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Analysis of Adolescent Barriers in Seeking Help for Mental Health Issues

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ABSTRACT

Although previous research has hypothesized that barriers such as misconceptions and shame associated with mental health would hinder not only university students but younger adolescents as well, there has not been a systematic review that explores this topic in depth. In this study, we looked at four major kinds of barriers that adolescents face in seeking help for mental issues. The lack of mental health literacy is a general problem of society at large and this affects adolescents too. Another common issue arises from the stigma and negative attitudes and beliefs associated with mental health issues. Apart from these two issues, something specific to adolescents was the unique situation of adolescents not having complete control over where they received mental health like at school or through the intervention of guardians. This leads to confidentiality and trust issues that are unique to adolescent lives. Other practical barriers that were uncovered like cost and \issues with logistics are also captured. With this analysis, this paper also discusses solutions that may be effective in overcoming these barriers.

Introduction

Depression can be defined as “the tendency to enter into, and inability to disengage from, a negative mood state” (Holtzheimer & Mayberg, 2011). The core symptoms of depression include an overall depressed mood present for most of the day (almost every day), a loss of interest and feeling of pleasure in activities, and low energy or high sensitivity to fatigue (Kennedy, 2008). Depression hits its peak in mid-to-late adolescence and young adulthood (Rutter et. al,1995). The Substance Abuse and Mental Health Services Administration stated that 15.7% of adolescents have had at least one major depressive episode in 2019 (Substance Abuse and Mental Health Services Administration, 2020). Depression's presence during adolescence has shown to be comorbid to increased risk of repetition of health risk behaviors, such as self-harm and violent suicidal behavior (Burns & Hickie, 2002), sleep disorders (Urrila et al., 2012), eating disorders (Santos et al. 2007), and struggles with thinking, concentrating, and making decisions (American Psychiatric Association, 2000). Recognizing and treating depression earlier on can improve long-term results (Wright, et. al, 2005), reduce the risk of future episodes (Wright, et. al, 2005), and decrease the prevalence and severity of depression (Burns & Hickie, 2002).

Depression is often comorbid with anxiety. Anxiety, from a psychological point of view, can be described as “a state of apprehension, a vague fear that is only indirectly associated with an object,” (Huang, 2012). According to the National Institute of Health, 31.9% of adolescents have anxiety disorders between 2001-2004 (Merikangas et. al, 2010). According to Mayo Clinic, people with anxiety disorders have “intense, excessive and persistent worry and fear about everyday situations” (Mayo Clinic, 2018). The feelings of intense anxiety, fear, and/or terror in anxiety disorders tend to reach a peak within minutes (i.e., panic attacks) (Mayo Clinic, 2018). According to a study conducted by Henker and colleagues, high anxiety adolescents compared to low anxiety adolescents express elevated levels of stress, anger, sadness, and fatigue (Henker et al., 2002). These adolescents also show low levels of happiness and well-being. They reported having fewer conversations

and time spent on leisurely activity, relative to "achievement-oriented pursuits," higher urges to eat and smoke, along with more tobacco use (Henker et al., 2002).

Depression and anxiety are important and prevalent problems among adolescents. Like anyone else, adolescents need professional help to address these mental illnesses. However, many barriers are stopping them from getting this help. Adolescence is the period that begins with the onset of puberty and ends with the acceptance of adult identity and behavior (Canadian Paediatric Society, 2003). Since adolescence can be described differently across a broad range of settings, such as culture, and personal growth, the ages between 10-24 would be the closest corresponding definition to identify this period (Sawyer et al., 2018). Adolescents are especially vulnerable to mental illness (Blakemore, 2019). Many mental illnesses initially appear before the age of 24 years (Blakemore, 2019). Depression alone has been estimated to become the world's leading cause of disability-adjusted life years, by 2030 (Blakemore. 2019). Depression affects adolescents regardless of their gender: Adolescent girls are about twice as likely to experience depression as boys (Blakemore. 2019), while adolescent boys are more likely than girls to develop substance use disorders and to die by committing suicide (Blakemore, 2019).

Previous research on university students has shown that factors such as misconceptions about mental disorders and feelings of shame can be significant barriers that prevent students from obtaining mental healthcare assistance (for review, see Ibrahim et al., 2019). Although it is hypothesized that similar barriers would hinder younger adolescents as well, there has not been a systematic review that explores this topic in depth. Some prior studies have discussed some factors that influence adolescents' identifying a need for help and actually obtaining it (Saunders, Resnick, et al., 1994). Adolescents' perceived stigma and embarrassment, problems recognizing symptoms, and a preference for self-reliance are the most important barriers to help-seeking (Gulliver, Griffiths, et al. 2010). This paper takes a closer look at four main barriers that prevent adolescents from seeking help--lack of mental health literacy and emotional competence, negative beliefs and stigma, lack of confidentiality and trust, and structural issues-- *as well as some solutions and their effectiveness*.

Section 1. Lack of Mental Health Literacy and Emotional Competence

Before being able to reach out to professionals for help, adolescents need knowledge about mental health. This knowledge, which includes being able to recognize specific disorders, knowing where to seek information, acknowledging and understanding risk factors as well as understanding treatment options including self-treatment, is referred to as mental health literacy (Jorm et al. 1997). Good mental health literacy can help people with mental health disorders because it may facilitate younger people to seek help, or their parents and other trusted adults around them to identify signs of mental health disorders and find help on their behalf (Kelly et al. 2007). This highlights the need for better mental health literacy and appropriate pathways to care for adolescents (Burns & Hickie, 2002). Armed with mental health literacy, adolescents can be more confident in seeking help from the resources available to them.

Mental health literacy and the ability to recognize symptoms are deficient among adolescents. Researchers found that adolescents show mixed abilities at recognizing depression (Burns & Rapee, 2006). In their study, they used a vignette-based questionnaire where adolescents were presented with stories of depressed individuals and asked about their conditions (Burns & Rapee, 2006). The study's results showed that although adolescents were good at recognizing extreme or obvious signs of depression such as suicide or feelings of worthlessness, they showed a lack of ability to identify more moderate signs, such as a lack of interest in usual activities, loss of energy or a diminished ability to think (Burns & Rapee, 2006). This lack of ability to identify mental health issues leads to adolescents diminishing the consequences through normalizing symptoms, pointing out coping mechanisms as evidence of lack of issues, or waiting for more severe symptoms to emerge before seeking help (Biddle et al., 2007).

The behavior of adolescents is also dictated by their emotional competence, or their ability to identify and describe their own emotions. Adolescents with more difficulty identifying emotions were found to avoid seeking help (Ciarrochi, Wilson, et al., 2003). This barrier to help-seeking was present in more severe cases of depression and anxiety as well; for example, a study of American adolescents showed that only about half of the adolescents with thoughts of self-harm recognized that they may require medical intervention (Evans, Hawton, et al., 2005). This problem was particularly pronounced among older adolescents, whose lack of ability to identify their symptoms led to decreased intentions to obtain medical help (Ciarrochi, Wilson, et al., 2003). Multiple studies showed that a lack of emotional competence among adolescents acts as a barrier to seeking help from both formal and informal sources. A lack of emotional competence leads not only to lower awareness of mental health issues but also leads to a lacking or limited vocabulary to articulate the issues faced and in turn triggers an emotional response such as embarrassment at 'not being good at explaining,' leading to a lower chance of seeking help. This problem was especially pronounced among male adolescents, who were observed to face this barrier more hindering them from seeking help even from friends and family (Rickwood et al., 2005). Hence, difficulty with recognizing depression symptoms is one of the most important barriers that prevent adolescents from seeking help (Gulliver, Griffiths, et al. 2010).

Section 2: Negative Beliefs and Stigma

Another important problem preventing adolescents from seeking help for mental health issues is the perceived stigma associated with mental health in society. Stigma often leads to the exclusion of an individual from social circles (Ibrahim et al. 2019). Such experiences lead to feelings of incompetence and low self-esteem and a "why try" effect (Corrigan et al., 2009). This in turn hinders adolescents from seeking help since getting help from professionals is perceived as a threat to self-esteem and a sign of weakness and acceptance of failure (Corrigan and Mathews, 2003; Curtis, 2010).

Multiple studies show that like adults, adolescents are concerned about others' opinions if they ask for help on mental issues (Gulliver, Griffiths, 2010). Social acceptance especially among peers is of critical importance to adolescents (Gowers, 2005). Adolescents reported sensitivity to social stigmas as a leading cause of concern when it comes to seeking help (Radez et al. 2020). A study found that a compelling cause for not seeking help among adolescents was that their friends and others would think of them as "mental" (Rickwood et al., 2007). Such stigma leads to feelings of embarrassment and worries about their mental problems becoming well-known among acquaintances, friends, and even family in some cases (Freedenthal & Stiffman, 2007).

There are two ways in which stigma affects adolescents greatly. First, some adolescent attitudes are dictated by concerns about the opinions of others (Kuhl, Jarkon-Horlick & Morrissey, 1997). Second, some adolescent attitudes are dictated by aversive emotions about the futility of help (Kuhl, Jarkon-Horlick & Morrissey, 1997). This section will discuss these two concerns as possible reasons that adolescents face barriers to seeking mental health assistance.

The attitude of family and society in general clearly dictates adolescents' acceptance or attitude towards seeking help (Vogel, Wade & Haake, 2006). Studies have found that adolescents refer to family and friends rather than seeking professional help (Rickwood, et al., 2007) And when the family beliefs were negative towards mental health issues, this created a negative barrier towards seeking help for mental health among adolescents (Velasco et al., 2020). Studies show that individuals who get professional help are considered less emotionally consistent and less interesting (Velasco et al., 2020). Attending psychological counseling also led to people facing more negative attitudes (Sibicky & Dovidio,1986).

There is also evidence around past experiences in seeking help also being important for developing attitudes towards continued help-seeking (Deane et al. 1996). Adolescents who reported positive experiences with previous attempts at seeking help, even when the event was not of a psychological nature, felt that they could get positive help for their psychological issues as well. This could have been as simple as a counselor or

teacher helping fix a flat bike tire. Therefore, adolescents in an academic environment must have realistic expectations of the help that various sources can provide. At the same time, stakeholders such as teachers need to be trained to provide initial positive responses that could have a bearing on student attitudes to seeking help in the future as well (Wilson & Deane, 2001).

Section 3: Lack of Confidentiality and Trust

Adolescents love their privacy, and this fact remains the same when seeking help for mental health. Odiseng & Haycock (1997) identified five concerns that adolescents have around confidentiality issues with seeking mental health assistance: The first factor is the physical location of the mental health provider and whether the adolescents believe that their peers may find out. The second factor is prior experiences wherein a mental health provider betrayed the trust of the adolescent. The third factor is the relationship of the providers with other key people in the adolescent's life; for example, a connection between the mental health provider and the adolescents' parents. The fourth factor was the legal obligations for the provider to disclose confidential information. The fifth factor was the severity of the condition faced by the adolescent.

Adolescents place a lot of emphasis on trust in the context of mental health. They are more likely to seek help if they trust that the source would understand what they are going through and if they felt the source was empathetic and genuine (Lindsay & Kalafat, 1998). Finally, across multiple studies, adolescents felt that advice given by adults, perceived to have gone through similar issues themselves, were more helpful and trustworthy (Lindsay & Kalafat, 1998; Wilson & Deane, 2001). Adolescents expressed worry about who would find out and expressed concerns that rumors would begin circulating about them (Fortune, Sinclair & Hawton, 2008). Girls were found to express more concerns with regards to confidentiality and trust, compared to boys (Fortune, Sinclair & Hawton, 2008.

Lack of confidentiality becomes a more pronounced problem for approaching school counselors where a lack of privacy can create insurmountable barriers. School environments where counselors' offices are near school entrances, or next to a principal's office / other public settings act as deterrents to seeking help. Adolescents also felt that counselors may discuss their issues in staff rooms (Lindsay & Kalafat, 1998; Rickwood et al. 2005). This could be because of the possible dual roles that these providers play. That is, counselors who are mental help providers may also be 'school rule enforcers.' It could also be because of the busy nature where they have too many kids to deal with. Finally, there may be a perception of counselors being out of touch with the lives of adolescents (Gulliver, Griffiths, et al., 2010).

Even in medical settings, adolescents were skeptical about confidentiality because the doctor was seen as either being too close to parents or obligated to tell the parents about the adolescents' issues (Leavey et al.,2010). Studies found that in some cases, adolescents may not want to discuss their health issues with their parents and may even give up on treatment if they think their parents will come to know of their issues (Ford & English, 2002). They are more willing to seek care from and communicate with physicians who assure confidentiality, and in contrast, may forgo health care to prevent their parents from discovering their help-seeking (Berlan & Bravender, 2009).

Adolescents need both health service providers to keep their mental health information and their visits to these practitioners themselves to remain confidential from others, including peers and in some cases even family (Booth et al., 2003). Without having both these things, the lack of confidentiality in terms of help-seeking for mental health will always be a barrier deterring adolescents from finding the help they need.

Section 4: Practicality

Other than these more attitudinal barriers, there are a few structural barriers as well, such as costs, waiting times, and transportation (Velasco et al., 2020). These barriers are the most prominent when looked at in surveys to do with parental barriers to help their children seek help.

The cost of mental health services on its own has been reported as a barrier by at least 10% of participants in almost half of quantitative studies, most of which were conducted in the USA where participants were typically not users of mental health services (Reardon et al.,2017). In addition to the expensive cost of mental health services, there are more hidden financial barriers such as a lack of insurance coverage and indirect costs such as travel costs and organizing care for other children (Reardon et al., 2017). A US study of pediatricians conducted by Pfefferle (2007) reported that children discontinue treatment prematurely due to limitations by insurance programs. The study also reported that there is difficulty finding specialist services for adolescents rather than primary care services that accept Medicaid insurance. In other cases, parents stated that insurance companies made their attempts to access mental health providers difficult. One example of such a scenario is that with some insurance plans, one needs to get pre-authorization for a child's mental health treatment from a health plan representative, which causes delay because of complicated systems in place (Cohen et al., 2012).

Another barrier is logistical issues such as transportation and appointment timings (Collins et al. 2004). Inconvenient appointment times are often rated in quantitative studies as a barrier, however only by a small minority of participants (Reardon et al., 2017). Qualitative studies also identified the complicated administrative system and the appointment system as another barrier (Reardon et al., 2017). Both qualitative and quantitative studies found that the location of the mental health service and lack of transport is another barrier (Reardon et al., 2017).

Socioeconomic differences are also an important barrier when it comes to differences in mental health by race and ethnicity (Alegría, 2015).

Similarly, views relating to general practitioners were identified as presenting barriers to both seeking and accessing help across diverse samples (Reardon et al., 2017). There is a large shortage of child and adolescent psychiatrists (Cama et al., 2017). The wait to access mental health services was identified as a recurring structural barrier reported across quantitative and qualitative studies from different countries (Boulter & Rickwood, 2013). Beyond the trouble with getting professional mental health care, there are also barriers to getting good mental health care from primary care clinicians and general practitioners (Sayal et al., 2010).

Discussion

This paper addresses adolescent barriers to seeking and accessing help for mental health issues in adolescence. We primarily focused on barriers to do with adolescent depression and anxiety. Adolescents are particularly vulnerable to such mental disorders (Blakemore, 2019). One barrier is the lack of mental health literacy (Burns & Hickie, 2002). Due partly to this lack of mental health literacy, only 29% of children and adolescents with a mental health problem reach out to professionals (Sawyer et. al, 2000). The lack of mental health literacy can lead to not seeking help due to reasons such as underestimating the consequences and normalizing symptoms of mental health issues (Biddle et al., 2007). In addition to bad mental literacy, adolescents' bad emotional competence also plays a role in their failure to seek help (Evans, Hawton, et al., 2005). The second barrier was negative beliefs and stigma toward mental health. While some adolescent attitudes are dictated by concerns about the opinions of others, others are dictated by aversive emotions about the futility of help (Kuhl, Jarkon-Horlick & Morrissey, 1997). Both these attitudes lead to adolescents avoiding professional help (Vogel, Wade., 2006; Kuhl, Jarkon-Horlick & Morrissey, 1997). The third barrier was the perception of non-confidentiality and the lack of trust toward mental health providers. Adolescents want both the issues mentioned and the visit itself to be kept confidential from peers and family (Booth et al., 2003). The fourth barrier was structural issues, such as cost of service, lack of insurance coverage, travel costs, the cost of organizing care for other children

(Reardon et al.,2017), lack of transportation, and inconvenient appointment timings are also important to note (Collins et al. 2004).

A possible solution to the barriers discussed above could be a public health approach to adolescent mental health such as awareness campaigns or new, and more accessible clinics. The approach of public health usually focuses on physical health. But a more holistic method of looking at health would be to include mental health in initiatives targeting public health. Such could be a viable solution to encourage adolescents to seek mental health treatment at a large scale rather than an individual scale. This way, mental health can be looked at from a prevention angle for whole communities rather than focusing on individual diagnostic and treatment angles. A public health approach is more appropriate for mental health issue support. Youth is the period when adolescents negotiate puberty and the completion of growth, take on sexually dimorphic body shape, develop new cognitive skills (including abstract thinking capacities), develop a clearer sense of personal and sexual identity, and develop a degree of emotional, personal, and financial independence from their parents (Christie & Viner, 2005). Since mental disorders can adversely affect these activities, they could create a significant impact on the economic and social outlook for later adult life and the communities youth grow in. Hence it makes sense to address mental health from a public health standpoint (Patel et al., 2007). The public health approach is also practical because problems faced by adolescents are based upon their interactions with family, school, and societal environments along with any genetic predispositions (Stiffman, et al., 2010). A public health approach can help provide a more complete framework for promoting mental health in adolescents by integrating help across arenas such as health, education, social services, and so on. Such an approach can also help with the consolidation of resources (e.g., money and service availability) enabling cost-effective solutions to mental health.

Using technology in the form of an intervention tool for mental health is another solution that has been explored and could be effective. One study involving the use of specially designed content created and self-administered on a computer program was found to be effective for youth to reduce risk of anxiety and depression at least in a short term. This was achieved by giving participants an understanding of the brain and its capacity to grow and change. It was found to give participants a sense of better control over their feelings, by creating a growth mindset (Schleider and Weisz, 2016) This kind of intervention method has the advantage of helping with privacy since the intervention is self-administered. It also provides for scalability since such programs can be run on scale using the technological advances available today.

The discussion of these barriers, as provided by this paper, is essential to adolescent mental health care. Mental health already proves to be a new and difficult conversation for people of all ages as seen by the sheer number of barriers seen by people from different races, with different physical/ cognitive disabilities, and of different ages. This is not and cannot be different for adolescents with their increased risk in getting mental illnesses. The discussion of barriers and avoiding them will help current day adolescents. In turn, building stronger adults who know their way around their mental health and can help those around them as well.

Despite the importance of this paper, it has not and could not explore all barriers that adolescents experience that dissuade them from seeking mental health treatment. Some other barriers that Adolescents experience include difficulty or an unwillingness to express emotion, not wanting to burden someone else, worry about effects on future/present work life, others not recognizing the need for help, and not having the skills to cope (Gulliver, Griffiths, et al. 2010). Although these are all valid concerns, they are not as prominent as the ones discussed in this paper (Gulliver, Griffiths, et al. 2010). This might be due to several reasons including not enough people in terms of age, and family/social circumstances.

Moreover, this paper did not look at all solutions. Some other potential solutions to such barriers might include targeting individual barriers in a direct manner. For example, addressing the cost barrier by setting up an organization for adolescents to subscribe and get direct grants for mental help assistance. The identification of these barriers can be used to help mental health professionals. For example, this information can be used to tailor treatment for individual patients. Barriers that apply to specific people can be found using multi-informant

assessments (Reyes et al., 2015). Since not all people have to have the same treatment for certain mental health issues, treatments can be made to optimally fit a single person's needs (Reyes et al., 2015).

Nevertheless, having and keeping good mental health is a process. There are barriers in every stage of the mental health care process. Even within just the stage of seeking help, there are different points. Further investigation of the different barriers as they appear in each different step of the mental health process, is necessary to ensure mental health for adolescents. Considering means of elimination for these barriers is also important. This way breaking these barriers can be worked towards rather than worked around for the benefit of adolescent mental health care.

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References

Merikangas, K. R., He, J.-ping, Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010, July 31). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Journal of the American Academy of Child & Adolescent Psychiatry. Retrieved December 13, 2021, from https://www.sciencedirect.com/science/article/abs/pii/S0890856710004764.

Holtzheimer, P. E., & Mayberg, H. S. (2011). Stuck in a rut: rethinking depression and its treatment. Trends in neurosciences, 34(1), 1-9.

Kennedy, Sidney H. "Core symptoms of major depressive disorder: relevance to diagnosis and treatment." Dialogues in clinical neuroscience 10.3 (2008): 271.

Huang, Q. (2012). Study on Correlation of Foreign Language Anxiety and English Reading Anxiety. Theory & Practice in Language Studies, 2(7).

Henker, B., Whalen, C. K., Jamner, L. D., & Delfino, R. J. (2002). Anxiety, affect, and activity in teenagers: Monitoring daily life with electronic diaries. Journal of the American Academy of Child & Adolescent Psychiatry, 41(6), 660-670.

Wright, A., Harris, M. G., Jorm, A. F., Cotton, S. M., Harrigan, S. M., McGorry, P. D., ... & Hurworth, R. E. (2005). Recognition of depression and psychosis by young Australians and their beliefs about treatment. Medical Journal of Australia, 183(1), 18-23.

Rutter M, Smith DJ. Psychosocial Disorders in Young People. Chichester: Wiley, 1995.

Burns, J., & Hickie, I. (2002). Depression in young people: a national school-based initiative for prevention, early intervention and pathways for care. Australasian Psychiatry, 10(2), 134-138.

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., ... & Zubrick, S. R. (2000). The mental health of young people in Australia (Doctoral dissertation, Blackwell Science).

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Public beliefs about causes and risk factors for depression and schizophrenia. Social Psychiatry and Psychiatric Epidemiology, 32(3), 143-148.

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. Medical Journal of Australia, 187(S7), S26-S30.

Burns, J. R., & Rapee, R. M. (2006). Adolescent mental health literacy: young people's knowledge of depression and help seeking. Journal of adolescence, 29(2), 225-239.

Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC psychiatry, 10(1), 1-9.

Ciarrochi, J., Wilson, C. J., Deane, F. P., & Rickwood, D. (2003). Do difficulties with emotions inhibit help-seeking in adolescence? The role of age and emotional competence in predicting help-seeking intentions. Counselling Psychology Quarterly, 16(2), 103-120.

Evans, E., Hawton, K., & Rodham, K. (2005). In what ways are adolescents who engage in self-harm or experience thoughts of self-harm different in terms of help-seeking, communication and coping strategies?. Journal of adolescence, 28(4), 573-587.

Urrila, A. S., Karlsson, L., Kiviruusu, O., Pankakoski, M., Pelkonen, M., Strandholm, T., & Marttunen, M. (2014). Sleep complaints in adolescent depression: one year naturalistic follow-up study. BMC psychiatry, 14(1), 1-9.

Santos, M., Richards, C. S., & Bleckley, M. K. (2007). Comorbidity between depression and disordered eating in adolescents. Eating behaviors, 8(4), 440-449.

Diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR). (2000). https://doi.org/10.1176/appi.books.9780890423349
ADOLESCENCE, A. D. O. Age limits and adolescents.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, *2*(3), 223-228.

Blakemore, S. J. (2019). Adolescence and mental health. *The lancet*, *393*(10185), 2030-2031.

Saunders, S. M., Resnick, M. D., Hoberman, H. M., & Blum, R. W. (1994). Formal help-seeking behavior of adolescents identifying themselves as having mental health problems. *Journal of the American Academy of Child & Adolescent Psychiatry*, *33*(5), 718-728.

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of health & illness*, *29*(7),

983-1002.

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental health*, *4*(3), 218-251.

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., ... & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC public health*, *19*(4), 1-8.

Corrigan, P. W., Larson, J. E., & Ruesch, N. (2009). Self-stigma and the "why try" effect: impact on life goals and evidence-based practices. *World psychiatry*, *8*(2), 75.

Corrigan, P., & Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of mental health*, *12*(3), 235-248.

Cate Curtis (2010) Youth perceptions of suicide and help-seeking: 'They'd think I was weak or "mental"', Journal of Youth Studies, 13:6, 699-715, DOI: 10.1080/13676261003801747

Booth, M. L., Bernard, D., Quine, S., Kang, M. S., Usherwood, T., Alperstein, G., & Bennett, D. L. (2004). Access to health care among Australian adolescents young people's perspectives and their sociodemographic distribution. *Journal of Adolescent Health*, *34*(1), 97-103.

Oppong-Odiseng, A. C. K., & Heycock, E. G. (1997). Adolescent health services—through their eyes. *Archives of Disease in Childhood*, *77*(2), 115-119.

Wilson, C. J., & Deane, F. P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing appropriate help engagement. Journal of Educational and Psychological Consultation, 12(4), 345-364.

Leavey, G., Rothi, D., & Paul, R. (2011). Trust, autonomy and relationships: the help-seeking preferences of young people in secondary level schools in London (UK). *Journal of adolescence*, *34*(4), 685-693.

Berlan, E. D., & Bravender, T. (2009). Confidentiality, consent, and caring for the adolescent patient. *Current opinion in pediatrics*, *21*(4), 450-456.

Velasco, A. A., Santa Cruz, I. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*, *20*(1), 1-22.

Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., & Creswell, C. (2017). What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. European child & adolescent psychiatry, 26(6), 623-647.

Alegría, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). Disparities in child and adolescent mental health and mental health services in the US. *New York, NY: William T. Grant Foundation.*

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302-1313.

Schleider, J. L., & Weisz, J. R. (2016, September 26). *Reducing risk for anxiety and depression in adolescents: Effects of a single-session intervention teaching that personality can change*. Behaviour Research and Therapy. Retrieved December 15, 2021, from https://www.sciencedirect.com/science/article/abs/pii/S0005796716301681

Christie, D., & Viner, R. (2005). Adolescent development. *Bmj*, *330*(7486), 301-304.

Gowers, S. (2005). Development in adolescence. *Psychiatry*, *4*(6), 6-9.

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2020). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European child & adolescent psychiatry*, 1-29.

Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems?. *Medical journal of Australia*, *187*(S7), S35-S39.

Freedenthal, S., & Stiffman, A. R. (2007). “They might think I was crazy”: young American Indians’ reasons for not seeking help when suicidal. *Journal of Adolescent Research*, *22*(1), 58-77.

Kuhl, J., Jarkon-Horlick, L., & Morrissey, R. F. (1997). Measuring barriers to help-seeking behavior in adolescents. Journal of youth and adolescence, 26(6), 637-650.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of counseling psychology*, *53*(3), 325.

Sibicky, M., & Dovidio, J. F. (1986). Stigma of psychological therapy: Stereotypes, interpersonal reactions, and the self-fulfilling prophecy. *Journal of Counseling Psychology*, *33*(2), 148.

Lindsay, C. R. & Kalafat, J. (1998). Adolescents’ views of preferred helper characteristics and barriers to seeking help. Journal of Educational and Psychological Consultation, 9, 171 – 193.

Fortune, S., Sinclair, J., & Hawton, K. (2008). Adolescents’ views on preventing self-harm. *Social psychiatry and psychiatric epidemiology*, *43*(2), 96-104.

Ford, C. A., & English, A. (2002). Limiting confidentiality of adolescent health services: what are the risks?. *JAMA*, *288*(6), 752-753.

Pfefferle, S. G. (2007). Pediatrician perspectives on children’s access to mental health services: consequences and potential solutions. *Administration and Policy in Mental Health and Mental Health Services Research*,

34(5), 425-434.

De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological bulletin*, *141*(4), 858.

Sayal, K., Tischler, V., Coope, C., Robotham, S., Ashworth, M., Day, C., ... & Simonoff, E. (2010). Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study. *The British Journal of Psychiatry*, *197*(6), 476-481.

Boulter, E., & Rickwood, D. (2013). Parents' experience of seeking help for children with mental health problems. *Advances in mental health*, *11*(2), 131-142.

Cama, S., Malowney, M., Smith, A. J. B., Spottswood, M., Cheng, E., Ostrowsky, L., ... & Boyd, J. W. (2017). Availability of outpatient mental health care by pediatricians and child psychiatrists in five US cities. *International Journal of Health Services*, *47*(4), 621-635.

Cohen, E., et al., Parents' Perspectives on Access to Child and Adolescent Mental Health Services. Social Work in Mental Health, 2012. 10(4): p. 294-310 17p.

Collins KA, Westra HA, Dozois DJ, Burns DD (2004) Gaps in accessing treatment for anxiety and depression: challenges for the delivery of care. Clin Psychol Rev 24:583–616

Stiffman, A. R., Stelk, W., Horwitz, S. M., Evans, M. E., Outlaw, F. H., & Atkins, M. (2010). A public health approach to children's mental health services: Possible solutions to current service inadequacies. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1), 120-124.

Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. Journal of college student psychotherapy, 10(4), 45-59.