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Barriers, facilitators and interventions to support help-seeking amongst young people living in families impacted by parental mental illness: A systematized review

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Abstract

Aim: Children living in families impacted by parental mental illness are at increased risk of adverse mental and physical health outcomes compared with children living in families unaffected by mental illness. Considered to be a hard-to reach group, it is likely that there are unique barriers for these young people in seeking help for their difficulties. This systematized review synthesizes what is currently known about help-seeking barriers, facilitators and interventions for young people affected by parental mental illness.

Methods: Three databases were searched, yielding 2556 results and three studies were identified through other sources. Studies were screened on title and abstract review and were excluded if they were published before 2005 or if they did not include the perspectives of young people. At a second stage, full-text articles were screened based on the inclusion criteria. Eleven studies were included for data extraction and quality appraisal.

Results: Qualitative and quantitative data synthesis revealed three significant barriers (i) *stigma*, (ii) *family communication* and (iii) *lack of belonging and shared experience*, three key facilitators (i) *individual characteristics*, (ii) *group identification* and (iii) *anonymity* and three primary components of therapeutic interventions (i) *psychoeducation*, (ii) *connection with peers* and (iii) *accessibility*.

Conclusions: It was found that stigma towards mental illness is highly salient amongst young people impacted by parental mental illness and has unique effects on their patterns of help-seeking. Help-seeking research amongst this group is still emerging, with a need for greater clarity in operationalisation of help-seeking constructs and more robust methodological designs.

KEYWORDS

children of parents with a mental illness, help-seeking, mental health, psychotherapeutic interventions, young people

1 | INTRODUCTION

It is estimated that up to 45% of clients in adult mental health services are parents (Maybery & Reupert, 2018), and that 23.3% of young people in Australia live in families affected by parental mental illness

(Maybery et al., 2009; Reupert et al., 2012a). Young people living in families affected by parental mental illness are considered to be an at-risk group for developing various adverse outcomes. Compared with children and adolescents living in families unaffected by parental mental illness, young people whose parents live with mental illness are at

increased risk of disrupted attachment styles, communication and cognitive impairments, somatic health conditions, self-harm and suicide (Reupert et al., 2012b; Reupert & Maybery, 2007a; Thanhäuser et al., 2017; Weitzman et al., 2011). Young people who live in families affected by mental illness are at 2.4 times greater risk of developing mental health problems, compared with children of parents who do not live with mental illness (Wille et al., 2008). A 20-year longitudinal study involving offspring who have a parent with depression revealed that these children were at threefold greater risk of developing depression, anxiety and substance use disorders, compared with children of parents without depression (Weissman et al., 2006). Further, this study also revealed higher rates of medical problems and mortality emerging in middle age for this group. In addition to elevated risk of emotional, developmental and physical health problems, young people whose parents have a mental illness are more likely to experience school-related issues such as difficulties with attention and self-regulation (Riebschleger et al., 2019) and school drop-out (Farahati et al., 2003). They are also more likely to be placed into foster care than their peers (Leschied et al., 2005). Therefore, early detection and intervention are essential in reducing the mental and physical health risks inherent to this population as well as strengthening children's resilience to prepare for the possibility of future hardships.

Parental mental illness does not inevitably result in adverse outcomes in children (Riebschleger et al., 2019), with resilience being an identified strength of children in these families (Foster et al., 2012). Past research highlights the complexities regarding the likelihood of transgenerational transmission of mental illness, suggesting it is an amalgamation of genetic factors, environment and resilience (Reupert, Maybery, & Kowalenko, N., 2012). Children's resilience can be strengthened by protective factors such as positive parent-child relationships, social connection and support, and therapeutic interventions (Foster et al., 2012). There is increasing literature highlighting the protective benefits of support-seeking, also known as help-seeking, amongst young people living in families affected by parental mental illness (Riebschleger et al., 2019). Help-seeking refers to the communication about a problem with the aim of gaining external assistance and reducing personal distress (White et al., 2018). For the purposes of this review, help-seeking refers to both intentions, the conscious plan to seek help in the future, and actual behaviour.

Help-seeking for personal, emotional and mental health problems has been described as 'an adaptive coping process' (Rickwood & Thomas, 2012, p. 180). The Mental Health Literacy Model was developed for youth aged 8–12, in response to the paucity of scales that encompass children's unique mental-health literacy needs (Bale et al., 2020). The model emphasizes why it is critical for help-seeking to be encouraged amongst young people. It also highlights the importance of young people being informed about where they can go for help and that there are appropriate sources of help that can assist them during times of emotional distress (Bale et al., 2020). Protective benefits of help-seeking derive from a spectrum of informal, broad social networks to more formal

or professional sources of help (Foster et al., 2012). Despite the acknowledged benefits of support-seeking, intentions to seek and persist in seeking help have been identified as a challenge amongst all young people. For instance, previous research found that just 29% of Australian young people with known mental health problems had engaged with a mental health service across a 12-month period (Rickwood et al., 2007). The primary reason for the low rate of service-engagement was a reluctance to seek-help (Rickwood et al., 2007). Related research has found young people prefer to seek help for their emotional and personal problems from informal sources, with a strong preference for friends (Rickwood et al., 2005).

Of concern, many young people also indicate a clear preference for not seeking help from anyone for these problems. It is likely that young people who live in families affected by parental mental illness may be even less likely to seek help for their personal and emotional problems than the general population as they are considered to be a 'disadvantaged and hard-to-reach group' who often do not attend psychiatric services until their symptoms become severe (Wahl et al., 2017 p. 63). These young people have been shown to engage in maladaptive coping strategies (Fear et al., 2009), present with poor social connections and self-worth (Reupert & Maybery, 2007b). Stigma is another likely barrier for help-seeking amongst this group in that, they are likely to be aware of and internalize the negative attitudes towards mental health difficulties as experienced by their parents. The Mental Health Literacy Model for youth emphasizes the importance of understanding children's perspectives and preferences for seeking help in order to adequately support and reduce negative outcomes and risks in this at-risk population (Bale et al., 2020).

Factors that may facilitate help-seeking in this population may be similar to all young people, such as female gender (Rickwood et al., 2005) and preferences for anonymous help sources (Trondsen & Tjora, 2014), but there are also likely to be some novel factors related to group identification (Grové et al., 2015).

Therapeutic interventions offer protective benefits in ameliorating adverse outcomes for young people who live in families affected by parental mental illness. Features of interventions directed towards young people who have parents with a mental illness usually comprise psychosocial education (psychoeducation) and basic help-seeking and other skill building. The inclusion of a prosocial environment involving peers can contribute to a sense of normality regarding the young person's experiences (Reupert et al., 2012b). Reported effects of these interventions include increased mental health knowledge, emotional and behavioural competence, increased self-esteem and greater connection with peers (Grové et al., 2015; Isobel et al., 2017; van Santvoort et al., 2014). The evidence base for the association between intervention participation and help-seeking has yet to be summarized. The aim of the current review is to synthesize the research describing barriers, facilitators and specific elements of interventions aimed at promoting help-seeking amongst young people living in families affected by parental mental illness.

2 | METHODS

2.1 | Study design

A systematized review (Grant & Booth, 2009) was selected with an inclusion criterion being that help-seeking is a key target of the reviewed research. Measures of help-seeking encompassed both intentions and behaviours. Help-seeking was operationalized as the sharing of information about a mental health problem to others, including informal (peers, family) and formal (mental health professionals, GP) sources, with the aim of gaining support that would reduce personal distress (White et al., 2018). As the purpose of this review is to identify barriers, facilitators and interventions for help-seeking amongst young people living in families affected by parental mental illness, stringent criteria were used to ensure the studies focused on the perspectives of individuals from this group. Barriers were defined as constructs interfering with young people's likelihood of seeking help for their mental health problems whilst facilitators were defined as factors that increased the young person's help-seeking intentions. Interventions were operationalized as any therapeutic strategy aiming to promote protective factors for young people living in families affected by parental mental illness.

2.2 | Search strategy

A literature search was conducted in PsycINFO, Scopus and MEDLINE®, as well as Google Scholar (Figure 1). Search terms included 'children of parents with a mental illness', 'help seeking',

'support seeking' and 'support'. Titles and abstracts were screened at the first stage. At a second stage, the full articles were read for suitability using predetermined inclusion and exclusion criteria. Reference lists of reviews and meta-analyses were screened for other studies relevant to the review. The search was limited to original, peer-reviewed journal articles.

2.3 | Inclusion and exclusion criteria

A focused approach was taken such that studies included discussion on help-seeking barriers, facilitators and/or interventions. Studies were published in English from 2005 to May 2020. The year 2005 was set as the boundary to appropriately reflect increasing accessibility to help-seeking resources such as online forums. Studies were excluded if they did not include the perspectives of individuals with at least one parent with mental illness. This meant that studies that focused on parents only were excluded. There was no restriction on study design.

2.4 | Data extraction

Initially all studies were reviewed by the first author (GD) and themes were extracted. Examples of themes with accompanying evidence from the articles were then provided to a second author (FD) with discussion around appropriate naming of the themes. Inclusion of a theme for a specific study was determined by consensus between the two reviewers. For the quality assessment we used the Mixed

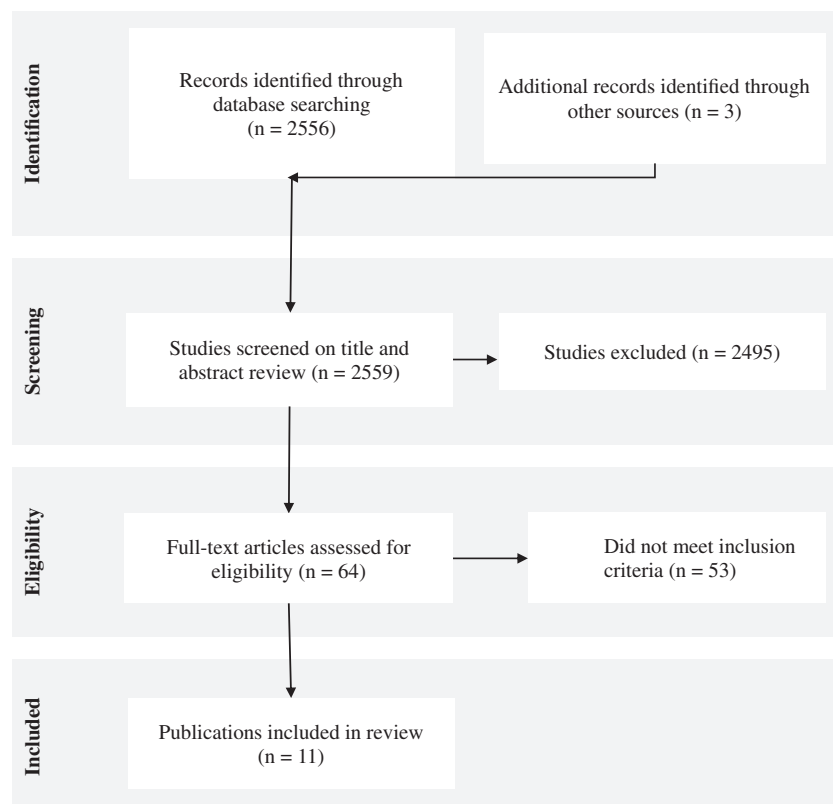


FIGURE 1 Study selection process

Methods Appraisal Tool (MMAT) (Hong et al., 2018), a validated assessment measure chosen due to the variety of study designs included in this review. No studies were excluded based on quality.

Consistent with the synthesis and analysis style of systematized reviews (Grant & Booth, 2009), data were summarized using a narrative synthesis with tabular accompaniment (see Table 1). Rather than an aggregation of past study findings, this study aims to integrate past findings to produce a broader, more generalisable perspective of themes specific to barriers, facilitators and intervention features for help-seeking in young people who live in families affected by parental mental illness. Data extracted included study design, participant characteristics, barriers and facilitators to help-seeking, outcome measures and key findings.

3 | RESULTS

The search strategy identified 2556 articles which were screened on title and abstract. Three additional studies were identified through hand search. This was reduced to 64 studies after removing duplicates and studies meeting the exclusion criteria. The full texts of the remaining studies were reviewed, of which, 11 studies met eligibility criteria and were included for data extraction and synthesis.

3.1 | Article characteristics

The majority of studies included an intervention ($n = 9$) with the most common study designs being qualitative ($n = 5$) and mixed-methods ($n = 3$). One study used a Randomized Controlled Trial study design (see Table 1). Participant age spanned from 8–25 years old across studies. Studies were conducted in Australia, Europe and the United Kingdom.

3.2 | Quality assessment

The studies were of medium to high quality with moderate risk of response bias. The methodological approach chosen was appropriate to answer the research question across studies. Randomized controlled trials presented difficulties in terms of the blinding of the outcome assessors. Qualitative and mixed-methods studies acknowledged possible sampling bias. Overall there was inconsistency regarding the measurements of the outcome variables. We did not assess the quality of case studies or pilot studies.

The following themes were identified from these studies.

3.3 | Barriers

3.3.1 | Stigma

Stigma, the fear of being socially condemned, leads to hiding or disengagement from certain behaviours (Bharadwaj et al., 2017), and has

been identified as a prominent barrier to help-seeking for mental health problems (Bharadwaj et al., 2017). Greater than half of the included studies ($n = 6$) made reference to stigma as being a significant influence in help-seeking intentions and behaviours amongst young people affected by parental mental illness. Typically, stigma surrounding mental health prevented help-seeking from formal sources, with some children voicing concern about the risk that the professional could take them away from their home. This fear was sometimes based on past experiences with being taken into foster care (Cogan et al., 2005). Also, the participants reported that they did not disclose information about their home environment to their friends due to a fear of gossip or being bullied regarding their parent's illness. Other related constructs were also described, such as fear, shame and embarrassment.

3.3.2 | Family communication

Three of the included studies discussed how secrecy regarding mental illness was communicated within the households of families impacted by parental mental illness. Individuals in some studies disclosed how their parents gave them explicit instructions to not speak up about their problems due to distrust in the mental health system. Other families reinforce messages of secrecy in implicit ways by dismissing or not discussing the parent's mental illness at home. This type of communication likely reinforces the idea that mental illness is a private or secretive topic not to be discussed with others.

3.3.3 | Lack of belonging or sense of shared experience

There was a common theme from three studies that young people affected by parental mental illness had difficulty being vulnerable and establishing trust with those unaffected by parental mental illness. They also held beliefs that if they disclosed information about themselves that they would be burdening others who did not speak about their problems and there would be an 'imbalance' in friendships (Trondsen, 2012). Perceived burdensomeness, appears to be exacerbated in this group as young people living in families impacted by parental mental illness report additional carer responsibilities atypical of their developmental stage. In this way, the young person's sense of guilt and insecurity in relationships imposes greater reluctance to seek help for their problems.

3.4 | Facilitators

3.4.1 | Individual characteristics

Two studies reported on individual characteristics associated with help-seeking. A longitudinal study found that being female, later age of problem onset and the presence of a mood disorder were all

TABLE 1 Barriers, facilitators and help-seeking interventions for young people impacted by parental mental illness

First author, year, country	Study design	Age and setting	Barriers	Facilitators	Measures to assess help-seeking	Primary outcome	Results	Quality
Cogan, 2005, United Kingdom	Mixed methods – semi-structured interview combined with Adolescent Coping Scale (ACS) n = 40	Target group: Twenty 12–17 year olds whose parents were identified through Community Mental Health Teams. Comparison group: Twenty 13–17 year olds identified via family centres, single parent groups & voluntary organizations for low-income parents.	Fear, distrust, secrecy & stigma surrounding mental illness in family; parental instructions	Not assessed	ACS; Verbatim quotes	Coping styles	Young people impacted by parental mental illness were more likely to use avoidance strategies (nonproductive coping style), t(38) = 2.72, p < .01 & less likely to make reference to others to deal with family situation t(38) = -2.07, p < .05. 'I do not know what to do so I do not do anything'; 'can you leave it'.	Medium
Drost, 2015, The Netherlands	Case Study n = 1	Female aged 21–24 years; user of 'Survivalkid' website	Not assessed	Inside forum: Threats by parents to keep quiet; opportunity to reflect on her situation; anonymity Outside forum: Direct encouragement by others to see a therapist	Exit interview; messages to peers/counsellors; chats to peers; user data	Support seeking & benefits from website engagement	Most helpful elements of the site were; anonymity, contact with peers & access to a counsellor 'survival coach'	NA
Foster, 2014, Australia	Qualitative n = 14	9–17 year olds from 'ON FIRE' peer support programme	Not assessed	Connection with others in stigma from peers outside of the programme; learning to develop strengths & how to access support	Semi-structured interviews- thematic analysis	Support seeking	Key themes: Connecting with others, developing personal strengths & contributing to others' wellbeing	High

(Continues)

TABLE 1 (Continued)

First author, year, country	Study design	Age and setting	Barriers	Facilitators	Measures to assess help-seeking	Primary outcome	Results	Quality
Grové, 2015, Australia	Mixed Methods-Prepost intervention study of 'Kookaburra Kids': a 2-day psychotherapeutic intervention programme; questionnaires (n = 69) Post programme telephone interview (n = 18)	8-12 year olds	Stigma, fear of gossip, fear of being bullied by peers & parental instruction to keep quiet about parent's mental illness	Connection with youth in similar positions, psycho-education about mental illness	The Children's Knowledge Scale of Mental Illness & the General Help Seeking Questionnaire (GHSQ)	Mental illness knowledge & help-seeking intentions	Significant increase in mental illness knowledge t (68) = -5.76, p < .05. Help-seeking intentions specific to a telephone helpline increased after the programme, t (68) = -3.95, p < .001.	High
Havinga, 2018, The Netherlands	Longitudinal; six time-points over duration of 10 years n = 215	Baseline age of 13-25 years with mood &/or anxiety disorder of parents who had received treatment for depressive &/or anxiety disorder at psychiatric facilities	Not assessed	Being female; older age at onset; mood disorder presence	Single question assessing whether professional help for mental health problems sought	Time from disorder onset to initial help-seeking	A multivariable cox regression analysis revealed, being female (p = .04), older age (p < .001) & presence of a mood disorder (p < .001) significant predictors of shorter time to initial help-seeking	Medium
Isobel, 2017, Australia	Qualitative n = 12	9-17 years; 'school holiday programme' for children of adult mental health (AMH) services clients	Thoughts of being alone in their experience; perceived lack of understanding from outgroup members	Social connections supported by shared group identity; nonclinical conversation with mental health services	Hermeneutic cycle guided analysis that is, reading, reflective writing & interpretation	Support-seeking	Escapism, the unexpected comfort of connection & fun in safe relationships	High
Reupert, 2020, Australia	Mixed-methods-6-week online intervention study; Mi. spot (Mental illness: Supportive, preventive, online & targeted);	18-25 years old recruited through social media advertising	Not assessed	Not assessed	GHSQ	Depression, anxiety, stress & psychological well-being; Secondary measures of help-seeking	Significant improvements in depression & stress. No change in general help-seeking p = .477	NA

TABLE 1 (Continued)

First author, year, country	Study design	Age and setting	Barriers	Facilitators	Measures to assess help-seeking	Primary outcome	Results	Quality
	prepost and 6-weeks postintervention follow-up questionnaires; interviews at 1-2 weeks post intervention n = 31							
Trondsen, 2012, Norway	Qualitative n = 16	15-18 year olds; users of an online self-help group	Outside forum- difficulty being vulnerable & establishing trust; perceived burden or imbalance in friendships; reluctance towards self-disclosure	Inside forum: similarity & mutuality in family situations, invisibility in family situation; lack of information about parent's illness Outside forum- stable/ trustworthy relationships with friends & health care workers	600 messages analysed using an 'issue focused' framework	Challenges & coping strategies	Practical & emotional challenges included: loneliness & fear, loss & sorrow, unpredictability & instability	High
Trondsen, 2014, Norway	Qualitative n = 13	15-18 year olds; users of an online self-help group	Not assessed	'Communal normalization' that is, feeling different from friends & shared understandings/ experiences with group members; awareness & worry re. being an at-risk group; space to address unspoken issues; internet features for example, availability at all hours, anonymity, text-based format; lack of external information about parent's illness	Observation & 13 in-depth interviews analysed through an inductive, issue-focused approach	Support-seeking	Adolescents were drawn to the forum to make sense of their experiences & emotions. Main aspects identified were: recognisability, openness & agency.	High

(Continues)

TABLE 1 (Continued)

First author, year, country	Study design	Age and setting	Barriers	Facilitators	Measures to assess help-seeking	Primary outcome	Results	Quality
van Santvoort, 2014, The Netherlands	Randomized Controlled Trial; Support groups guided by two mental health professionals. Eight weekly 90-minute sessions, booster at 3 months postintervention Intervention: (n = 227) Wait-list controls (n = 113)	8-12 year olds; support groups offered by 20 mental health centres & addiction clinics from 2007-2011	Not assessed	Not assessed	Social support measured using three questions about who they communicated problems with	Social support seeking, cognitions, perceived competence, parent-child interaction, children's emotional & behavioural problems	Children in intervention group sought more social support immediately after participation $F(1, 250) = 14.00$, $p < .001$ & 3 months later, $F(1, 250) = 4.26$, $p < .05$ compared with control group	Medium
Widemalm, 2015, Sweden	Qualitative n = 197	M = 22 years, five internet forums	Not assessed	Fear of stigmatization from social environment; perceived lack of care from & frustration towards clinical services; anonymity of online forum; pursuit of knowledge about parent's condition from people in similar situations	305 comments analysed using thematic analysis	Support seeking	Four themes were identified: 'caregiver burden', 'knowledge seeking', 'support from the forum' & 'frustration & powerlessness over health care'	High

significant predictors of prompt help-seeking behaviours after disorder onset (Havinga et al., 2018). A study that involved attendance at a psychotherapeutic programme also reported on gender differences that appeared to impact on programme engagement amongst participants. Specifically, boys were found to particularly enjoy the outdoor activity aspects of the programme, including physical exertion and competition, whilst girls most appreciated the informal opportunities to talk about themselves and their family situations during 'free time' (Foster et al., 2014).

3.4.2 | Group identification

Six of the included studies emphasized the benefits of connecting with others in similar positions as themselves and how it facilitated open communication about problems. Participants reported a sense of relief through their issues being normalized. They appreciated being able to offer as well as seek support for issues that were commonly experienced amongst group members. This shared identity is likely to decrease feelings of being alone in their struggles, increasing their willingness to seek help for their difficulties over time.

3.4.3 | Anonymity

Three studies made reference to participants' appreciation of the anonymous aspect of online forums. In these studies, experiences of stigma towards mental illness in their everyday lives acted as a facilitator for young people living in families impacted by parental mental illness to seek help using an anonymous online forum with peers with a similar background. The anonymity of online forums encouraged open and honest conversations amongst users. Trondsen and Tjora (2014) stated that this is particularly helpful for these young people who want to seek help for confidential matters and are worried about the impacts of sharing information with their friends or professionals.

3.5 | Interventions

3.5.1 | Psychoeducation

The majority of the included studies ($n = 8$) described psychoeducation about mental illness as a core component of interventions for young people living in families impacted by parental mental illness. This included developmentally appropriate information about mental illness, how to seek support, accessible organizations, and the importance of healthy lifestyles or self-care (Grové et al., 2015). Information about the associated hereditary risks of mental illness was considered important so that young people do not feel like mental illness is inevitable for them. Psychoeducation was provided in educational booklets and online resources as well as through role plays and creative activities which led to discussions. One of the included programmes, *Kookaburra Kids*, involved a role-play where children completed the steps involved in calling *Lifeline*, an Australian crisis support helpline (personal

communication, September 23, 2020). Quantitative results from an evaluation of this programme reported significant increases in help-seeking intentions specific to the telephone helpline source (Grové et al., 2015).

3.5.2 | Connection with peers

Peer connection was considered a key component of interventions described in nine of the included studies. Four of the studies were peer support interventions. Peer support programmes are preventative interventions that utilize a peer setting to promote personal growth through interaction, observation and listening to peers in similar circumstances (Dennis, 2003). Programmes involved creative and physical activities and group discussions to facilitate connection and mutual support amongst youth in a fun, safe and supportive environment. Peer connection was also highlighted as a key component in the five online intervention studies. Forum discussions are designed to elicit comments by other members, to facilitate peer support and open conversations. Grové et al. (2015) argued that through modelling and reinforcement of appropriate help-seeking within a safe environment, young people living in families impacted by parental mental illness will be more likely to seek help for their problems if and when the time comes.

3.5.3 | Accessibility

Five of the included studies described online interventions for young people living in families impacted by parental mental illness. Four of these online interventions were moderated by mental health professionals who provide psychoeducation and referrals if needed. Online interventions provide an ideal opportunity to intervene with this vulnerable and hard-to-reach group as young people are able to access the sites at any time and their help-seeking is not impeded by location, opening hours or their parent's willingness to provide transport to and from the appointments, which is the case for more professional sources of help (Reupert et al., 2019). It also helps to circumvent the barrier of parent's negative help-seeking attitudes and behaviour.

4 | DISCUSSION

This systematized review provides a synthesis of barriers, facilitators and interventions for help-seeking amongst young people living in families impacted by parental mental illness. Overall, the findings are consistent with previous literature surrounding help-seeking amongst young people. As found in past reviews (e.g., Velasco et al., 2020), the predominant barrier identified was stigma. Central facilitators were centred on means of negating stigma, such as anonymity and normalization via a sense of connection with peers. The core domains of the help-seeking interventions included peer support, psychoeducation and increasing accessibility of supports.

Stigma associated with mental illness is likely to be pronounced in this population as they are readily exposed to the manner in which

people with a mental illness can be negatively perceived and treated in the community and the media. These pervasive messages can result in fear, shame and embarrassment and act as a major deterrent in seeking help from friends, school professionals and mental health professionals. Younger children also conveyed their concern that talking to a mental health professional about problems within their family could lead to their removal from the home. In this way stigma appeared to attract young people living in families impacted by parental mental illness towards help-seeking sources where anonymity can be maintained, such as online support and telephone helplines.

Individual facilitators of help-seeking included, being female, older age at onset and the presence of a mood disorder. This is consistent with a multitude of past research reporting that females are more likely than males to seek help for a range of problems (Rickwood et al., 2005). Explanations for this include traditional gender role socialization and conformity (Addis & Mahalik, 2003; Möller-Leimkühler, 2002), such that females have been socialized to be more open to sharing emotions and offering emotional support to others which is likely to affect their willingness to seek help for themselves. Conversely, stereotypical ideals of masculinity and the importance of emotional control are messages conveyed to males that are contrary to opening up to others about emotional distress when seeking help. In this review, males tended to prefer programme components when they comprised an active or physical element.

Younger individuals were shown to take longer to seek help for their concerns, this could be related to their greater dependency on others, including their parents or other adults, who may overlook or dismiss their symptoms (Parker, 2013). Qualitative studies revealed that young people who have parents with a mental illness are often taught to stay quiet about their issues through both direct and indirect parent communication for example, 'My mum has always said to me "you can't tell them (professionals) your problems...cos they haven't went through what you've went through, they don't know what it's like to live with it"' (Cogan et al., 2005, p. 23). Help-seeking was more delayed for anxiety disorders, compared with mood disorders, which is potentially explained by the higher level of impairment associated with mood disorders (Sanderson & Andrews, 2002). This is concerning since anxiety disorders may initially be mild but can easily become chronic and disabling.

The majority of the reviewed interventions were psychoeducational. In Australia, peer support programmes constitute the main type of intervention for young people living in families impacted by parental mental illness (Reupert et al., 2012b). Past research has demonstrated that individuals with high mental health literacy are more likely to engage in help-seeking for mental health difficulties than individuals with low mental health literacy (Ratnayake & Hyde, 2019). Hence, increasing confidence in accessing information is likely to be an important element in improving help-seeking behaviours amongst the target population. Psychoeducation-based activities that simultaneously incorporate features to enhance social connectivity are also more likely to promote help-seeking from informal sources (Grové et al., 2015). This is particularly important given the preferred source of help for young people is their peers (Rickwood et al., 2007). Identification with others who have similar experiences with mental health can provide a source of strong

interpersonal connections and can facilitate information-sharing about useful resources for help (Klodnick et al., 2015). Most interventions to support help-seeking amongst young people who live in families affected by parental mental illness involve some form of peer support (Reupert & Maybery, 2009). Therefore, it seems particularly important for future research to clarify whether same-aged peers have the intentions and skills to support other young people, and to understand how nonintensive therapeutic support during peer programmes could assist.

Adolescents affected by parental mental illness have reported a preference for online supports due to the anonymity offered (Grové et al., 2016). In addition, young adults indicate a preference for such services, rather than traditional clinical support services (Reupert et al., 2019). Effective online interventions provide opportunities for interaction, personalized feedback and self-monitoring in the same ways as face-to-face interventions with the additional benefits of anonymity, accessibility, less reliance on adults and clinical services. Despite this, the one included study that assessed changes following an online intervention did not find a significant change in help-seeking intentions (Reupert et al., 2020). However, qualitative data suggests that anonymous chat forums are successful in enhancing the well-being of youth and facilitating discussions with peers, which in itself is considered a help-seeking behaviour.

4.1 | Strengths and limitations

This review included limitations inherent to the systematized review methodology. Firstly, this review placed no restrictions on study quality which may impact the interpretation of findings. The ability to draw conclusions regarding efficacious psychotherapeutic components was limited by the paucity of experimental and prepost designed studies. The analysis did not account for specific parental disorders which may affect the generalisability of conclusions. Prior research has shown that children's outcomes can vary depending on their parents' diagnosis (van Santvoort et al., 2015). Thus, future research could explore this in relation to help-seeking processes.

The outcome measures used in the studies were not uniform and therefore the ability to make direct comparisons between studies on shared measures was not possible. Due to the small number of studies in this area, the review included studies that operationalized help-seeking to include both intentions and behaviours. The relationship between help-seeking intentions and help-seeking behaviour has been described as 'modest' (Rickwood et al., 2005, p. 13) and is dependent on a number of factors such as source of help. Furthermore, the reliance on convenience sampling by many studies seemed to bias samples to include larger proportions of female participants and low numbers of male participants. Future research would benefit from more consistency and generalisability of findings through shared definitions, common measures and increased methodological rigour, specifically, more experimental, prepost or comparison group designs.

A strength of this review is that it incorporated a range of study designs and despite this diversity there was some convergence and consistency in findings (e.g., role of stigma as a barrier to help-seeking).

4.2 | Conclusions

This systematized review highlights the subtleties involved in understanding the barriers, facilitators and interventions targeting help-seeking amongst young people living in families impacted by parental mental illness. There is a need for more experimental and/or longitudinal research in the future particularly aimed at clarifying intervention effects and the relationship between intentions and behaviour over time.

This at-risk group is affected by negative societal attitudes towards mental illness and this appears to have consequences for their help-seeking intentions and behaviours. Schools and communities have the potential to be key agents in negating the pervasive stigma towards mental illness and also facilitating help-seeking behaviours. Specifically, stigma is a barrier to help-seeking but may increase the probability that online support is sought where greater anonymity is afforded. By recognizing that stigma is a barrier to help seeking, more targeted and tailored interventions can be designed to decrease its impact. It is also recommended that adult figures, such as school personnel and health professionals, ensure young people affected by parental mental illness have the opportunity to engage in help-seeking in an anonymous way. As rates of mental illness and reliance on technology simultaneously rise, increased efforts should be taken by intervention designers to include the crucial element of social support in technology-supported approaches.

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CONFLICT OF INTEREST

The authors declare no competing interests.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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