Help seeking for mental health problems in adolescents living in socio-economically disadvantaged conditions

A systematic rapid literature review about the barriers and motivators to help seeking

J. F. Böhmer, s2359030

University of Twente

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BMS Faculty

Department of Psychology, Health and Technology (PHT)

Positive Clinical Psychology and Technology (PCPT)

1st supervisor: Dr. A. van Dongen

2nd supervisor: K. A. Ramsey

Abstract

Background: Adolescents living in socio-economically disadvantaged conditions are especially at-risk for developing mental health disorders. However, there is a gap between adolescents in need of treatment and those seeking help. To close this gap, by making interventions aiming at increasing help seeking for mental health problems more effectively, it is important to understand which factors hinder and motivate adolescents to seek help. Therefore, this rapid review aims at generating a comprehensive overview of barriers and motivators by answering the research question: "What is known about the main motivators and barriers to seeking help for mental health problems in adolescents living in socio-economically disadvantaged conditions?"

Methods: A systematic literature search was conducted in Scopus, Web of Science, and PsycInfo. 115 studies were identified, of which 8 qualitative and quantitative studies were included in the review. Studies were published between 2004 and 2021 and conducted in the USA, Australia, Malaysia and Nigeria. The included articles' quality was assessed using the JBI Critical Appraisal Checklist (Joanna Briggs Institute, 2020) and results were analysed narratively.

Results: Barriers to help seeking were categorised as 1) stigma-related barriers, 2) emotional barriers, 3) knowledge barriers, 4) structural barriers and 5) other barriers. Categories of motivators were 1) social motivators, 2) knowledge motivators, and 3) other motivators.

Conclusion: Stigma-related barriers turned out to be the most frequently reported barrier to socio-economically disadvantaged adolescents' help seeking. These barriers were also associated with other barriers experienced. Further, online mental health services were suggested as a possibility to reduce barriers and make use of motivators for help seeking. Additionally, a lack of quantitative studies was identified. Results of this study underline the urgent need of putting theoretical insights into practice.

Keywords: help seeking, adolescents, low socio-economic status, mental health problems, literature review

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1. Introduction

In 2019, about 9 million girls and boys aged between 10 and 19 years were estimated to live with a mental disorder in Europe (UNICEF, 2021). The number is rising as statistics show that in 2021, 41% of adolescents living in the UK indicated feeling depressed compared to only 15% feeling depressed in 2015 (Princes Trust, 2021). Also, a study from Norway shows, that mental health problems are on the rise among young people, especially for females, for whom the mean symptom score has increased by 17% from 1992 to 2019 (Potrebny et al., 2023). To understand this increase it is important to first understand the age of adolescence.

As definitions of adolescence in terms of age vary, adolescence can be described best as the transition from childhood into adulthood (Degner, 2006; Sawyer et al., 2018; World Health Organization, 2019). However, it can be roughly said that adolescence is the age between 10 and 24 (Sawyer et al., 2018), or according to the World Health Organization (2019) the age between 10 and 19. Generally, adolescence is a sensitive age, in which identity and autonomy develop and social changes can have a great influence on well-being (Sawyer et al., 2018). At this age, young people have to cope with various changes, such as growing academic expectations and pressure, changing relationships and physical and emotional changes of maturation (Currie et al., 2012). Moreover, independence and the desire to belong are becoming increasingly important (Krowchuk, 2010).

Several social and cultural changes could explain the increasing number of adolescents experiencing mental health problems (Sawyer et al., 2018). On the one hand, digitalisation led to a constantly changing world, which might have many impacts on young people. Regarding social media use, studies show that people between the age of 13 and 17 are using social media especially heavily with 92% of adolescents indicating using social media daily (Lenhart, 2015). Generally, adolescents might be especially at-risk for the negative side effects of social media as they do not yet have a stable identity and therefore are easily influenced. Their desire to belong might lead to a higher likelihood of dysfunctional comparisons and greater fear of missing out. In line with that, there is evidence that social media use is associated with increased depression, anxiety and psychological distress in young people (Keles, et al., 2019). Also, Kelly and colleagues (2018) showed that greater social media use related to online harassment, poor sleep, low self-esteem, and poor body image leads to higher scores of depressive symptoms in young people.

On the other hand, the Covid-19 pandemic brought new challenges, such as insecurities, fears and physical and social isolation (Imran et al., 2020). Additionally, adolescents reported more worries about their mental health and missing school activities which is significantly

related to lower optimism, lower satisfaction with life and higher sadness (Gadermann et al., 2022). As social contacts independent of parents are especially important during adolescence, social isolation seems to be the main factor leading to higher rates of depression and anxiety during and after the Covid-19 pandemic (Loades et al., 2020).

According to Knopf et al. (2008), the most common disorders during adolescence are depression, anxiety, attention-deficit/hyperactivity and substance use disorders. Nevertheless, the absence of a mental disorder does not mean that the person does not have mental health problems. According to the World Health Organization (2022), mental health is "a state of mental well-being that enables people to cope with stresses of life, realize their abilities, learn well and work well, and contribute to their community" (p. 8). Thus, next to mental health disorders, significant distress, impaired functioning, meaning limitations in completing tasks of daily life or self-harm caused by any circumstances, can also be considered as a mental health problem (World Health Organization, 2022).

Mental health problems often affect more than one area of life, such as social relationships and work or school performance (Farmer et al., 2016; Lawrence et al., 2019). Adolescents living with mental health conditions are more at risk for physical health conditions and often practice more health-damaging behaviour compared to youth with better mental health (Knopf et al., 2008). However, mental health problems are not only an individual burden for the person concerned and their environment but can also become a societal burden. Higher mortality and disability rates lead to more work absence, which in turn hinders economic growth due to lost production (Trautman et al., 2016). Additionally, mental health conditions cause enormous costs in the mental health sector because of various treatment costs (Trautman et al., 2016). Therefore, it is important to ensure that adolescents experiencing mental health problems receive the proper treatment.

Especially at risk for developing mental health problems are adolescents living in socio-economically disadvantaged conditions (Reiss, 2013; Reiss et al., 2019). According to Reiss (2013), children living in socio-economically disadvantaged conditions are two to three times more likely to develop mental health problems compared to children living in socio-economically advantaged conditions. Also, Huang and colleagues (2020) underline that socioeconomic disadvantage adversely affects adolescents' well-being and demonstrates a risk factor for illicit drug use. In addition to the challenges that every young person goes through, adolescents from socially disadvantaged backgrounds have further challenges. Research shows that low family affluence is significantly related to poorer physical health and lower satisfaction with life because adolescents eat fewer fruits and vegetables, do less fee-based physical activity

and have less access to health resources (Currie et al., 2012). Moreover, adolescents from low socio-economic households experience more psychosocial stress related to finances, lower parental education and stressful life situations (Reiss et al., 2019). Additionally, they seem to use social media more frequently compared to adolescents from higher social classes (HBSC, 2019).

In order to help those affected by mental health problems, it is important that they seek help. However, although a large number of adolescents are in need for treatment, it seems like many of them are reluctant to help seeking. For example, Zachrisson and colleagues (2006) showed that only 34% of adolescents at the highest symptom levels for depression and anxiety sought help in the past 12 months. Help seeking can be informal, that is when affected people turn to friends or family or formal, which describes the tendency to consult professional help facilities (Wills, 1987). D'Avanzo and colleagues (2012) show that most adolescents prefer informal help seeking as only 5% of a sample of 710 students indicated seeking formal help regarding their mental health. Although both types of help-seeking are important, this paper focuses on formal help seeking, as formal help seeking seems to be especially challenging for adolescents compared to informal help seeking (D'Avanzo et al., 2021). Formal help seeking can be defined as: "problem-focused, planned behaviour, involving interpersonal interaction with a selected healthcare professional" (Cornally & McCarthy, 2011, p. 286).

To understand why there is a gap between adolescents in need of treatment and those seeking help, it is important to find out more about the context of help seeking. Understanding the perceived barriers and motivators might help to make interventions more suitable for the target group and ultimately more effective. Therefore, this rapid literature review aims at answering the research question: "What is known about the main motivators and barriers to seeking help for mental health problems in adolescents living in socio-economically disadvantaged conditions?"

2. Methods

2.1 Methodology

This review aims at generating a comprehensive overview of barriers and motivators of help seeking in adolescents from socio-economically disadvantaged backgrounds. Further, this information is intended to inform policies and practice decisions to enhance the effectiveness of interventions aiming at increasing help seeking for mental health problems by addressing the specific barriers and motivators. The method of a systematic literature review is chosen, as a systematic review is "a systematic, explicit, and reproducible method for identifying, evaluating

and synthesizing the existing body of completed and recorded work produced by researchers, scholars, and practitioners" (Fink, 2019, p. 6). Considering that this review is part of a master's thesis and therefore limited to a period of five months, the review can further be referred to as a rapid review (Garritty et al., 2021). In order to ensure systematic and reproducibility, the process of this review is oriented to the interim recommendations of the Cochrane rapid review method (Garritty et al., 2021). A search protocol including PICOS and inclusion and exclusion criteria was developed. However, due to the context of a master's thesis, not all twenty-six recommendations could be followed, which is why only one reviewer is involved in this literature review. Further implications are discussed in the limitations.

2.2 Search Strategy

First, a general literature search was conducted in various databases to get a first impression of the literature. In this way, key terms were identified, and the search strategy was constructed. Second, the search was conducted in Scopus and Web of Science to include peer-reviewed multidisciplinary literature (Burnham, 2006). It was decided to conduct the search in both of the databases, as Burnham (2006) shows that none of them is totally inclusive but complements the other. Additionally, a literature search in PsycInfo was carried out to include relevant literature in the field of Psychology (Löhönen et al., 2009). The use of this database is underlined by Burnham (2006), who suggests using PsycInfo for reviews in the field of behavioural sciences as it contains unique search results compared to multidisciplinary databases. The choice of databases is further supported by the Cochrane rapid review methods recommendations, which advise a limited number of databases and the use of a specialised database (Garritty et al., 2021). The same search terms were used for the search in all three databases (Appendix A). Additionally, the snowball technique was applied by screening the reference list of included articles to identify further studies. Lastly, Covidence, a tool for managing and streamlining systematic reviews, was used for duplicate removal and screening (Covidence, n. d.).

2.3 Eligibility criteria

Generally, all qualitative and quantitative studies were included when they dealt with motivators or hindrances to help seeking for mental health problems or mental disorders in adolescents from socio-economically disadvantaged conditions. However, they were only included when they focused on formal help seeking. Further, it was decided to only include articles, in which participants are between 10 and 24 years old as this is the approximate age range of adolescence (Sawyer et al., 2018). Due to only one reviewer, the articles reviewed

needed to be in a language the reviewer understands well to minimize bias. Therefore, it was decided to only include peer-reviewed articles written in English. Additionally, access to the full text of an article was required to ensure the accuracy of the decision to include or exclude an article, thus ensuring the quality standards of the review (Meline, 2006). To avoid duplication, meta-analyses, literature reviews and scoping reviews were excluded. Lastly, grey literature was not included (Garritty et al., 2021). No limitation was made on country or year of publication.

2.4. Data Screening

The whole process of screening was conducted by only one reviewer because of the short period of time planned for the review. First, duplicates were removed by the screening and extraction tool Covidence (Covidence, n. d.). Next, the title and abstract were scanned against the eligibility criteria. If the title and abstract were not sufficient to make an informed decision about inclusion, articles were moved to the full-text screening phase. Then, the full text was examined by checking against the inclusion and exclusion criteria. Lastly, the snowball technique was applied, and the reference list of included articles was screened against the eligibility criteria. Reasons for exclusion and data from relevant articles were reported by using the PRISMA guidelines (PRISMA, n.d.).

2.5 Data Extraction and validity assessment

Data extraction was carried out with the help of a data extraction sheet developed by the researcher (Appendix B). To check the comparability of the different studies, the extraction sheet includes general information about the author, year and country of publication, aim, and type of data. Further, it includes details specifically related to the research question, namely materials used to identify barriers and motivators, sample characteristics, age of the adolescents, barriers and motivators reported by whom, definition of socio-economic status, and mental health problems.

According to the study design of the included studies, the appropriate JBI Critical Appraisal Checklist developed was used to ensure quality standards (Joanna Briggs Institute, 2020). Additionally, it was ensured that the main criteria of a rapid review are met, which include a clear report of inclusion and exclusion criteria, a search in at least two databases, and a list of included studies (Garritty et al., 2021).

2.5 Synthesis

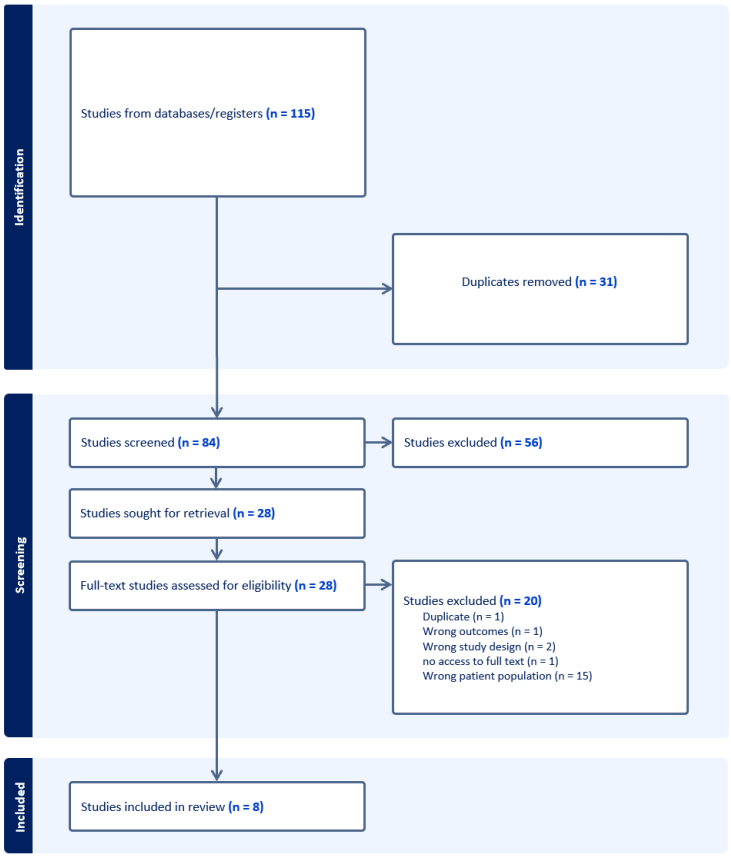
In line with the recommendations of the Cochrane rapid review methods, data was first synthesised narratively to summarize the results of the included studies and show similarities and differences between the studies included (Garritty et al., 2021). Then, data were analysed thematically by using the six-step process of Braun and Clarke (2006) to offer greater insight into patterns of meaning. Braun and Clark (2006) describe thematic analysis as a recursive process, meaning moving back and forth during data synthesis. More concretely, after familiarization with data, initial codes are created, which are put together into overall themes and get constantly reviewed and adjusted. Then, themes are named and defined to show the specificity of each theme. Lastly, a clear report of the themes is produced by showing example quotes (Braun & Clark, 2006). However, due to the inductive approach of data synthesis results might be influenced by cultural values of the researcher, which demonstrate a potential risk for interpretation bias.

3. Results

The literature search identified 39 studies from Scopus, 40 studies from Web of Science and 32 studies from PsycInfo (Figure 1). Additionally, 4 studies were identified at a later stage by screening the reference list of included articles. Of the total 115 studies, 31 studies were excluded by the screening and extraction tool Covidence (Covidence, n.d.) due to duplication. Of the remaining 84 studies, the title and abstract were screened, and 56 studies were excluded because they did not meet the eligibility criteria. Studies that could not be clearly assessed by screening the title and abstract, were reassessed during the full-text screening phase. Of the 28 studies, 20 were excluded after screening the full text. One study was a duplicate, one study contained irrelevant outcomes because it described doctors' barriers to adequately helping adolescents, two studies were books and one study had to be excluded because there was no access to the full text. Most studies were excluded due to a wrong patient population (n=15), as participants were either too young or old, or there was no distinction in socio-economic status. 7 studies met the eligibility criteria and were included in the review. Additionally, the study of Ibrahim et al. (2019) was included even though adolescents' age did not match the inclusion criteria. This was decided because the article met all other eligibility criteria and adolescents were between 13 and 25 years old, thus exceeding the age limit by only one year. Further, the mean age of participants is 17, which is within the definition of adolescence (Ibrahim et al., 2019; Sawyer et al., 2018). In the end, 8 studies were included in the review. The whole screening process was conducted by one reviewer.

Figure 1

PRISMA flow diagram



3.1. Study Characteristics

The eight included studies were published between 2004 and 2021 (table 1). Half of these studies were produced up to 2014 and the other half from 2018 onwards. Five of these studies were conducted in the USA, and one study each in Asia, Australia, and West Africa. The studies aimed at examining factors associated with adolescents help-seeking, help-seeking attitudes or service utilization for various mental health problems taking into account their socio-economic status. Six studies entailed qualitative data from focus groups or interviews, whereas only one study reported quantitative data from a cross-sectional survey. Additionally, one study used a mixed-methods approach by collecting qualitative data from interviews and quantitative data from a survey. All qualitative studies used self-devised semi-structured interview guides, of which three studies made use of a theoretical framework, to identify factors associated with help seeking. The other studies used literature, results of pilot focus groups or a specific question as the basis for the interview guides. Quantitative data was generated by using the original or translations of already existing scales.

The sample characteristics varied across the different studies. They include students from low-income households, caregivers, low-income mothers with adolescent children, low-income adolescent mothers, and male adolescents after juvenile detention. The smallest sample size of the qualitative articles is 27 and the highest sample size is 76. The sample size of the studies dealing with quantitative data is 163 and 202 participants. Generally, the age range of the adolescents is 11-25. One article does not define the age of adolescents further and one article defined adolescent's age by their school level (6^{th} – 8^{th} grade). In six studies motivators and barriers of help-seeking were reported by adolescents themselves, of which two studies additionally asked their caregivers. In one study, the mothers of adolescents were asked to report on the help-seeking of their children and in another study healthcare professionals were interviewed. Three articles define socio-economic disadvantage as poor living areas, three articles define it as low-income, one article suggests the sample as socially disadvantaged and for one article the definition is unclear. Most of the articles do not differentiate between mental health problems. However, one article was focused on perinatal depression, one article was about borderline, externalizing and internalizing problems and another study was on emotional and adjustment problems following release from juvenile detention.

Table 1

Study Characteristics

	Booth et al.	Ibrahim et al.	Ijadi-Maghsoodi et al.	Kola et al.	Lindsey et al.	Murry et al.	Samuel	Torres Sanchez et al.
Year	2004	2019	2018	2020	2012	2011	2014	2021
Country	Australia	Malaysia	USA	Nigeria	USA	USA	USA	USA
Aim	Identify health concerns and associated factors of adolescents not receiving health care regarding the sociodemographic distribution	Examine the factors associated with mental help-seeking attitudes among students from the B40 income bracket in Malaysia	Understand the perceptions of low-income minority youth on help-seeking and barriers to mental health services at school-based health centres (SBHC) sites	Identify factors influencing health service utilization for adolescent perinatal depression in Nigeria	Explore help seeking behaviour and associated factors among urban, under-resourced Black youth regarding school mental health services	Examining perceptions about help-seeking for adolescents with mental health problems among rural African American families	Examining the influence of culture on the attitudes and help-seeking behaviour of African American adolescent males who receive mental health treatment post-detention	Examining the accessibility of community resources for underserved youth and families with mental health needs
Type of data	Qualitative data from focus groups	Quantitative Cross-sectional survey (self-reported)	Qualitative data from focus groups	Qualitative data from focus groups	Qualitative data from focus groups	Mixed methods approach with quantitative survey and	Qualitative data from in-depth interviews	Qualitative data from semi-structured interviews

						qualitative interviews		
Materials to identify barriers/ motivators	Self-devised interview guide based on literature, experiences, results of pilot focus groups, issues that arose during the discussion	Translation of Depression Literacy Scale, General Help Seeking Questionnaire, Mental Health Seeking Attitudes Scale, Self-Stigma of Seeking Help Scale, Beliefs Toward Mental Illness	Self-devised semi-structured interview guide based on student help seeking, barriers and facilitators to mental health care, recommendations for improving mental health information in schools	Self-devised semi-structured interview guide based on themes of the behavioural model for vulnerable populations (Gelberg et al., 2000)	Self-devised interview guide based on unified theory of behaviour (Jaccard et al., 2002)	Perceived Help-Seeking Behaviour Scale, Child Behaviour Checklist; Semi-structured interview guide based on behavioural health care literature and Multi-level model (Jones et al., 2007)	Self-devised interview guide with open-ended questions to probe cultural beliefs, relationships with parents and advisors, and other social factors	Self-devised semi-structured interview guide based on the question: "Do you feel there are adequate resources in the community to support the mental health needs of underserved consumers and families?"
Sample	1) high-school students 2) out-of-school adolescents (51 focus groups; n= unclear)	Students from low-income or B40 households (n=202)	Students from nine SBHCs in a large urban school district serving predominantly low-income (n= 76)	Young low-income mothers with a history of perinatal depression (n=17) and caregivers (n=25)	African American Adolescents (n=16) and caregivers (n= 11)	African American mothers living in rural Georgia, Quantitative survey (n= 163); Qualitative interviews (n=21)	African American adolescent males who received mental health treatment services post-detention (n=54)	Mental health professional serving predominately low-income, Latinx families (n= 52)

Age of Adolescents*	12-17 years	13-25 years	6th – 12th grade students	Mean age: 22 +/- 1.1	11-14 years	Mean age: 14	15-17 years	Not further described
Barriers/motivators reported by	Adolescents themselves	Adolescents themselves	Adolescents themselves	Adolescents themselves and caregivers	Adolescents themselves and caregivers	Mothers of adolescents	Adolescents themselves	Health care professional
Definition of socio-economic disadvantaged condition	Ranking of NSW postal codes based on Socio-Economic Indexes for areas	Household income, range of RM1000-RM3000 or less	Adolescents living in the most-under-resourced areas of the district	Low income	Not further described	Live in communities in which poverty rates are among the highest in the nation and unemployment above the national average; average monthly family income around $1,500	Sample is suggested to be socio-economic disadvantaged	Sample is suggested to be socio-economic disadvantaged (the agency predominately serves low-income Latinx youth and families)
Mental health problem	Not further specified	Not further specified	Not further specified	Perinatal depression	Not further specified	Clinical or borderline level scores, externalizing problems, internalizing problems	Emotional or adjustment problems following release from juvenile detention	Not further specified

Note. * Indication of age as reported in the study.

3.2. Motivators and barriers

All of the included studies reported barriers to help seeking for adolescents from socio-economic disadvantaged conditions. However, only five of them also reported motivators to help seeking. Data were analysed and thematically organized by using the six-step process of Braun and Clark (2006). Barriers to help seeking were categorised into 1) stigma-related barriers, 2) emotional barriers, 3) knowledge barriers, 4) structural barriers, and 5) other barriers (table 2). Motivators of help seeking were categorised into 1) knowledge motivators, 2) social motivators, and 3) other motivators (table 2).

These categories were identified by grouping information from different studies into overarching themes (Braun & Clark, 2006). To give a detailed overview, overall categories were further explained by different subcategories (table 2). To not neglect additional barriers and motivators to help seeking and to provide an overview as complete as possible, a category named "other barriers"/" other facilitators" is added to list potential hindrances and facilitators where no cluster is recognisable.

Table 2

Definitions of the Different Barrier and Motivator Categories

	Definition*	Reported by
Stigma-related barriers	• Self-stigmatisation	• Ibrahim et al., 2019 • Ijadi-Maghsoodi et al., 2018 • Lindsey et al., 2012
	• Stigmatisation of parents	• Lindsey et al., 2012 • Murry et al., 2011
	• Community stigma	• Booth et al., 2004 • Murry et al., 2011 • Samuel, 2014 • Torres Sanchez et al., 2021
	• Stigma experienced by clinic staff	• Kola et al., 2020
Emotional barriers	• Embarrassment, Shame, Fear	• Booth et al., 2004 • Ijadi-Maghsoodi et al., 2018 • Samuel, 2014
	• Fear of confidentiality issues	• Booth et al., 2004 • Ijadi-Maghsoodi et al., 2018
	• Fear of losing parents	• Lindsey et al., 2012
Knowledge barriers	• Lack of awareness of available services	• Booth et al., 2004 • Ijadi-Maghsoodi et al., 2018 • Lindsey et al., 2012 • Murry et al., 2011 • Torres Sanchez et al., 2021
	• Lack of knowledge of own mental health	• Ijadi-Maghsoodi et al., 2018 • Kola et al., 2020

	• General knowledge about mental health	• Lindsey et al., 2020
Structural barriers	• Financial	• Booth et al., 2004 • Lindsey et al., 2012 • Murry et al., 2011
	• Long waiting lists	• Booth et al., 2004 • Torres Sanchez et al., 2021
	• Inconvenient opening hours	• Booth et al., 2004
	• Inadequate transport options	• Booth et al., 2004 • Torres Sanchez et al., 2021
Other barriers	• Differences with professional/ cultural mistrust	• Booth et al., 2004 • Murry et al., 2011
	• Keeping things inside	• Booth et al., 2004 • Ijadi-Maghsoodi et al., 2018 • Lindsey et al., 2012
	• Younger age	• Ibrahim et al., 2019
Knowledge motivators	• Knowledge of the availability of services	• Ijadi-Maghsoodi et al., 2018
	• Knowledge about mental health	• Ijadi-Maghsoodi et al., 2018
Social motivators	• Connection to professional	• Ijadi-Maghsoodi et al., 2018 • Lindsey et al., 2012
	• Social support	• Kola et al., 2020 • Samuel, 2014
Other motivators	• Comfort of service	• Ijadi-Maghsoodi et al., 2018 • Murry et al., 2011
	• Availability of care	• Kola et al., 2020
	• Belief that therapy provides positive results	• Kola et al., 2020 • Lindsey et al., 2012
	• School as an intermediate instance	• Ijadi-Maghsoodi et al., 2018 • Lindsey et al., 2012 • Murry et al., 2011

Note. *= categories were created and defined by the researcher.

3.2.1 Stigma-related barriers

This category summarises different forms of stigmatisation, such as self-stigmatisation or community stigmatisation, which hinders help seeking behaviour in adolescents from socio-economically disadvantaged conditions. All of the included studies reported experienced or expected stigma as a barrier to help seeking.

Ibrahim et al. (2019) show that higher levels of self-stigma among low-income students in Malaysia is associated with the inhibition of help seeking behaviour. Moreover, self-stigma turned out to be the strongest predictor for mental help seeking attitude (Ibrahim et al., 2019). Additionally, some adolescents in the study of Lindsey et al. (2012) described people in treatment as "*weird*" or "*crazy*" (p.112). Further, students underlined stigma as a hindrance to

seeking mental help at school-based health centres (Ijadi-Maghsoodi et al., 2018).

Besides that, stigmatisation seems also to be related to parents of adolescents with mental health problems, which in turn, hinders mental health service utilization (Lindsey et al., 2012; Murry et al., 2011). In the study from Murry et al. (2011) stigma was considered as one of the main barriers reported by African American mothers. 56% agreed that "*it seems that when children have emotional or behavioural problems, people blame the parents*" (Murry et al., 2011, p. 1124). This is underlined by Lindsey et al. (2012), who found that parents blame themselves for their children's problems and seem to be burdened by the question of what they have done wrong.

In an interview study by Samuel (2014), 46 out of 54 interviewees named stigma as a barrier to help seeking. Participants expected that other people from their community will negatively judge them and felt that the African American community is less tolerant of people with mental health difficulties (Samuel, 2014). Further, one-quarter of the sample of the study by Murry et al. (2011) worried that "*people in [their] community look down on families of children with emotional or behavioural problems*" (p.1124). Also, participants in the study of Torres Sanchez et al. (2021) mention cultural and religious bias as barriers to help seeking. For example, one participant stated: "*There's bias too, cultural bias around mental health. Like, 'Only crazy people get it.' I've heard from a lot of families. […] Or it doesn't go in line with their religious beliefs, so sometimes there are barriers from culture*" (Torres Sanchez et al., 2021, p.7). Moreover, participants in the study of Booth and colleagues (2004) cited fear of being judged by others as a barrier for help seeking.

Stigma experienced by mental health professionals as a barrier to mental help seeking was identified by only one study. According to Kola et al. (2020), adolescent mothers expressed stigmatising attitudes of clinic staff towards adolescent pregnancy and perinatal depression, which hinders further help seeking.

3.2.2 Emotional barriers

This category is about all kinds of emotions and fears leading to less help seeking behaviour in adolescents living in socio-economic disadvantaged conditions. Emotional barriers were identified in half of the articles included in the review. However, notably, most of the emotional barriers seem to be related to barriers of stigma to some extent (Booth et al., 2004; Ijadi-Maghsoodi et al., 2018; Samuel, 2014).

Adolescents in the study of Ijadi-Maghsoodi et al. (2018) discussed feelings of embarrassment for mental help seeking at school-based health centres. This is underlined by Booth and colleagues (2004) who also suggest feelings like embarrassment, shame, and fear as

barriers to adolescents' help seeking. In addition, 46 out of 54 interviewed adolescents mentioned shame and fear as influencing factors in their decision of mental service use (Samuel, 2014).

Furthermore, adolescents experience specific fears as hindering for help seeking. Thus, young people are afraid that health professionals will not keep their confidentiality, but also that they will be seen by others when visiting mental health institutions (Booth et al., 2004; Ijadi-Maghsoodi et al., 2018). For example, one student expressed that "*some people want to ask for help but they don't want to risk their parents knowing…*" (Ijadi-Maghsoodi et al., 2018, p. 440). Another specific fear raised by adolescents between 11 and 14 years is that their "*parents might get taken away if they tell a therapist that they were hurt or abused*" (Lindsey et al., 2021).

3.2.2. Knowledge barriers

Knowledge barriers refer to a lack of knowledge or awareness of available mental health services or mental health in general which hinders the mental health service utilization of socio-economic disadvantaged adolescents. Six out of the eight included studies proposed barriers related to knowledge.

In the study by Torres Sanchez et al. (2021) 23% of health professionals suggested that low-income adolescents and their families do not know about the existence of mental health resources. This is similar to disadvantaged students who did not know about the existence or location of school-based mental health centres (Ijadi-Maghsoodi et al., 2018). Also, participants in the study of Booth and colleagues (2004) indicated not to know about the availability of mental health services. According to Lindsey et al. (2013) and Murry et al. (2011), this also applies to parents of adolescents, who do not have common knowledge of mental health services. For example, an African American mother stated: *"[Mental health services] aren't advertising enough in this community, I mean if the point is for parents to know. People don't let you know, "we have this service for the children." Or "If you need help, then this is the number that you could call.*" (Murry et al., 2011, p. 1123).

Studies also described a lack of knowledge of adolescents' own mental health. Adolescent mothers in Nigeria reported no knowledge of having depression and therefore, do not perceive the need of seeking help (Kola et al., 2020). Also, students reported having no awareness of their own mental health as one student stated: "*Say someone has anxiety issues, but they had it their whole life… they wouldn't know they had mental problems*.". Additionally, parents of adolescents seem to lack general knowledge of mental health as they do not know

about the role of biology, causes of mental health problems, and medication (Lindey, et al., 2012).

3.2.3. Structural barriers

Structural barriers refer to external, environmental factors hindering the help seeking process of adolescents living in socio-economic disadvantaged conditions. In total, five of the eight included studies identified structural barriers to help seeking.

Multiple under-resourced parents reported in a study by Lindsey et al. (2012) financial difficulties in accessing mental health services. This is in line with the study of Murry et al. (2011), in which 43% of low-income mothers worried that mental health services were too expensive. Additionally, Booth et al. (2004) identified financial costs as structural hindrances for adolescents from socio-economic disadvantaged conditions.

In the study of Torres Sanchez et al. (2021) 71% of participants suggested availability barriers, making it the most experienced barrier in this study. One participant stated: "*I think that the issue is that there is not enough. There may be one of this, one of that, and what we're dealing with is, at least for this area, wait lists.*" (Torres Sanchez et al., 2021, p. 7). Also, young people in the study by Booth and colleagues (2004) identified long waiting lists as a barrier to accessing family practitioners.

Further structural barriers include inconvenient opening hours and inadequate transport options (Booth et al., 2004; Torres Sanchez et al., 2021).

3.2.4. Other barriers

Other barriers to help seeking of socio-economic disadvantaged adolescents include sociodemographic and personality characteristics of both adolescents and mental health professionals, which were reported by five of the included studies.

Booth et al. (2004) found that out-of-school youth worried about the different backgrounds of professionals. Since professionals went to university, adolescents were concerned that professionals will not understand their problems (Booth et al., 2004). Also, 30.8% of a sample of African American mothers agreed that White professionals could not relate to the problems of African American families (Murry et al., 2011).

Ijadi-Maghsoodi et al. (2018) and Lindsey et al. (2012) found that some adolescents prefer keeping things inside and thus, do not verbalize their emotional problems. For example, one adolescent described *"[my mother] knows I'm sad when I sit down by myself on the floor or cross my legs"* (Lindsey et al., 2012, p. 116). Further, younger age is associated with less help seeking behaviour (Ibrahim et al., 2019).

3.2.5. Knowledge Motivators

This category refers to anything related to raising awareness about mental health services and general mental health leading to the facilitation of help seeking of socio-economic disadvantaged adolescents. Knowledge motivators were identified by only one of the included studies.

Students in the study from Ijadi-Maghsoodi et al. (2018) suggest classroom presentations, announcements, or posters informing about available mental health services and general mental health as facilitating mental help seeking. For example, one student stated: "*I think a really strong topic would be stress because we all get stressed about homework and stuff"* (Ijadi-Maghsoodi et al., 2018, p. 441).

3.2.6. Social Motivators

This category includes social factors related to health care professionals and adolescents' social environment facilitating help seeking of adolescents living in socio-economic disadvantaged conditions. Four of the included studies reporting motivators to help seeking entail factors that could be classified as social facilitators.

Ijadi-Maghsoodi et al. (2018) highlight the importance of bolstering connections to mental health professionals to facilitate the use of school-based mental health services. Students suggest that *"(Counsellors) could create bonds with people…(by saying) that you can come here, and I will be there if you need me*." (Ijadi-Maghsoodi et al., 2018, p. 441). Also, mothers participating in the study of Lindsey and colleagues (2012) underline the importance that their child feels comfortable with the therapist.

According to Kola et al. (2020), adolescents are more likely to seek formal help if they feel social support from family and friends. This is supported by Samuel (2014) who also found that peers and family members are important motivators for the use of mental health treatment services.

3.2.7. Other motivators

Other motivators for help seeking of adolescents living in socio-economic disadvantaged conditions refer to the availability of care, comfortableness, positive beliefs and school as an intermediate instance. These motivators were identified by four of the included studies.

Students suggest making mental health centres more welcoming and comfortable by offering snacks and games "*to make it feel like it's a second home*" (Ijadi-Maghsoodi et al.,

2018, p. 441). This is also supported by the study of Murry et al (2011), in which 14 out of 21 interviewed mothers stressed the importance of a welcoming environment when seeking help.

Moreover, the availability of care at the primary care level presented an essential motivator for young mothers to seek help for perinatal depression (Kola et al., 2020).

Furthermore, adolescents and caregivers are of the opinion that positive beliefs about whether therapy would provide positive results are crucial in their decision of seeking help (Lindsey et al., 2012). In line with that, perceived health benefits were the strongest motivator to seek help for perinatal depression in a sample of adolescent mothers living in Nigeria (Kola et al., 2020).

Lastly, many studies suggest school as an intermediate instance facilitating help seeking. For example, one caregiver stated: *"[My grandson] will go to his teacher [if he has a problem] and they will carry it a little further. They will call me and say he has a problem. Then we'll sit and discuss it*" (Lindsey et al., 2012, p. 117). Also, students in the study of Ijadi-Maghsoodi et al. (2018) identified teachers as their primary source of help. This is supported by the study of Murry et al. (2011), in which caregivers mentioned that teachers were often the first people to recognise problem behaviours and recommend further help seeking.

3.3. Quality appraisal

The methodological quality of the included articles was assessed by using the appropriate JBI Critical Appraisal Checklist (Joanna Briggs Institute, 2020). Overall, the quality of both qualitative and quantitative studies is generally good (table 3; table 4).

Referring to the quantitative studies, the validity of measurements used and the response rate of one article is unclear. Besides that, every quality requirement is met. Taking into account the qualitative studies, nearly all quality standards could be met. However, only one study presented the cultural and theoretical location of the researcher and stated the potential influence on the research. For the other five articles, these requirements were not met, which limits the quality of the studies. Additionally, one study does not show appropriate congruity between the research methodology and data collection method, as participation was based on voluntariness and thus, selection bias is possible.

Table 3

Quality Appraisal for Quantitative Studies

		Ibrahim et al., 2019	Murry et al., 2011
1.	Adequate sample frame for the population	Yes	Yes
2.	Appropriate sampling procedure	Yes	Yes
3.	Adequate sample size	Yes	Yes
4.	Detailed study subject and setting	Yes	Yes
5.	Sufficient sample coverage in data analysis	Yes	Yes
6.	Validity of measurements	Unclear	Yes
7.	Reliability of measures	Yes	Yes
8.	Appropriate data analysis	Yes	Yes
9.	Response rate	Unclear	Yes

Table 4

Quality Appraisal for Qualitative Studies

	Booth et al., 2004	Ijadi-Maghsoodi et al., 2018	Kola et al., 2020	Lindsey et al., 2012	Samuel, 2014	Sanchez et al., 2021	Murry et al., 2011
1.Congruity between philosophical perspective and research methodology	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2.Congruity between research methodology and research question	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3.Congruity between research methodology and data collection methods	Yes	No	Yes	Yes	Yes	Yes	Yes
4.Congruity between research methodology and data analysis	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5.Congruity between research methodology and interpretation of results	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6.Cultural or theoretical location of researcher presented	No	No	Yes	No	No	No	No
7.Influence of researcher on research addressed	No	No	Yes	Yes	No	No	No
8.Adequate representation of participants and quotes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9.Accordance with ethical criteria	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10.Logic of conclusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Discussion

This rapid literature review aimed at generating a comprehensive overview of barriers and motivators to help seeking for mental health problems in adolescents from socio-economically disadvantaged conditions. Results are intended to inform practitioners about factors influencing formal help seeking of adolescents living in socio-economic conditions. Further, results should be used to increase the effectiveness of interventions aiming at increasing adolescents' help seeking behaviour by tackling specific factors influencing help seeking and thus, closing the gap between adolescents in need of treatment and those seeking help. A systematic literature search was conducted in Scopus, Web of Science, and PsycInfo to answer the research question: "What is known about the main motivators and barriers to seeking help for mental health problems in adolescents living in socio-economically disadvantaged conditions?".

All of the eight included studies reported on barriers of help seeking, whereas only five studies identified motivators of help seeking. Barriers could be organised into the following categories: 1) stigma-related barriers, 2) emotional barriers, 3) knowledge barriers, 4) structural barriers, and 5) other barriers. By using the same coding process motivators to help seeking were categorised as 1) knowledge motivators, 2) social motivators, and 3) other motivators.

Generally, barriers to help seeking of socio-economically disadvantaged adolescents appear to be consistent over the decades, as there is no discernible pattern in the publication years of included studies and barriers reported. This underlines the urgent need of putting theoretical insights into practice, as it seems like there has been no progress made as young people still experience the same barriers to help seeking over the last 17 years. However, 'financial barriers' is the only subcategory, which is only reported by studies published in 2012 at the latest. Thus, it could be that this barrier is outdated and not relevant to adolescents living in 2023. However, this finding could also be random as only a small number of articles were included, which increases the possibility of underrepresentation leading to false conclusions. Taking into account the countries in which the studies were conducted, it seems like most barriers are location independent. Notably, structural barriers were only identified by studies conducted in the USA and Australia leading to the assumption that adolescents from developing countries like Malaysia or Nigeria do not experience those barriers. However, there is an overrepresentation of studies conducted in the USA, which might have influenced the results.

The main barriers identified in this review are stigma-related barriers since they were reported in all of the included studies (table 2). Further, knowledge barriers seem to be especially important as this was the second common barrier mentioned in this review.

Emotional barriers and structural barriers were raised by half of the studies. This is in line with other literature reviews, which focus on barriers and motivators to help seeking of adolescents (Gulliver et al., 2010). Gulliver and colleagues (2010) found that stigma, embarrassment, and problems in recognising symptoms are the main barriers to help seeking. Also, in a review by Aguirre Velasco and colleagues (2020), stigma is the most cited barrier.

Comparing the different motivators to help seeking of socio-economically disadvantaged adolescents, it is difficult to draw conclusions. Of the five studies reporting mental help seeking motivators, four were conducted in the USA, whereas only one was from Nigeria. None of the categories showed patterns regarding the year of publication. The most frequently reported motivators to help seeking in this review were social motivators as they were reported in four of the five studies. This is underlined by Rickwood et al. (2005) who also suggest positive social support as the main facilitator of adolescents' help seeking.

The results of this review seem to be consistent with other reviews aiming at identifying barriers and motivators to help seeking of adolescents (Aguirre Velasco et al., 2020; Gulliver et al., 2010; Rickwood et al., 2005). However, none of the studies focused specifically on young people from deprived backgrounds. Furthermore, a review of help seeking behaviour of adolescent elite athletes showed similar outcomes (Gulliver et al., 2012). The most important barrier identified in this review was related to stigma, whereas other barriers included a lack of mental health literacy. Motivators included social facilitators like a positive relationship with the mental health professional and encouragement from others (Gulliver et al., 2012). Therefore, it can be hypothesised that barriers and motivators are independent of socio-economic status. As there is also no pattern discernible regarding the location and year of the studies it can further be assumed that barriers and motivators are universal to all adolescents as adolescence is a universal development stage.

As adolescence is an age where the need to belong is especially important it seems logical that stigma-related barriers are mentioned the most (Krowchuk, 2010; Sawyer et al., 2018). Young people do not yet have a developed identity and peer recognition and the need to belong are particularly important (Krowchuck, 2010; Sawyer et al., 2018). Therefore, it also seems plausible that social support is the strongest motivator to help seeking adolescents. Help seeking that is encouraged by peers may lead to a certain degree of safety as adolescents feel accepted and do not have to fear that their peers will judge them.

Generally, barriers and motivators found in this review seem interrelated and not clearly separable. For example, emotional barriers are often associated with the fear of getting stigmatized (Booth et al., 2004; Ijadi-Maghsoodi et al., 2018; Samuel, 2014). This was also

found by Gulliver et al. (2010), who suggest that stigmatisation leads to feelings of embarrassment. Also, the fear of being seen by others when entering the mental health service might be associated with the fear of being judged (Booth et al., 2004; Ijadi-Maghsoodi et al., 2018). This underlines the importance of reducing stigma barriers to make interventions aiming at increasing help seeking for mental problems in adolescents from socio-economically disadvantaged conditions more likely.

Based on the results of this review, various theoretical implications emerge. First, this review gives insights into seeing barriers and motivators to help seeking as independent from socio-economic status and thus universal for the age of adolescence. This can be hypothesised as barriers and motivators seem to be consistent regardless of year and country of publication, thus making adolescent's help seeking independent from cultural and temporal influences. Moreover, literature reviews dealing with a similar research question, but focusing on adolescents from higher social classes, come to similar results (Gulliver et al., 2012). Therefore, it seems that flexible, changing factors such as culture, decades or socio-economic status are not decisive for help seeking, but rather the developmental stage of adolescence. However, this hypothesis needs to be tested in future studies. Additionally, the results of this review show that there is a lack of quantitative studies dealing with the barriers and motivators to help seeking of socio-economically disadvantaged adolescents because only one quantitative study was assessed as relevant to the research question. Quantitative studies can enhance generalizability by including larger sample sizes compared to qualitative studies. Further, they can be used to compare different population groups, for example, adolescents from low and high socio-economic backgrounds, to test the universality of barriers and motivators to help seeking.

Similarly, practical implications can be derived from the results of this review. Interventions aiming at increasing help seeking for mental health problems in adolescents from socio-economically disadvantaged conditions should aim at reducing barriers and increasing motivators to help seeking. Therefore, the possibility of offering online treatment for adolescents should be considered. By offering mental support online, the expected stigma could be decreased as adolescents do not have to fear that they are seen when accessing a mental health institution (Booth et al., 2004; Ijadi-Maghsoodi et al., 2018). This could in turn also decrease feelings of embarrassment (Ijadi-Maghsoodi et al., 2018; Samuel, 2014). Additionally, online mental health services should include forums where affected young people can exchange information. This might increase their need to belong and decrease the stigma experienced by peers (Krowchuk, 2010; Murry et al., 2011). In addition, there should be the option to request help anonymously, for example through live chats, to reduce other emotional barriers such as

shame or the fear that parents will be taken away (Booth et al., 2004; Lindsey et al., 2012). Furthermore, structural barriers, such as inadequate transport options and long waiting lists, could be addressed by the use of online mental health institutions as it increases accessibility and availability because it makes mental health services location-independent (Booth et al., 2004).

Moreover, the suggestion of offering more online treatment addresses motivators to help seeking. Exchange forums can increase adolescent's perceived social support, as participants can motivate each other (Kola et al., 2020; Samuel, 2014). Further, online services could be accessed in adolescent's own room preference which can make participants feel more comfortable (Ijadi-Maghsoodi et al., 2018; Murry et al., 2011). As studies suggest that therapeutic relationships in online settings are at least equivalent to those in face-to-face settings, the trustful relationship with the professional is not suffering (Sucala et al., 2012). Further, schools should discuss mental health in general, including topics relevant to adolescents, such as stress (Ijadi-Maghsoodi et al., 2018; Lindsey et al., 2012; Murry et al., 2011). Through classroom presentations or posters schools should make students aware of the existence of specific online treatment platforms and stress potential health benefits (Ijadi-Maghsoodi et al., 2018; Kola et al., 2020). Additionally, schools should also discuss online mental health services on parent-teacher days because the results of this review show that parents of adolescents play a crucial role in help seeking (Lindsey et al., 2012; Murry et al., 2011). Accessing online mental health platforms should not be a problem since studies show that especially adolescents from low socio-economic conditions access the Internet daily (HBSC, 2019; Lenhart, 2015).

Strengths of this review include the novelty of research question. To the knowledge of the researcher, this is the first rapid review focussing on barriers and motivators to help seeking of adolescents living in socio-economically disadvantaged conditions. Further strengths consist of the systematic literature search and presentation of the results, which allow for transparency and replicability of the results and thus, minimize the risk of bias (Snyder, 2019). The main guidelines for writing a rapid review were met, which ensures appropriate quality standards (Garritty et al., 2021). Databases used for literature search were thoughtfully selected, increasing the comprehensiveness and relevance of literature found. Clear eligibility criteria lead to higher specificity of the results, which makes practical implications more concrete. Further, a quality assessment tool was used to ensure that the studies included were of appropriate quality (Joanna Briggs Institute, 2020). The quality of studies included was generally assessed as good leading to enhanced reliability of the results. Detailed data extraction

enhanced the comparability of the results. Data extraction shows that most of the included studies are qualitative studies, all of which used focus groups or interviews as a method. Interview guides were at most semi-structured, which means a lot of flexibility for the participants' answers. Although the context of the studies was often different (e.g. perinatal depression and post-detention), participants expressed similar barriers and motivators, making it possible to create overall categories. Therefore, the results of this literature review seem reliable. Lastly, potential solutions on how to address barriers and motivators of this review are discussed making the results relevant for practice.

However, the results of this review should be generalized with caution as there are some limitations. First, the whole literature search and screening process was conducted by only one reviewer in a short period of time. Thus, the results of this study might be influenced by the researcher's cultural values and interpretation bias are possible. Moreover, most of the studies used focus groups or in-depth interviews as a method for generating qualitative data. Therefore, the results of those studies might entail social-desirability bias, as especially adolescents seem to be likely influenced by the answers of others. Further, there was only one quantitative study included in this review, making the generalizability of barriers and motivators difficult. Lastly, comparability of the different studies is difficult, as there was no clear definition of socio-economic status and studies entailed in part very specific samples.

Future studies should focus on motivators to help seeking as most of the studies focus on barriers to help seeking. Additionally, this review shows that there is a lack of quantitative studies, which should be the focus of future research. Moreover, there is a need for a clear definition of low socio-economic status to make studies in that field comparable and valid. As most of the studies were excluded due to a wrong population, future reviews should consider the inclusion of grey literature. Grey literature could increase accessibility to young people from socially disadvantaged backgrounds since many socio-economic disadvantaged adolescents are using social media daily (HBSC, 2019; Lenhart, 2015). In addition, it can increase the relevance of the results, as grey literature is available more quickly and is, therefore, more up-to-date. Therefore, for example, social media posts might entail valuable insights into help seeking behaviours of adolescents. Lastly, future research should investigate the effects of online treatment to assess whether this is an option to increase help seeking of adolescents living in socio-economically disadvantaged conditions.

Concluding, this review underlines the urgent need to implement theoretical knowledge into practice. First, it shows that barriers and motivators to help seeking for mental health problems of adolescents living in socio-economically disadvantaged conditions do not seem to

have changed during the past 17 years. Second, this review suggests barriers and motivators of help seeking being independent of socio-economic status. Third, stigmatisation seems to be the most important barrier hindering help seeking for mental health problems in adolescents. Fourth, the option of offering online mental health services is suggested to address specific barriers and motivators to help seeking. Lastly, this review identified a lack of quantitative studies dealing with motivators and barriers to help seeking of adolescents from low socio-economic backgrounds.

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Appendices

Appendix A: Search term

“help seek*” OR “help seek* behaviour” OR “help seek* behavior” OR “support seek*” OR “mental health service utili*” OR “treatment seek*” OR “health facility usage” OR “seek* mental health care” AND “mental health” OR “mental illness” OR “mental health issues” OR “poor mental health” OR “psych* problem*” OR “psych* disorder*” OR “mental health problem*” OR anx* OR addict* OR depress* OR “eat* disorder” OR suffer* OR strugg* OR “mental disorder” OR “low wellbeing” OR “low well-being” OR “low psych* wellbeing” OR “low psych* well-being” AND Adolescen* OR “young adulthood” OR teen* OR “Junior*” OR “Juvenile*” OR “Youth” OR “young people” AND “low socioeconomic*” OR “low socio-economic*” OR “low socio economic” OR “low social status” OR “low social class” OR “low income” OR “low educat*” OR “socio economic* disadvantage*” OR “socio-economic* disadvantage*” OR “socioeconomic* disadvantage*” OR poverty AND barrier* OR hindrance* OR motivat* OR facilitat* OR enable* OR hinder*

Appendix B: Data extraction sheet

1. Author
2. Year of Publication
3. Country of Publication
4. Aim
5. Type of data
6. Materials to identify barriers and motivators
7. Sample
8. Age of adolescents
9. Barriers/Motivators reported by
10. Definition socio-economic disadvantaged condition
11. Mental health problem