

# Public Knowledge and Assessment of Child Mental Health Problems: Findings From the National Stigma Study-Children

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## ABSTRACT

**Objective:** Child and adolescent psychiatry confronts help-seeking delays and low treatment use and adherence. Although lack of knowledge has been cited as an underlying reason, we aim to provide data on public recognition of, and beliefs about, problems and sources of help. **Method:** The National Stigma Study-Children is the first nationally representative study of public response to child mental health problems. A face-to-face survey of 1,393 adults (response rate 70.1%, margin of error  $\pm 3.5\%$ ) used vignettes consistent with diagnoses of attention-deficit/hyperactivity disorder (ADHD) and depression. Descriptive and multivariate analyses provide estimates of the levels and correlates of recognition, labeling, and treatment recommendations. **Results:** Respondents do differentiate “daily troubles” from mental health problems. For the cases that meet diagnostic criteria, 58.5% correctly identify depression and 41.9% correctly identify ADHD. However, respondents are less likely to see ADHD as serious, as a mental illness, or needing treatment compared with depression. Moreover, a substantial group who correctly identifies each disorder rejects its mental illness label (ADHD 19.1%, depression 12.8%). Although women are more knowledgeable, the influence of other socio-demographic characteristics, particularly race, is complex and inconsistent. More respondents see general practitioners, mental health professionals, and teachers as suitable sources of advice than psychiatrists. Behaviors and perceived severity seem to drive public responses. **Conclusions:** Americans have clear and consistent views of children’s mental health problems. Mental health specialists face challenges in gaining family participation. Unless systematically addressed, the public’s lack of knowledge, skepticism, and misinformed beliefs signal continuing problems for providers, as well as for caregivers and children seeking treatment. *J. Am. Acad. Child Adolesc. Psychiatry*, 2008;47(3):339–349.

**Key Words:** National Stigma Study-Children, stigma, treatment, mental illness, services.

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The mismatch between effective services and low utilization rates for children’s mental health problems has become a focal point of concern for psychiatrists, policymakers, and the public.<sup>1,2</sup> Most mental health problems, although treatable, are usually not identified or formally diagnosed. Three fourths of youths with depression are not diagnosed,<sup>3–5</sup> and among those identified, 70% are not treated.<sup>6</sup> Of those who do receive any kind of treatment, only 40% receive mental health interventions, and fewer (20%) receive specialty mental health care.<sup>3,6,7</sup> For attention-deficit/hyperactivity disorder (ADHD), only half of those diagnosed receive treatment, with fewer than one third accessing specialty services.<sup>8</sup> Overall, then, unmet treatment needs have not improved in the past 25 years,<sup>1</sup> even as the rate of

outpatient mental health service use has increased.<sup>9</sup> Such concerns are not limited to the United States.<sup>5</sup>

Given the recent attention to children's mental health issues and improved ability to diagnose and treat mental health problems, this situation presents child and adolescent psychiatry with a continuing challenge. Lack of knowledge, stigma, concerns about the increasing use of psychotropic medications, and cost considerations have been cited as explanations for low rates of treatment seeking, adherence, and positive outcomes.<sup>10–12</sup> Indeed, federal reports cite widespread public unawareness of available services,<sup>1,2</sup> and commentators voice skepticism about the expanding reach of medicine's jurisdiction into children's lives.<sup>13</sup> Such arguments, reflected in the media and among some professionals, suggest that ADHD may be overdiagnosed, signaling an overreliance on medication for what many see as children's daily problems.<sup>14,15</sup>

Despite these claims, we know little about the attitudes and beliefs that influence public responses to common child and adolescent mental health problems. Because children and teens rarely enter into treatment independently,<sup>16,17</sup> their mental health needs and services must be understood in the context of familial, social, and cultural expectations.<sup>18</sup> Until providers understand the public's ideas and expectations, they cannot anticipate the barriers that need to be surmounted. Furthermore, even when children and adolescents reach care, treatment goals will likely be derailed if parental and community beliefs counter psychiatric recommendations.

Few studies have actually examined the public's perceptions of, and response to, mental disorders in children. In small, targeted studies, parents of children with mental health problems have been reported to have greater faith in general providers and counselors than in mental health specialists.<sup>8,19–21</sup> If this is generally the case, then clinicians will need to anticipate and confront perceptions that subvert their proffered assistance to effectively address barriers to children's treatment and follow-through. Our data, recently published in a set of reports focused on public stigma surrounding children's mental health issues, revealed substantial concern with the social effects of treatment, the use of psychotropic medications, and the public's tendency to link mental health problems to a potential for violence.<sup>22–24</sup> In fact, the prejudice associated with depression may be greater for children than for adults.<sup>25</sup>

Furthermore, in these and in studies targeting adult mental health, neither respondent nor target character-

istics such as race, sex, or education were found to be powerful predictors in understanding these cultural barriers.<sup>26,27</sup> Rather, the nature of problems and more direct measures of culture were found to shape the responses of members of different sociodemographic groups. Specifically, the behaviors presented (e.g., schizophrenia, depression, substance abuse) and individuals' beliefs about them (e.g., perceived severity, attributions) were found to be more important than sociodemographic characteristics in understanding the evaluation of treatment options and stigma.<sup>22–24,26–31</sup> Similarly, in a rare review of research on mental health problem recognition among adolescents and their parents, the child's age, parents' past experience with treatment, and their social relationships affected recognition.<sup>7</sup>

Equally important to stigma and perhaps foundational to it, is the public's ability to recognize mental health problems, whether the public views children's mental problems as serious and warranting treatment, and which community, medical, and mental health options for advice and care they support. Despite a recognized role in service use,<sup>32</sup> we know little about the cultural context surrounding perceptions of child and adolescent mental health problems and treatment—that is, the actual knowledge, beliefs, and attitudes that individuals hold.

To address these issues, we use the first nationally representative survey on public attitudes toward two common mental disorders in children and adolescents: ADHD and depression. These data address existing knowledge gaps on how the public evaluates the severity and treatment options associated with child or adolescent mental health problems. Specifically, we ask do American adults recognize ADHD and depression, and differentiate these conditions from “daily troubles”? how do Americans assess severity, treatment need, and efficacy? do Americans endorse various lay and medical providers as advisors? and are cultural beliefs and assessments shaped by factors found in previous research to be important—the nature of behavioral problems, respondents or the target child's sociodemographic characteristics (e.g., age, sex, race), and other beliefs and evaluations?

## METHOD

### Participants and Procedures

We address the above questions using the National Stigma Study-Children (NSS-C) module on the 2002 General Social Survey (GSS).

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