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EDITORIAL

Challenges in children's enrolment to psychosocial services

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Numerous studies mainly from Western societies have shown that only a minority of children with mental health problems receive psychosocial care [1–3]. In a Finnish time trend study including three cross-sectional cohorts of 8-year-old children born in 1981, 1991 and 1997, it was shown that while only 10 % of children with a high level of psychiatric problems among those born in 1981 had contact with services, the respective figures for those born in 1991 and 1997 were 23 and 27 % [3]. Although there seemed to be positive increase in enrollment to services, the majority of the latter born children with psychiatric problems nevertheless had no contact with services. There is also mounting evidence from population based birth cohort studies based on large numbers of children followed-up from childhood to adulthood showing that child mental health problems are associated with a wide range of adult adversities including psychiatric disorders, suicidality and crime [4–11]. Some studies indicate that one half of adult psychiatric disorders begin in childhood. Childhood disruptive behavior predicts early substance use, tobacco use and obesity [12–15]. Does this not mean that early identification and subsequent low threshold interventions (e.g., parenting programs for preschool children with disruptive behavior) may not only have the potential to prevent some chronic psychosocial adversities but also to have an impact on general health particularly including health issues in later life related to alcohol and tobacco use and the metabolic syndrome?

In this issue Marieke Nanninga and her colleques from Groningen, The Netherlands, report findings from a study including 1331 children and adolescents enrolled in psychosocial care [16]. Low family support, poor parenting skills and inconsistent discipline proved to be associated with enrolment in psychosocial care. Thus, children of families with low family social support were more likely to have psychosocial problems and these problems made enrolment in psychosocial care more likely. The authors conclude that further research is needed to assess if interventions entailing a positive effect on family social support and skills indeed leads to less enrolment in care. The authors note that no previous study had examined the association between family social support, parenting skills and children's enrolment in a broad field of psychosocial care (including preventive, social and mental health care).

Service use among preschool children with a mental problem is lower than for older school-age children [8]. A recent study published in Pediatrics and led by Lars Wichstrom from Trondheim, Norway identified socio demographic, child, parent, and day care provider variables at age 4, which predict children's service use for mental health problems at age 7 [17]. The study indicated that the pathway towards service use among young children originates with disruptive behavior symptoms. The Trondheim study suggests that disruptive behavioral symptoms increase the probability of service use if (a) child impairment results, (b) this impairment represents a burden to parents, (c) the problems are recognized and (d) the child is judged as in need of help by the parent, and, in particular, by day care teachers. Both the study from Groningen and Trondheim address service use problems from the ecological perspective of the child's life.

Despite the high prevalence and the associated significant burden, there is an enormous gap worldwide in the

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provision of treatment for mental disorders in children. Perhaps the most challenging barrier of service delivery is the great shortage of skilled human resources to address child mental disorders in most regions of the world. Several factors such as stigma, availability and cost of services, and logistical barriers such as child care, transportation time, work schedules, or discomfort with services delivered in groups prevent many parents from enrolling in or completing child mental health programs. Furthermore, low income, limited education, maternal stress, and parental depression or other parental psychiatric disorders can prevent enrollment or interfere with program completion [18–24]. There is a need of European research initiatives to find new solutions to enroll families and children at risk in interventions. Furthermore, new solutions are required to both identify children at risk early and to provide the respective families with evidence based low threshold interventions. One venue may be to use new technology (e.g., web, smart phones) and remote intervention approaches at the population level to deliver some of the interventions [18, 19]. Finally, this needs to be done in a feasible manner and with budgets that are realistic in the current economical situation. As such, health economics should play an important role in service use research. To achieve these goals we need more and extended collaborations.

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