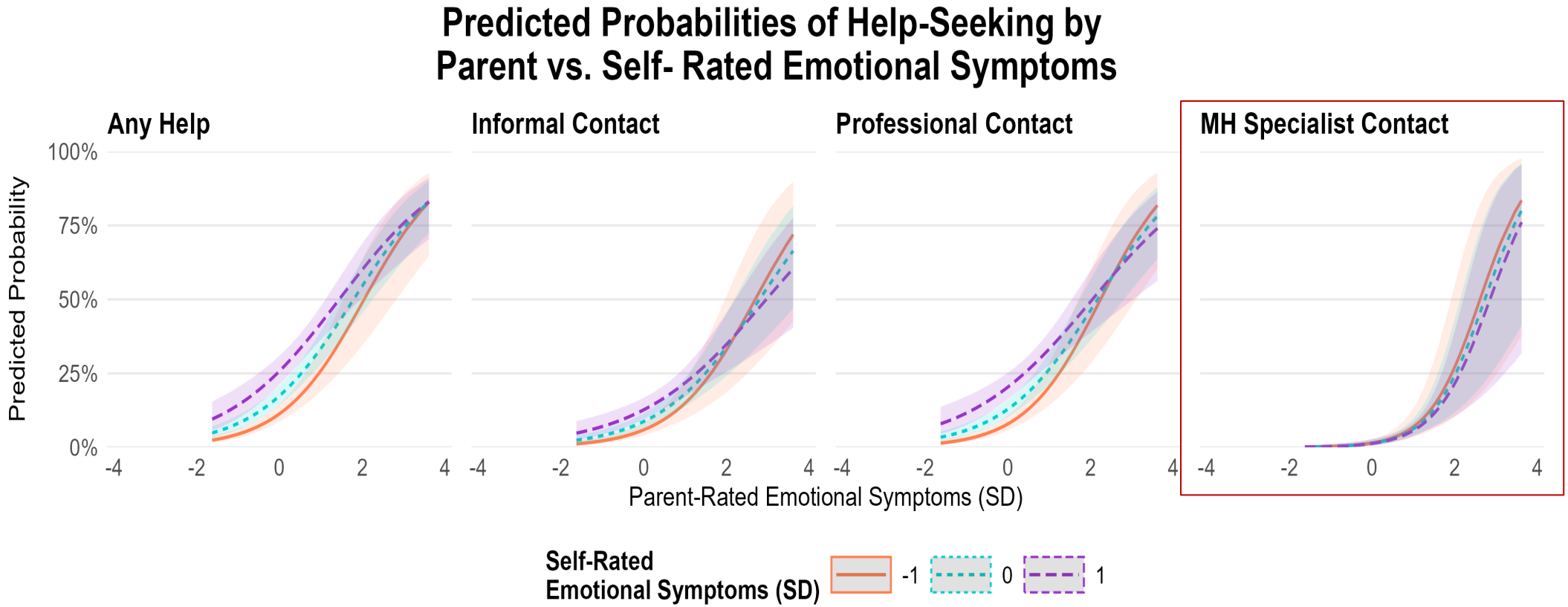

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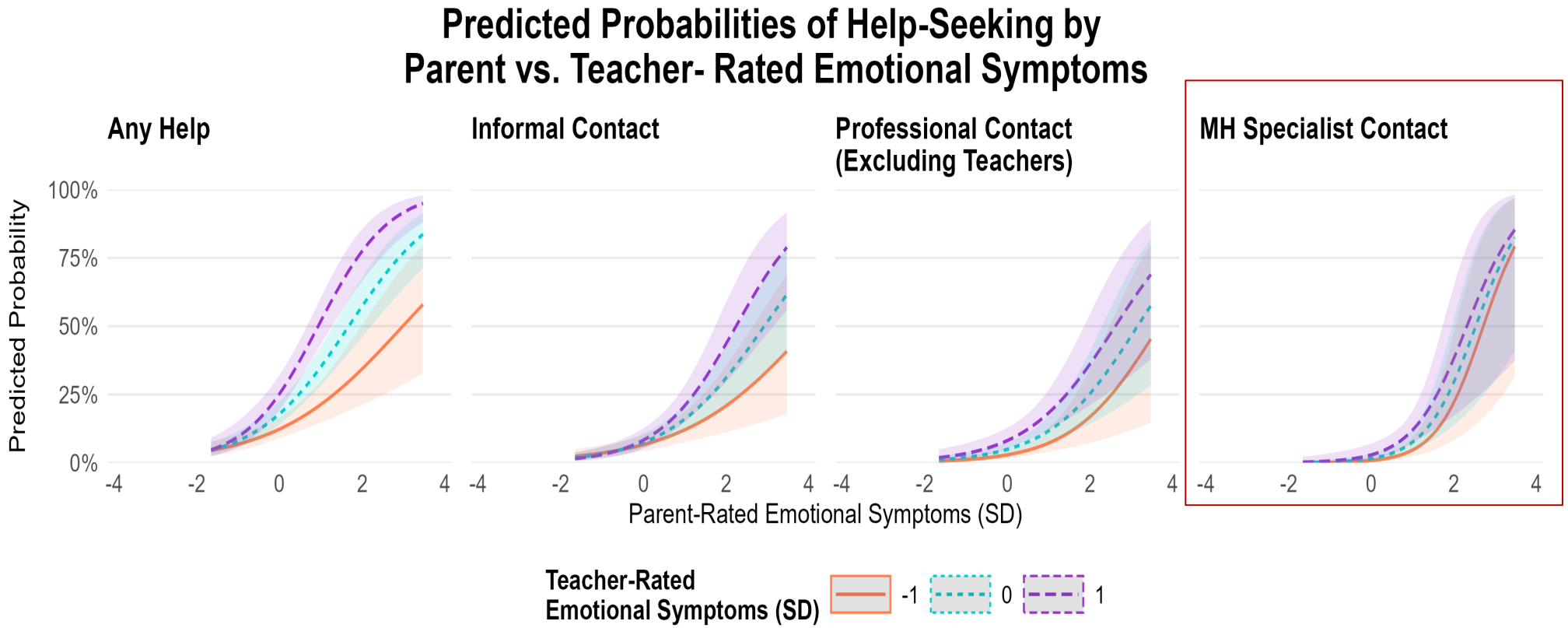

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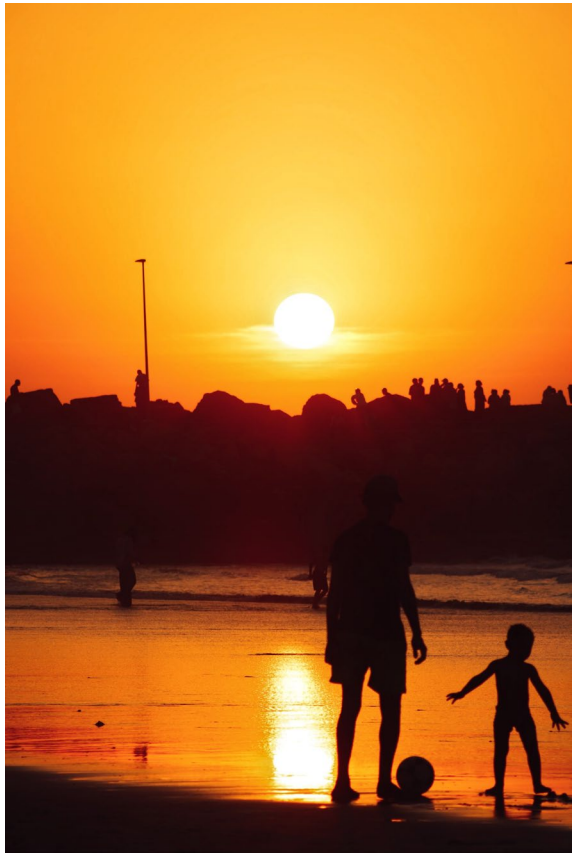
Implications

The importance of parental mental health literacy

Parent-reported concerns = strongest predictor of parent-reported service contact

Mental health literacy in parents = essential area of intervention

Mental health literacy efforts should facilitate parents' ability to evaluate severity and significance of mental health symptoms



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The importance of parent-teacher communication

Teacher reports greatly increased general parental help-seeking behavior

Parent-teacher agreement increases odds of service access

Equipping teachers to effectively recognise and communicate emotional symptoms could encourage parental help-seeking

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Self-led pathways to mental health services

Services should offer multiple entry points and involve youth and family participation (Hetrick et al., 2017)

“Youth single point of access” model proposed (McGorry et al., 2022)

Emerging evidence suggests these models are associated with improved mental healthcare and access (Yonek et al., 2020, Asarnow et al., 2015)

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