Obstacles on the pathway to care for child and adolescent mental health problems

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Background (1)

• High prevalence of child and adolescent mental health problems (14-22%)
• Influence on children’s current and future wellbeing:
  – other mental health problems, problems with peer relationships, educational underachievement, etc.
  • adolescents’ school career is negatively affected by the presence of mental health problems\(^1\)
    – risk factor for adult mental health

\(^1\) Uiters et al., BMC Public Health, 2014
Background (2)

• A minority of youths with mental health problems receive care:
  – 14% received care from GP
  – 16% received care from mental health care services

• Why?
  – Which obstacles exist on the pathway to child mental health care?
  – How can we overcome these obstacles?

¹ Zwaanswijk, 2005
The Dutch Youth Care system

Basic care (universal services)
Including:
- Regular schools
- Child care
- Youth work
- Youth clubs

Primary care (preventive services)
Including:
- Child health care
- General practitioners
- Educational counselling services
- School social work

Secondary care (specialised services)
Including:
- Specialised youth care
- Youth mental health care
- Care for youth with mental disabilities
- Child protection and youth probation
- Juvenile justice institutions
- Specialised education services

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Netherlands Youth Institute, 2014
Parent report of child problems

Service need

Help in general practice

Mental health care use

F1: problem recognition by parent/child

F2: help-seeking in GP

F3: problem recognition by GP

F4: referral

Model adapted from Goldberg & Huxley, 1980, 1992
Filter 1: Problem recognition by parent/child

Children with deviant CBCL Total Problems scores:
• 49% of parents also acknowledged the presence of a child mental health problem when asked directly\(^1\)
• 33% regarded to be in need of services by their parents\(^2\)

Adolescents with deviant CBCL/YSR Total Problems scores:
• 22% regarded to be in need of services by their parents\(^3\)
• 30% reported a service need themselves\(^3\)

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1 Zwaanswijk et al., Eur Child Adoles Psy, 2006
2 Zwaanswijk et al., J Am Acad Child Psy 2005
3 Zwaanswijk et al., Clin Child Psychol Psychiatry, 2007
Filter 2: Help-seeking in general practice

- >80% of youths with mental health problems had contacted their GP in the preceding year. However, mainly for physical problems\(^1\)

- Merely 14% of youths with mental health problems had visited their GP specifically for these problems in the preceding year\(^1\)

- Dutch GPs are supposed to function as gatekeepers to mental health care -> limited GP consultation is the next filter on the pathway to care

\(^1\) Zwaanswijk et al., Fam Prac, 2005
Filter 3: Problem recognition by GP

Merely 14% of children and 13% of adolescents who were considered to have mental health problems by their parents or teachers, were diagnosed with psychological problems by their GP.\(^1\)

\(^1\) Zwaanswijk et al., Fam Prac, 2005
Mental health problems in general practice

7% of youths diagnosed with a mental health problem by their GP (2008)

Prevalence of mental health problems recorded in general practice in 2004-2008

Per 100 children (0-12 years)

Per 100 adolescents (13-18 years)

1 Zwaanswijk et al., BMC Fam Prac, 2011
Alternative explanations

• Parents or children do not explicitly mention their concerns
• GPs are reluctant to diagnose children with mental health problems (e.g. because of fear of stigma or limited referral possibilities)
• Children function adequately despite the presence of mental health problems
Filter 4: Referral to mental health care

21% of youths with mental health problems referred to mental health care by their GP (2008)\(^1\)

\(^1\) Zwaanswijk et al., BMC Fam Prac, 2011
Implications

Obstacles on the pathway to care:
- Limited problem recognition by parents and/or youths
- Limited consultation of GPs for mental health problems
- Limited problem recognition by GPs
- Limited referral to additional care

Main questions:
- How can we prevent children to be in need of additional care?
- How can we increase service use for children who need additional care?
Prevention

- FRIENDS for Life\(^1\): school-based prevention for children with symptoms of anxiety and depression
- Implemented at elementary schools in Amsterdam
- Long-term effectiveness under naturalistic conditions
- Intervention group: N=339 children, control group: N=157 (8-13 years)
- Self reports of symptoms of anxiety and depression (RCADS) collected pre- and post-intervention, and 6 and 12 months after intervention

\(^1\) Barret, 2004
Long-term effects on self reported anxiety

Kösters et al., submitted
Long-term effects on self reported depression

T1: pre intervention, T2: post intervention, T3: 6 months, T4: 12 months

Kösters et al., submitted
Implications

Obstacles on the pathway to care:
• Limited problem recognition by parents and/or youths
• Limited help-seeking in general practice
• Limited problem recognition by GP
• Limited referral to additional care

Implications:
• How can we prevent children to be in need of additional care?
• How can we increase service use for children who need additional care?
Implications

• Mental health literacy programs -> increase awareness of:
  – the presence of mental health problems
  – where to get help
• Improve problem recognition by GPs:
  – Increase awareness of the possible occurrence of mental health problems in high risk groups
  – Teach GPs to use psychosocially oriented communication skills
• Develop short-term interventions in primary care
• Direct contact between GPs and mental health professionals
• Strengthen the role of schools
More information

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Kösters et al. (submitted). Indicated prevention for childhood anxiety and depression: results from a practice-based study at 6- and 12-month follow-up.
Uiters et al. (2014). The association between adolescents’ health and disparities in school career. BMC Public Health, 14, 1104.
Zwaanswijk et al. (2007). The different stages and actors involved in the process leading to the use of adolescent mental health services. Clin Child Psychol Psychiatry, 12, 567-582.