



Child mental health literacy among Australian parents: A national study

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Conflict of interest: none declared





**‘There is no health
without mental health’**

David Satcher

World Health Organisation 2017

Available from:

http://www.who.int/features/factfiles/mental_health/en/.



Background – burden of disease

- 1 in 7 children (aged 4-17y) in Australia experienced a mental health problem in preceding 12 months¹
- Only half of families accessed professional help
- Half of adults with mental health problems have onset in childhood
- Early detection and treatment linked to better outcomes

1. Johnson SE, Lawrence D, Hafekost J, Saw S, Buckingham WJ, Sawyer M, et al. Service use by Australian children for emotional and behavioural problems: Findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry*. 2016;50(9):887-98.



Background – role of health literacy

“Health literacy lies at the heart of a person being able to take control of their own health care through making informed health decisions, seeking appropriate and timely care and managing the processes of illness and wellness.”

Aust Government Dept of Health; Health Literacy Statement



Background – role of health literacy

- Parent health literacy is a predictor of child health status
- Low parent health literacy linked to delayed illness recognition, less self-management, more hospitalisation
- Improved mental health literacy in young people and their key caregivers can contribute to improved mental health outcomes





Aim

This study aimed to explore levels of child mental health literacy among Australian parents

- mental health problem recognition*
- knowledge of mental health conditions*
- help-seeking behaviours*



Methods - Sample

- Cross-sectional internet based survey of a nationally representative sample of Australian parents of children aged 0-17 years
- Survey conducted as part of RCH National Child Health Poll
- Purposeful recruitment from established panel of >250,000 Australian adults
- Specific proportions from all states and territories to match the actual distribution of population in terms of location and demographic characteristics
- Completion rate 73%
- Survey pilot tested (n=200). Final survey fielded over 17 consecutive days in July 2017
- Study screened and approved by RCH Human Research Ethics Committee



Methods - questionnaire

- Based on literature review
- Parents provided answers on likert scales
 - Level of confidence in ability to recognise mental health problems in child
 - Level of agreement with a series of statements about signs, symptoms and treatment of mental health problems in children
 - Level of confidence in self-help and professional help seeking behaviour
- Patient demographic information



Methods - statistical analyses

- Results weighted using national demographic distributions for age, gender, geography and education to reduce effects of non-response and non-coverage
- Data analysed using R
- Frequency distributions and descriptive analyses
- Logistic regression used to assess independent relationships between parents reporting health literate behaviours and attitudes and demographic variables



Results





| | % (n) | | % (n) |
|--------------------------|-----------|--------------------------|-----------|
| Age <40y | 45 (914) | State/Territory | |
| Female | 58 (1179) | ACT | 2 (32) |
| Born in Australia | 72 (1463) | NSW | 32 (659) |
| Education | | NT | 1 (19) |
| Year 12 or less | 22 (447) | QLD | 20 (404) |
| Undergraduate | 31 (630) | SA | 7 (133) |
| Post graduate | 17 (345) | TAS | 2 (41) |
| LOTE at home | 20 (406) | VIC | 27 (539) |
| Indigenous | 2 (41) | WA | 10 (205) |
| Metropolitan | 81 (1646) | Age of first born | |
| Income | | Infant/Toddler (0-<3y) | 12 (225) |
| <\$1000/wk | 25 (508) | Preschooler (3-<6y) | 16 (325) |
| \$1000-<\$1999/wk | 38 (772) | Primary school (6-<13y) | 35 (706) |
| >\$2000/wk | 27 (549) | Teenage (13-<18y) | 38 (776) |
| Sole parent | 32 (650) | Regular GP | 83 (1687) |



Only **35%** of parents are confident they could recognise the signs of a mental health problem in their child

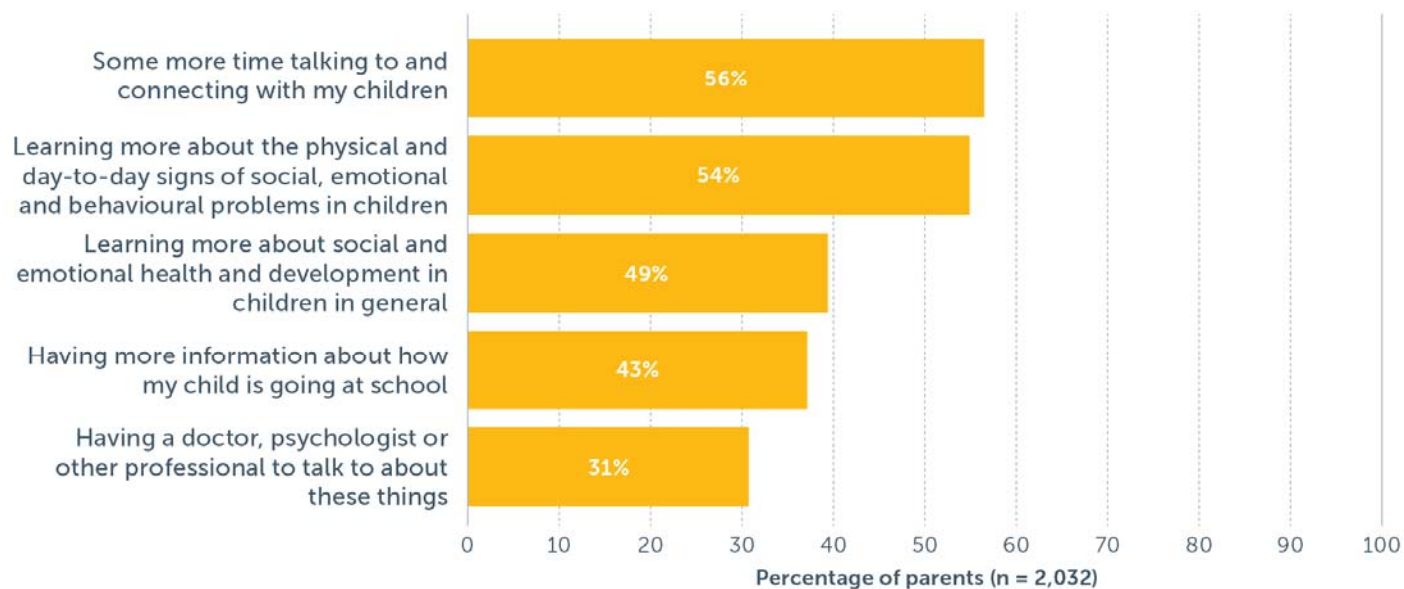


Problem recognition

- Female parents more likely than male parents to be confident in recognising problems (OR 1.42)
- Sole parents less likely than partnered parents to be confident (OR 0.69)
- Parents with a regular GP more likely to be confident (OR 1.54)
- No meaningful difference by age of child, cultural background, income, level of education



Factors that would help parents to **identify mental health problems in their child**





Knowledge of signs and symptoms

- Majority of parents had good knowledge about signs and symptoms of depression in teens
- 1 in 3 parents did not know primary school aged children can get depression
- 1 in 4 parents lacked knowledge about signs of mental health problems in primary school aged children, such as somatic complaints and social withdrawal
- One in five parents believed a baby's brain is too immature to develop social or emotional problems



Help seeking behaviours

- Top sources of help: GP, school teacher, school counsellor, other counsellor/psychologist, psychiatrist, paediatrician
- Parent confidence varied by age of child
- 46 % confident that they could do something themselves to help at home
- Parents with a regular GP more likely to be confident they could seek help and help at home
- No significant difference across SES variables

44% of parents report being confident in knowing where to seek help if their child is experiencing mental health issues





1 in 3 parents think mental health problems in kids might be best left alone



Help seeking behaviours

- Male parents, sole parents, LOTE at home all predictors for belief that problems are best left alone
- One in ten parents indicated that stigma played a role in their help-seeking decision making



Summary

- Findings suggest lower mental health literacy among some parents
 - sole parents
 - male parents
 - parents of younger children
 - CALD
- Gaps across recognition, knowledge of signs and symptoms, attitudes to treatment and ability to seek help
- Care by a regular GP associated with higher levels of mental health literate responses



Limitations

- Participants incentivized, possible bias
- Participants required to speak English to participate
- Lack of validated tool to measure MH literacy



Implications

- Low mental health literacy among parents may lead to
 - greater numbers of untreated mental health problems
 - problems become protracted, embedded, difficult to treat
- Further research to explore gaps in health literacy among parents to inform intervention development
- Tailored and targeted efforts required
- Consider mental health literacy in service planning and policy



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rchpoll.org.au