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Original Article

Awareness, understanding, and help seeking for behaviour problems by parents of primary school age children in Central Jakarta: A qualitative study

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Abstract

Background Understanding children's behaviour and emotional conditions will allow parents to help them cope with the tasks of growing up. The accuracy of parents to identify their children as needing mental health services, and the factor that might influence parental perceptions is important.

Objectives To explore parents' recognition and help-seeking patterns for behavior and emotional problems of school age children; To identify parents' perceived needs and barriers in achieving access to appropriate mental health services.

Methods We involved six parents who had primary school children with behavior and/or emotional problems identified by their class teacher. Parents were interviewed by using a semistructured clinical interview, some were adapted from the Arthur Kleinman's explanatory model of illness. Data were presented in descriptive and interpretative accounts.

Results In general, parents were aware that their children had behavioural and emotional problems but assumed it was part of their normal development. Four parents did not take their children to seek any professional help, assuming they would be able to overcome this situation with the helping hand from the school class teachers. Parents perceived that they were weak in parenting their child.

Conclusion This study emphasizes the need to increase parents' awareness and understanding and helping agencies so they can recognize the problems accurately and overcome the barriers appropriately. **[Paediatr Indones. 2010;50:18-25]**.

Keywords: *awareness, help-seeking, mental health*

From the moment they are born, children are trying to make sense of the world surrounds them. In most cases, parents are unfamiliar with the natural history of childhood, such as what types of behaviour are natural and appropriate at different stages of a child's life. Parents often have unrealistic expectations for their children and for themselves.[1] They misconstrue their children's attempt to communicate by applying adult's perspective.

Understanding child behaviour and emotions will allow parents to help children cope with the tasks of growing up. Most of the time, parents are not doing anything wrong. In fact, other parents, who we assume are handling things so well, are having exactly the same difficulties.[2] Understanding what to look for and how to interpret a child's behaviour and emotional conditions are almost always very reassuring

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to parents.[3] Being aware of what is normal will also help parents to spot behaviours that are abnormal more quickly and act on them more effectively.[4] Child behaviour problems are conditions that the child can not manage alone. Consequently, the need for parents to be involved in the treatment of their children's behavioural problems must be recognized, legitimised, and supported. Thus, the pathway into mental health services for children is also unique that they receive services only through the intercession of adults, especially their parents who perceive their children to be in need. These perceptions are often based on children's performance academically and behaviourally, at home and in school. Teachers are often the first people to determine that a child has problems requiring mental health services, and they can act as important catalysts in parents' perceptions that their children may be in need of services.[5]

In order to provide help for those primary school children who in need of help, we need to identify how parents understand their child's behaviour problem at its earliest manifestation. There is the concept of 'Level's and Filters'.[6] The next step is to find out how parents make use of services in order to identify the mental health services barrier in the community. So far, there have been no community studies of parent's awareness of their primary school children's behaviour problems carried out in Indonesia, and only a few studies worldwide, which looked at parental perceptions and mental health services help-seeking patterns for primary school children's behaviour problems. Therefore, the main aims of this study were: (1) To explore parents' recognition of mental health problems in their primary school age children; (2) To identify parents' perceived need for mental health services for their children's behavior problems; (3) To explore help-seeking patterns for behavior and emotional problems in their children; and (4) To identify barriers to achieving access to appropriate mental health services.

Methods

This qualitative, cross sectional study was chosen. We used a semi-structured and in-depth interview process for the data collection in order to allow for the most comprehensive and freest collection of parental experiences.

This study involved six parents who had primary school children with behavior and/or emotional problem first identified by their class teacher. Parents were interviewed using a semistructured clinical interview (estimated time: 45-60 minutes). Some questions in the semistructured clinical interview were adapted from the Arthur Kleinman's[7] explanatory model of illness and some were developed for this research such as (1) do you think that your child has had any problems in the last 6 months?; (2) what have been the consequences of these problems for your child?; (3) what do you think should be done to fix this problem?, etc.

Other measures included a sociodemographic questionairre which elicited such background details as parent's age, occupation, education, ethnicity/ cultural background, marital status, number of siblings, ordinal position of the child, and monthly expenditure for the whole family. Interviews were tape-recorded and transcribed for analysis. Identifiers were removed prior to analysis. Tapes were erased after transcription was finished.

The analytical process began with reading through the transcripts and notes to identify recurrent statements about behaviour or powerfully expressed feelings of the parents. These were then identified, described and categorized to signify the most important experiences for each individual, and which can then be grouped to indicate the frequency of a recurrent theme. All data were presented by descriptive and interpretative accounts.

Results

The characteristic of children and their parents

The characteristics of children and their parents who involved in this study are presented in **Table 1.**

Parents' awareness of mental health problems in their primary school children

In general, parents in this study were unaware that their primary school child had several behavioural and emotional problems, they assumed it was parts of their children's normal development

Table 1. Characteristics of children and parents

Characteristic of children	Characteristic of parents
1. Age: 8 yrs	**Father 35 yrs, mother 33 yrs**
Education: primary school, level 2	Education: high school (both)
Number of siblings: 1	Ethnicity: Betawinese
Ordinal position: the first child in the family	Religion: Moslem
Sex: Male	Occupation: private company employee
	Average level of social-economic class
2. Age: 11 yrs	**Father 45 yrs, mother 43 yrs**
Education: primary school, level 5	Education: university degree (both)
Number of siblings: 2	Ethnicity: Javanese
Ordinal position: the first child in the family	Religion: Moslem
Sex: Male	Occupation: government employee
	Average level of social-economic class
3. Age: 7 yrs	**Father 39 yrs, mother 32 yrs**
Education: primary school, level 2	Education: high school degree (both)
Number of siblings: -	Ethnicity: Sundanese
Ordinal position: the first child in the family	Religion: Moslem
Sex: Male	Occupation: private company employee
	Low level of social-economic class
4. Age: 9 yrs	**Father 43 yrs, mother 42 yrs**
Education: primary school, level 5	Education: university degree (both)
Number of siblings: 2	Ethnicity: Javanese
Ordinal position: the second child in the family	Religion: Moslem
Sex: Male	Occupation: government employee
	Average level of social-economic class
5. Age: 9 yrs	**Father 48 yrs, mother 45 yrs**
Education: primary school, level 3	Education: university degree (both)
Number of siblings: 3	Ethnicity: South Sumateranese
Ordinal position: the fourth child in the family	Religion: Moslem
Sex: Male	Occupation: government employee
	High level of social-economic class
6. Age: 7 yrs	**Father 45 yrs, mother 31 yrs**
Education: primary school, level 2	Education: university degree (both)
Number of siblings: 1	Ethnicity: Betawinese
Ordinal position: the second child in the family	Religion: Moslem
Sex: Female	Occupation: private company employee
	Average level of social-economic class

and character building. In addition, they never thought that these were mental health problems, although these behavioural and emotional problems had already influenced their child academic achievement and ability to socialize with their peer groups (**Table 2**).

Parent's understanding about their primary school children's behavioral and emotional problems

Parental's understandings of their child's behaviour problems were minimal. This was reflected in their responses and reactions toward their child's daily behaviour. The in-depth interviews affirmed that parents' responses were not constructive for their child's mental development, such as, scolding with high-pitched voice, punishment, and occasional hitting. Parents felt sad because their children had difficulties in achieving good academic performances. Parents only focused on the tangible problems that related to school performance and could not identify the basis of these problems.

Parents felt that it was very hard for them to determine when the problems began and how they developed. On the other hand, if they were

Table 2. List of behaviour and emotional problems reported by parents

Types of problems child's experiencing	Problems priority & consequences
Internalising problems	Irritable mood
	Easily get angry
	Temper tantrum
	Up-set all the time
	Withdrawal from peer interaction
	Reduce in communication with others
	Keep arguing with family members and others
	Decrease in the academic achievement
	Naughty
Externalising problems	Annoying other children
	Demanding everything
	Cannot sit still
	Arguing and opposing
	Jealousy with others and sibling
	Lying
	Attention seeking behaviour
	Talkative
	Bullying
	Lazy
None of the above problems	Unmotivated to go to school
	Stubborn
	Arguing all the time with parent and peer group

Table 3. Parent's responses and reactions toward their primary school children's behaviour problems

Types of problems child experiencing	Parent's response Parent's reaction
Internalising problems	Scolding Consult with class teacher
	Punishing Set harsh discipline
	Angry Refer to psychologist
	Sad
Externalising problems	Scolding Set harsh discipline
	Angry
	Punishing
	Hitting
	Sad
None of the above problems	Sad No reaction
	Angry
	Punishing

asked to find out when their child's academic performance declined, they easily answered this question. All parents concluded that their child's academic performance had already decreased gradually in the period of six months to a year before they noticed the behaviour problems in their children. They only focused on their children's academic achievement. This attitude was reflected in parental reactions. Parents never sought any mental health professional for help, they only tried to set firm or harsh discipline and hoped their child's behaviour would change. Two parents who perceived that their children had internalising problems talked to the child's teacher, but they asserted that they were unsatisfied with the teacher's assumptions. One of them was referred to a psychologist (**Table 3**).

Based on parent's perceptions, the behaviour problems occurred because of the lack of discipline and attention from the school and/or family members. They thought that this condition was not due to mental illness, which could impact their child's overall productivity. This statement can be seen as a reflection of the low understanding of their child's behaviour problems. When explanations were given to them, they felt surprised and sceptical (**Table 4**). Most of them asked 'why' and they started to blame themselves, teachers, and school environments. It seemed that they could not accept the explanation per se. Most of them showed that they needed time to consider the information we offered about their children. One parents cried aloud after the explanation, they felt very sad and thought that their primary school child was 'insane'.

Table 4. Parent's reaction after getting explanations according to their primary school children's behaviour problems

Parent's reaction
Not willing to take the child for further observation
Surprise and disbelief
Self -blame
Starting to blame teacher, and school environment
Crying
Need time to think it over, especially in relation to obtaining further observation
Consult with class teacher
Consult with school psychologist

Table 5. Parents' perception of mental health professionals who

Type of mental health professional	Percentage
Teacher	100%
Psychologist/clinical psychologist	83 %
Pediatrician	80%
Child psychiatrist	17 %
Occupational therapist	-
Social worker	-
Traditional healer	-

Parent's natural help-seeking pattern for their primary school child's behavior problems

Four parents in this study did not take their children to seek help from any mental health professionals. In all parents' minds, they felt they could overcome this situation by getting a helping hand from the school class teacher. Parents perceived that they were weak in parenting their child. They told that they indulged their child and used inconsistent discipline. In addition, they also rationalized their behaviour by saying that they did not have enough time to accompany their child at home because of the heavy workload in their workplace in order to support a better family life.

The class teacher referred two parents in this study to seek help from a psychologist, because the class teacher could not handle these children anymore. On the other side, the parents of these children felt that class teacher did not give them any clear information about their child's behaviour problems. Furthermore, they felt hopeless to manage their child's behaviour problems because of the decrease in their child's academic achievement. Finally, they tried to seek help from a psychologist but it seemed to not meet their needs.

These two parents complained that their children were facing the same problems (see **Table 2**) and academic achievement after the intervention did not much improve. Parents felt that the psychologist did not do anything, only providing consultation on parenting styles which was not appropriate to help their child. They felt the need for direct help for their child's problems, such as how to overcome their own emotions, how to adapt in a better way in their peer group and also how to adjust their behavioural and emotional state. When explanations were given to them, they accepted our ideas and took their children to the Child Psychiatry Out-patient Unit in Cipto Mangunkusumo General Hospital.

When asking who could help them to solve these problems, most parents said that the teacher was the first priority person to take this responsibility and then a psychologist. One parent mentioned child psychiatrist, but they also asked what the difference between a psychologist and a child psychiatrist was. It means that they did not really understand the function of these mental health professionals (**Table 5**). From parents' perception, teacher could help them in giving guidance, setting discipline and teaching moral development to their children.

Although they chose the teacher as the most important person, only two parents consulted the teacher about their child's behaviour problems. In these cases, it was an overwhelming condition. Parents said that they tried to manage their children by themselves, because they felt that teachers were not cooperative and couldn't accommodate to what they wanted. They believed that the problems would become better in this way or they should proceed to set harsh discipline to handle the problem alone. They also mentioned barriers to seeking help due lack of knowledge about where they could get help or not knowing whom, if anyone could help. Other barriers consisted of not having transportation or time to go for help, financial problems, and inconvenient operating hours of the helping agencies.

Discussion

This study focused on parental awareness, understanding and help-seeking patterns for their primary school children's behaviour problems. The findings suggest that parental awareness of mental health problems and their overall impact is very low. Parents in this study seemed to be capable of recognising the behaviour and emotional problems but their understanding of these problems (such as the basis of these problems, how to manage these problems) needed to be increased. The implication of the above situation impacted the way parents sought help. According to the model of 'levels and filters' (Goldberg and Huxley, 1980), parents have to recognize that there is a problem as the first step, secondly they have to consider the need for help, and thirdly they need to overcome any attitudinal or physical barriers to help seeking and actually seek help.

In regard to the first step of the model of 'levels and filters', our preliminary findings suggested that most parents in this study actually had minimal recognition of behaviour problems in their children. This attitude was correlated with the low level of awareness and understanding of the problem. This became a reason why they seem to ignore problems. In addition, the contribution of the stigma (although not directly communicating in the interview of this

study) of the term 'psychiatry' or 'mental illness' made this situation worse. Most parents in this study did not seek help from mental health professionals. Lack of parent's awareness and understanding was related of the low level of knowledge and information, which was given to them.

Hoberman[8] has identified the high proportion of unmet needs for mental health services among children and adolescents. This present study supports the findings of Hoberman's study. There was several finding that revealed that unmet need was associated with lack of knowledge about where parents could get help or not knowing whom, if anyone could help. The other reasons were; not having transportation or time to go for help, financial problems, and inconvenient operating hours of the helping agencies. Furthermore, our interviews revealed that unmet need was not associated with a pessimistic perception of the usefulness of mental health professional help for behavioural and emotional problems.

What can be done to help parents increase their early recognition of behaviour problems in their primary school children? Educating parents by providing some general guidelines to raise the awareness of the significance of behavioural or emotional problems is one way to address these problems, and do it in a pervasive and persistent manner.[9,10] It is also needed to increase awareness, and the understanding of the role of other professionals, such as general practitioners, paediatricians, and of course other mental health professionals especially child psychiatrists.

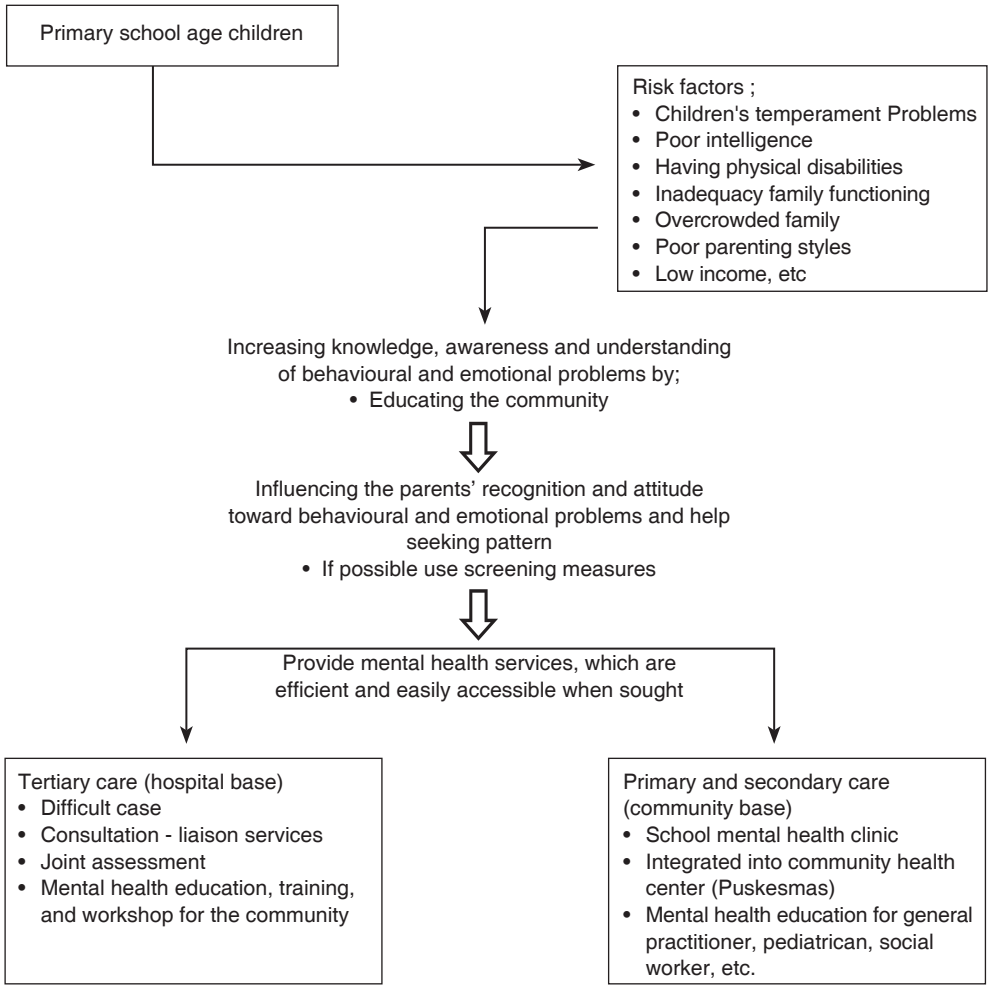

Figure 1.

The second level of the 'levels and filters' model suggests that it is very important to change the attitude of the parents to enable them to seek help. The attitudinal reasons in this study were not much different than those found in the Christchurch[10] and Pavuluri et al [9] studies which revealed that parental attitudes must be capable and acknowledgeable to handle their child's behaviour problems; especially where stigma and labelling associated with 'mental illness', 'mental disorder', 'psychiatry' are common in urban Jakarta. Feehan et al [11] reported that there was no evidence to support the hypothesis that agency contact increased the risk of later mental disorder in children. This statement can be used to reassure parents that help seeking was only associated with a reduction in both the risk of mental disorder and behaviour problems in children.

It is very important to establish stronger links between child psychiatric services and other agents, such as, teachers, social workers, and other school personnel. Providing active education and access to consultation-liaison services by tertiary agencies would help to strengthen these links. Dulcan et al[12] reported that the possibility of recognition of behaviour problems was 13 times more higer when parents consulted pediatricians about the problem than when they did not. This point of view raises implications for training paediatricians as well as general practitioners in primary health care settings, to teach them to encourage parents to express concerns. Child mental health professionals should take a lead in mental health teaching, training, conducting workshops, supervising allied health professionals, and seeing cases jointly with others. Pavuluri et al[9], in 1996, stated building such bridges with the community agencies would facilitate appropriate benefits to each other.

School consultation is one alternative to fulfill parents' need for mental health services for their primary school children.[13] If the school mental health clinic (which is located in the school) is developed, parents may more easily take their children to meet the mental health professionals without missing school and they will not need to take the child to the hospital or community health centre. It will also reduce the stigma among parents, by means of not associating the child mental health problem with anything other than low academic achievement. We hope that parents will accept this kind of consultation more easily. This service would include screening and monitoring of students at risk for behavioral or emotional problems. In addition, school mental health clinics would improve collaboration and communication between school personnel and mental health professionals. There are several reasons to develop school consultation, such as the insufficiency of the referral system from schools and poor communication between school counselors and other mental health professionals including child psychiatrists. School counselors or guidance counselors may not be adequately trained to deliver mental health services because of a lack of knowledge of mental health services and they may have other burdensome administrative demands.

Our study shows that parents felt their children's character changed gradually followed by a decrease in their academic achievement but still they did not seek help. So the fourth level of the model is the need to develop programs that focus on high risk children in planning and providing realistic care. Inappropriate child temperament, inadequate school environment, family problems, and low income are known to be associated with primary school behaviour problems.[9,11,14] This age group needs to be targeted especially as they are less likely to seek help. Several studies state that children with externalising problems or hyperactivity predict help seeking, especially when controlled for other symptoms and socio-demographic features.[11,15,16]

From this point of view, it is indicated that interventions need tale place at various levels. Taking this into consideration, an intervention model aimed at improving utilization is set out in **Figure 1**. Finally, apart from adopting the above-mentioned scheme to overcome the difficulties in increasing awareness, understanding and help seeking, specialists in children mental health, especially child psychiatrists, should act as lobbying persons to ensure that the government acts to set policies and programs for helping these children.

In conclusion, the results of this study should be interpreted with several cautions given that information on awareness, understanding and help seeking pattern is based on only six parents' response to the in-depth interview which may not be generalizable to all parents in the community. Future studies need larger sample sizes and with a better design and an eligible number of samples. There

is, however, enough information from this study to emphasize the urgent need to increase awareness and understanding of parents and helping agencies so that they can recognize the problems of young children early and accurately, overcome the barriers to care, and finally to facilitate help seeking.

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