Ethnic differences in help-seeking behavior and the mediating effects of parent-reported internalizing problems and attitude against care workers.

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Abstract

Although several studies indicated that ethnic minorities are underrepresented in mental health care, research on the matter is scarce and many questions still need to be addressed. This study is the first to investigate ethnic differences in help-seeking behavior for adolescents' internalizing problems whereby a distinction is made between formal help seeking and informal talking about emotional problems. Furthermore we tested whether possible ethnic differences in help seeking behavior could be explained by parent-reported mental health problems and attitude against care workers.

Help-seeking behavior was assessed during interviews with parents originating from four ethnic groups in the Netherlands (Native Dutch, Surinamese, Turkish and Moroccan parents). A total of 196 parents were interviewed, based on the YSR scores of their children. Half of the children scored in the borderline clinical range of YSR internalizing problems and half of the children scored in the normal range. CBCL was used to assess parent-reported mental health problems

Results showed that the Turkish and Moroccan population are much less likely to seek formal help compared to the native Dutch population. Against our expectations the same results were found for informal talking, whereby the Turkish and Moroccan population were less likely to talk informally about the emotional problems of their children. Surprisingly, there were no ethnic differences in the intention to seek formal help in a hypothetical situation. For the Surinam group no differences were found in formal help received and informal talking compared to the Dutch population. Ethnic differences in help-seeking behavior could not be explained by parent reported mental health problems or attitude against care workers.

Samenvatting

Verschillende onderzoeken tonen aan dat etnische minderheden ondervertegenwoordigd zijn in de geestelijke gezondheidszorg (GGZ), desondanks is onderzoek op dit gebied nog steeds gelimiteerd en zijn er nog veel onbeantwoorde vragen. Dit is de eerste studie die etnische verschillen in hulpzoekgedrag onderzoekt voor internaliserende problemen van de adolescent, waarbij er een onderscheid wordt gemaakt tussen formeel hulp zoeken en informeel praten over emotionele problemen. Verder wordt er gekeken of de eventuele etnische verschillen in hulpzoekgedrag verklaard kunnen worden door gerapporteerde emotionele problemen van de ouders en de houding tegenover de hulpverleners.

Hulpzoekgedrag is onderzocht door middel van interviews met ouders afkomstig uit vier etnische groepen in Nederland (Nederlanders, Surinamers, Marokkanen en Turken). In totaal zijn er 196 ouders geselecteerd op basis van de Youth Self Report scoren van hun kinderen. Hierbij scoorde de helft van de kinderen in de borderline klinische range voor internaliserende problemen en de helft in de normale range. De CBCL werd gebruikt voor het meten van gerapporteerd probleem gedrag.

Resultaten tonen aan dat de Turkse en Marokkaanse groep veel minder vaak hulp zoeken in de geestelijke gezondheidszorg in vergelijking met de Nederlandse groep. Tegen onze verwachtingen in praat de Turkse en Marokkaanse bevolking ook minder vaker informeel over de emotionele problemen van hun kinderen. Verrassend, zijn er geen etnische verschillen gevonden in de intentie om hulp te zoeken in een hypothetische situatie. De Surinaamse bevolking wijkt niet af van de Nederlandse bevolking in formeel hulp zoeken en informeel praten over emotionele problemen. Etnische verschillen in hulpzoekgedrag konden niet verklaard worden door gerapporteerde problemen van ouders en de houding van ouders tegenover hulpverleners.

Introduction

In the past decades, the ethnic diversity of the population in the Netherlands has grown rapidly. Research has shown that immigrant adolescents belonging to certain ethnic groups have an increased risk of developing mental health problems (Stevens & Vollebergh, 2008). Moreover, there are indications that immigrant adolescents are underrepresented within the voluntary mental healthcare and overrepresented in involuntary care (Boon, De Haan & Boer, 2010). However, much remains unknown on the subject.

Several models have been developed to explain why immigrants are expected to be underrepresented in mental health care. Among others, Cauce (2002) developed a mental help-seeking model as a framework for understanding cultural and contextual factors that affect immigrant adolescent pathways into mental health services. First of all, ethnic groups may differ on what they perceive to be a mental health problem and may have alternative explanations for certain behavior. As a result, some ethnic groups may be less likely to seek help in mental health service than others. In the latest version of the DSM- IV-TR (APA, 2000) there is a section describing cultural aspects and differences in the perceptions of severity of symptoms across different ethnic groups. This confirms the idea that across cultures there may be a different perspective of what is problematic behavior. Since problem recognition makes up the first step in the help-seeking pathway, this may at least partly explain the underrepresentation of immigrant adolescents in the mental healthcare service (Cauce, 2002). Second, when the problem is recognized, according to Cauce (2002) there may still be barriers for ethnic minority groups to enter mental health care because the attitudes against care workers and mental health service may be more negative in these groups compared to ethnic majority groups. Therefore, they may be less willing to search for mental health care. This is confirmed by research in which it was found that negative family attitudes about mental health care predict fewer professional help-seeking intentions for psychological concerns (Barksdale & Molock, 2009). Thirdly, for immigrant groups it is often unclear which treatment centers are available. Therefore, when the process of help-seeking does take place, it may take place within the context of informal support, which often includes a range of informal consultants, extended family members, friends, and ethnic-traditional and religious healers (Cauce, 2002). In line with this, Raviv et al. (2000) found that seeking help from informal sources is threatening for Israeli adolescents because they find it more socially acceptable and natural. Also, for Jewish Arab Israeli adolescents

formal help-seeking is unpopular and these adolescents are more willing to turn to informal help than to seek help in mental health care (Grinstein-Weiss, Fishman, & Eisikovits, 2005).

Up till now, little is known on the differences in mental health care use between ethnic minorities and the majority. Only a few studies have been conducted on this matter. Studies found were mostly conducted in America within the adult population. All studies had comparable results, whereby ethnic minorities seek less help for their mental health problems in the formal circuit. Some studies indicate higher preference for seeking help in the informal circuit. Within America, Hu and collegues (1991) found that Asian and Hispanic adults used less inpatient care and blacks used less outpatient care for mental health problems compared to Whites (Hu, Snowden, Jerrel, Nguyen, 1991). In addition, Ayalon & Young (2005) found that 34% of self-identified black young adults used psychological or social services in the last year compared to 50% of the white young adults. As opposed to whites, blacks appeared to use more religious service. Considering help-seeking behavior of Chinese-American parents for their children, results showed that Chinese parents with high cultural values had a lower intention to seek help within mental health care compared to parents without high cultural values. Parents were asked how they would respond on a hypothetical vignette about their child and how likely they would be to seek help in that situation (Lau & Taukeuchi, 2001). Within Australia comparable results are found regarding help-seeking behavior in ethnic minorities. Whereas people from non-English speaking backgrounds were more likely to suffer high levels of disability as a result of psychological distress, they were less likely to utilize mental health services compared to those from English speaking backgrounds (Boufous, Silove, Bauman, & Steel, 2005). Furthermore, Steel et al. (2006) found in Australia that Asian-born patients were less likely to have had contact with allied health professionals than the Australian-born patients. Striking is that there is almost no research available considering help-seeking behavior for mental health problems in the adolescent population. Barker & Adelman (1994) showed that ethnic minority youth overall reported higher levels of mental health problems than non-minorities but they did not use professional help as much as expected. If they did seek help, school and medical sources were mostly used.

In the Netherlands, there is limited research available about help-seeking behavior of ethnic minorities compared to the Dutch natives. Zwirs and colleagues (2006) found that after adjusting for problem behavior, the non-Dutch children were less likely to be treated for behavioral problems. Moroccan and Surinam were three times less likely to be treated and Turkish boys five times less likely compared to the Dutch natives. Moroccan, Turkish

and Surinamese girls were all about five times less likely to be treated for behavioral problems. In addition, results in the study from Vanheusden et al. (2007) showed that within young adults, non-western immigrants were two times less likely than the majority to have used special mental health services when taking their greater psychiatric morbidity in account. Another study investigated the prevalence of ethnic minority children and youth in mental health care and involuntary care compared to the majority population (Boon, De Haan, & de Boer, 2010). Results indicated that non-western migrants were two times more likely to be treated in involuntary care and three times less likely to be treated in mental health care compared to the majority.

Previous studies clearly indicate that ethnic minorities are less likely to utilize mental health care than members from the ethnic majority, and there are some indications that ethnic minorities more often seek help within the informal circuit than the ethnic majority. However, previous studies are limited in a number of ways. First, most of the studies are conducted in the United States of America. In addition, most studies considered help-seeking behavior within the adult population. It is also striking that most research focused on formal help-seeking behavior in mental health care, whereas help-seeking behavior in the informal circuit had not been examined often. Last, most research does not attempt to explain ethnic differences in help seeking behavior. In accordance with Cauce (2002) explanatory model, Zwirs et al. (2007) found that non-Western parents, like the Moroccans, Turks and Surinamese are relatively less likely to detect externalizing problems in their children compared to the native Dutch parents. This difference in problem recognition can make it less likely that their children will be treated in mental health care (Zwirs, Burger, Buitelaar, & Schulpen, 2006). Thereby as noted previously, Cauce (2002) also explains ethnic differences in help-seeking behavior by the attitude against mental health care, it seems family attitude against mental health care is related to help-seeking intentions for ethnic minorities (Barksdale & Molock, 2008).

The present study is designed to account for these shortcomings. In this study, differences in help-seeking behavior are investigated between the majority and different adolescent ethnic minority groups for internalizing problems. This is especially important while there are indications that there are greater unmet needs for ethnic minorities regarding internalizing problems (Gudiño, Lau, Yeh, McCabe & Hough, 2009). In doing so, seeking formal help for mental health problems and seeking informal help within the social network by talking about the problem will be studied as different types of help-seeking behavior. To investigate whether adolescent ethnic differences in help-seeking behavior can be explained

by parent-reported problems, parents have filled out self-reported questionnaires about the mental health problems of their children. Next, to investigate whether attitude against a care worker can explain possible differences in help-seeking behavior, specific questions were asked considering the attitude of parents against care workers.

Based on the theory of Cauce (2002) and several studies confirming this theory we expect to find a difference between ethnic minority groups and the majority in help-seeking behavior for emotional problems. According to this or three hypotheses are as follows.

Hypothesis 1: Ethnic minority groups talk more often in the informal circuit about the emotional problems of their children compared to the majority.

Hypothesis 2: Ethnic minority adolescents are less likely to have received formal help in the past for their emotional problems compared to the majority

Hypothesis 3: If there is a difference between ethnic adolescence groups in help-seeking behavior, this difference can be explained by parent-reported internalizing problems and their attitude against a care worker.

Methods

Sample

This study included 196 parents (184 mothers and 13 fathers) with children between the ages 13 to 17. Of these parents, 38 had a Surinamese ethnic background, 54 a Moroccan ethnic background, 55 a Turkish ethnic background and 50 a Native ethnic background. Participants were considered to be migrants if they were born abroad or when at least one of their parents was born abroad (Statistics Netherlands, 2004). Participants were considered to be Dutch Native when they and their parents were born in the Netherlands. The data were obtained in two phases, for the present research data from the second phase were used. In the first phase data from 3300 adolescents were obtained in 16 different high schools in Rotterdam, Den Haag, Amsterdam, Utrecht, Amersfoort en Nijmegen. All high schools had a population with at least 45% adolescents with a Surinam, Moroccan or Turkish ethnic background. All the adolescents filled out a Youth Self Report (YSR). In the second phase, 400 of these adolescents were randomly selected whereby 200 reported internalizing problems (as indicated by the borderline clinical range of the YSR internalizing problems) and 200 adolescents who did not score within the borderline clinical range of YSR internalizing problems. Both these adolescents and their parents were interviewed about for instance help-seeking behavior. When the present study took place, data from only 196 parents were available.

Procedure.

In the second phase of the study, interviews took place at the parent's house, and lasted approximately one and a half hour. During the interview, parents were requested to give permission for their child to participate. Participation was voluntary and parents received a gift-card from 15 euro for participating in the study. Parents were interviewed in their own language. In the interview, answers on the Child Behavior Check List (CBCL) were orally obtained and specific questions about help-seeking behavior and attitude against care workers were posed.

Measures

Parent-reported internalizing problems. The Child Behavior Checklist (CBCL) was used to obtain parent-reported internalizing problems. Parents were asked to rate the occurrence of problems in the preceding 6 months. The CBCL consists of 120 items, scored on a three-

point response scale: 0 = not true, 1 = somewhat or sometimes true and 2 = very true or often true. The items are scored on eight syndrome scales as defined by Achenbach (2001): Anxious/Depressed, Withdrawn/depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior and Aggressive Behavior. The sum of scores of the first three syndromes indicates the broadband scale Internalizing, and the sum of scores on the Rule-Breaking Behavior and Aggressive Behavior syndromes indicates the broadband scale Externalizing. In this study, only the internalizing composite scores were used in data analyses. The CBCL has been shown to have good validity (Achenbach, 2001).

Informal talking. This concept is measured by asking the parent whether he or she has been talking about the emotional problems of their child with family, friends, neighbours, priest, imam, an alternative healer or a migrant organisation about the emotional problems of their children.

Formal help seeking. This concept is measured by different variables: formal talking about emotional problems, formal help received and hypothetical formal help. *Formal talking* is in this study considered as talking with a professional (Mentor, Schoolhulpverlener, Huisarts, GGD, AMW, Centrum voor Jeugd en Gezin, Bureau Jeugdzorg, Ambulante GGZ, (Poli) kliniek kinder en jeugdpsychiatrie and vrijgevestigde psycholoog/psychiater) about the emotional problems of the child. *Formal help received* is assessed by asking the parent whether help was received from a professional (Mentor, Schoolhulpverlener, Huisarts, GGD, AMW, Centrum voor Jeugd en Gezin, Bureau Jeugdzorg, Ambulante GGZ, (Poli) kliniek kinder en jeugdpsychiatrie and vrijgevestigde psycholoog/psychiater) for the emotional problems of the child. *Hypothetical formal help* was measured by asking the parents questions about their intentions to seek help for a child in a hypothetical vignette. In this hypothetical vignette a child was suffering from emotional problems. Parents were asked if they would visit mental health care or a care worker if their own child would have the same emotional problems.

Attitude against receiving formal help. This concept was measured by specific questions about the attitude of parents against receiving help from a care worker, for example; ‘I rather solve my problems myself than with a care worker’.

Statistical analyses

For all analyses the Statistical Package for Social Sciences (i.e. SPSS; SPSS, Inc., 2008) was used. First, to test ethnic differences in help-seeking behavior between the Dutch

native, Moroccan, Surinam en Turkish groups, Chi-square difference tests were conducted. Second, the relationship between ethnicity and informal talking, formal talking, formal help received and hypothetical help seeking was tested using logistic regression analyses. To control for gender and age, these variables were included in the analyses as covariates.

Next, a factor analysis was conducted to create different factors regarding the attitude against care workers. Reliability of the factors were tested by conducting a Cronbach's alpha. To test if parent-reported internalizing problems or attitude against care workers mediated the relationship between ethnicity and informal talking, formal talking, formal help received and hypothetical formal help logistic regressions were conducted. To establish mediation, the following conditions must hold: First, the independent variable must be related to the mediator; second, the independent variable must be shown to be related to the dependent variable; and third, the mediator must be related to the dependent variable. Finally, when significant relations were found for all conditions, mediation was tested by including parent-reported internalizing problems and the attitude against care workers in the analyses.

Results

Table 1 shows ethnic differences in informal talking of parents about the emotional problems of their children. Percentages show that Dutch parents most often talk about their child's emotional problems and Turkish parents the least. Table 2 shows ethnic differences in formal talking about the emotional problems of their children. Except for 'Social work' all sectors show a significant difference. In this case the Moroccan group show the smallest percentages of formal talking about the emotional problems of their children

Table 1 Percentages informal talking about emotional problems children.

Etniciteit	**Native** (N=46)	**Turkish** (N=43)	**Moroccan** (N=45)	**Surinam** (N=27)	**Test statistics**
Informal [a]	56.5	11.6	17.8	44.4	χ^2=27.16, *p*= .00

a = family, friends, neighbors, colleagues, priest, imam, traditional/religious healer, migrant organisation

Table 2 Percentage formal taking about emotional problems children

Etniciteit	**Native** (N=49)	**Turkish** (N=47)	**Moroccan** (N=52)	**Surinam** (N=33)	**Test statistics**
Formal (total)	53.1	31.9	15.4	39.4	χ^2=18.02, *p*= .00
School [a]	51	27.7	13.5	36.7	χ^2=17.03, *p*= .00
Healthcare[b]	22.4	12.8	1.9	9.1	χ^2=10.59, *p*= .01
Social work[c]	10.2	6.4	1.9	15.2	χ^2=5.44, *p*= .14
GGZ[d]	18.4	8.5	0	9.1	χ^2=10.67, *p*= .01

a= Mentor, leerkracht, schoolmaatschappelijk werker, schoolpsycholoog
b= Huisarts, GGD,
c=AMW, Centrum voor Jeugd en Gezin, Bureau Jeugdzorg,
d= Ambulante GGZ, (Poli) kliniek kinder en jeugspsychiatrie, vrijgevestigde psycholoog/psychiater.

Table 1 and 2 showed ethnic differences in talking about the emotional problems of their children in an informal or formal way, whereas Table 3 and 4 show the actual formal help received in the past. First, we examined the differences in formal help received in the last year, before the last year and total formal help received. Results showed significant ethnic differences in formal help received. Again, the Moroccan group showed the smallest percentages in formal help received. When looking at the different kinds of formal help received, percentages showed that formal help is mostly received at school, whereby the Moroccan population reported to have received no help in GGZ and healthcare at all.

Table 3 Percentages formal help received last year and before.

Etniciteit	**Native** (N=50)	**Turkish** (N=55)	**Moroccan** (N=54)	**Surinam** (N=38)	**Test statistics**
Last year	38	21.8	5.6	18.9	χ^2=20.41, *p*= .00
Before last year	48	13.7	3.8	22.2	χ^2=36.6, *p*= .00
Total received	58	25.5	7.4	36.8	χ^2=39.87, *p*= .00

Table 4 Percentages different kinds of formal help received in the past.

Etniciteit	**Native** (N=50)	**Turkish** (N=55)	**Moroccan** (N=54)	**Surinam** (N=38)	**Chi-Square**
School [a]	46	16.4	5.6	21.1	χ^2=26.48, *p*= .00
Healthcare[b]	16	12.7	0	2.6	χ^2=12.01, *p*= .01
Social work[c]	12	3.6	1.9	13.2	χ^2=7.45, *p*= .06
GGZ[d]	32	7.3	0	7.9	χ^2=29.28, *p*= .00

a= Mentor, leerkracht, schoolmaatschappelijk werker, schoolpsycholoog)
b= Huisarts, GGD,
c=AMW, Centrum voor Jeugd en Gezin, Bureau Jeugdzorg,
d= Ambulante GGZ, (Poli) kliniek kinder en jeugspsychiatrie, vrijgevestigde psycholoog/psychiater.

Next, a logistic regression was conducted to test whether there is a relation between ethnicity and the different dependent variables (informal talking, formal talking, formal help received and hypothetical formal help). Results are shown in Table 5. In all cases, the Surinam group did not significantly differ from the Dutch. The Moroccan and Turkish group both significantly differ from the Dutch in informal talking, formal talking and formal help received. The Moroccan showed the largest differences in formal talking and formal help received and the Turkish group showed the largest differences regarding informal talking about emotional problems compared to the Dutch. Regarding seeking formal help in a hypothetical situation, there were no significant ethnic differences.

Next we tested if parent-reported internalizing problems could be a mediator in the above relationships. First, there was no significant difference between parent-reported internalizing problems for the Surinam (OR = .46, p = .09) and the Turkish population (OR = .59, p = .20) compared to the Dutch population. However, there was a significant difference between the Moroccan and Dutch population (OR = .20, p = .00)

Table 5 Summary Regression analyses for the relation between ethnicity and help-seeking behavior

	Informal talking			Formal talking			Formal help			Hypothetical formal help		
Predictor	OR	95 % CI		OR	95 % CI		OR	95 % CI		OR	95 % CI	
Age	1.00	.98	1.02	1.00	1.00	1.00	1.00	1.00	1.00	1.41	1.00	1.97
Gender (Boy =reference)	1.25	.60	2.60	.53	.27	.04	1.08	.55	2.10	1.4	.68	2.9
Ethnicity (Dutch =reference)												
Turkish	.11**	.04	.34	.40*	.17	.95	.24 **	.10	.56	.77	.30	2.00
Moroccan	.19**	.07	.50	.14**	.05	.38	.06 **	.02	.19	.65	.26	1.67
Surinam	.65	.35	1.69	.60	.24	1.47	.44	.18	1.05	2.11	.60	7.37

Table 6 Summary Regression analyses for the Moroccan group compared to the Dutch native population

	Informal talking			Formal talking			Formal help		
Predictor	OR	95 % CI		OR	95 % CI		OR	95 % CI	
Step 1									
Age	1.00	.98	1.02	1.00	1.00	1.00	1.00	1.00	1.00
Gender (Boy =reference)	.86	.34	2.24	.32*	.18	.89	.57	.20	1.60
Ethnicity (Dutch =reference)									
Moroccan	.17**	.06	.46	.12**	.04	.35	.05**	.02	.18
Step 2									
Age	1.00	.98	1.03	1.00	1.00	1.00	1.00	1.00	1.00
Gender (Boy =reference)	1.02	.37	2.8	.33*	.12	.93	.59	.20	1.80
Etnicity (Dutch =reference)									
Moroccan	.24**	.09	.68	.16**	.05	.48	.07**	.02	.24
CBCL (reference = no reported problems)	3.50**	1.71	7.15	4.28**	2.15	8.53	5.24**	2.64	10.39
Step 3									
Age				1.00	1.00	1.00	1.00	.98	1.02
Gender (Boy =reference)				.32*	.12	.87	.56	.20	1.60
Ethnicity (Dutch =reference)									
Moroccan				.14**	.05	.39	.06**	.02	.21
Fear attitude				.84**	.75	.93	.85**	.77	.94

*p<0.05;**p<0.01

Second, to test whether there was a relation between parent-reported internalizing problems and informal talking, formal talking and received formal help a logistic regression was computed. Parent-reported internalizing problem behavior was related to informal talking (OR = 3.5, p = .00), formal talking (OR = 4.28, p = .00) and formal help received (OR = 5.24, p = .00). Mediating effects can only be calculated for the Moroccan group, while only for this group all conditions needed for mediation were met. Again ethnic differences were calculated whereby this time only the Moroccan and Dutch group were compared in the analyses. Results are shown in Table 6. Results show that reported internalizing problems by the parents is no mediator for informal talking, formal talking, formal help received and hypothetical formal help.

Since in this study a new instrument was used to assess attitude against care workers, a factor analysis was conducted to test the factor structure of this data. Table 7 shows that two factors were created regarding the attitude against a care worker. These factors are negative attitude against care workers in mental health care and fear attitude against care workers in mental health care.

Table 6 Factor analysis attitude against care workers

	Factor 1 (fear attitude)	Factor 2 (negative attitude)
Negative attitude mental health care		
I rather solve my problems myself than with a care worker	.15	**.86**
I rather ask help from somebody else than a care worker	.13	**.88**
Fear attitude mental health care		
I'm scared to talk to a care worker about myself	**.67**	.27
I am be afraid a care worker would pass on my problem	**.85**	.17
If I would go to a care worker I would be worries what others my think of that	**.79**	.27
Talking with outsiders about my problem will be a disgrace for my family.	**.83**	.05
Eigenvalue:	3.17	2.34
Reliability α:	.83	.78
% of Total variance:	39.65	29.78
Total Variance:		68.93

To test if these attitudes are a mediator for the relations shown in table 5, certain conditions must be hold. First, to measure ethnic differences regarding 'negative attitude' and 'fear attitude' a linear regression was conducted. For the factor fear attitude there was a

significant difference between the Moroccan and the Dutch group (ß = .25, *p* = .00), a borderline significant difference for the Surinam compared to the Dutch group (ß = .16, *p* = .06) and no significant difference between the Turkish and Dutch group (ß= .08, *p* = .36). For the factor negative attitude there was a significant difference for the Turkish (ß = -.31 *p* = .00), and the Moroccan group (ß = -.30, *p* = .00) and no significant difference for the Surinam (ß = .01, *p*= .86) compared to the Dutch group where results are the other way around as expected. Second, to test whether there is a relation between a negative or fearful attitude against care workers and informal talking, formal talking or formal help received, again a logistic regression was computed. Results showed no relation between both negative attitude (OR = 1.13, *p* = .06) and fear attitude (OR = .99, *p* = .74) and informal talking about emotional problems as expected. In addition, no relations were found between negative attitude and formal talking (OR = .94, *p* = .19) and negative attitude and formal help received (OR = .98, *p* = .72). However, fear attitude was related to formal talking (OR = .84, *p* = .00) and formal help received in the past (OR = .85, *p* = .00). Mediating effects can only be calculated for the Moroccan group, while only for this group all conditions needed for mediation were met. Again ethnic differences were calculated whereby this time only the Moroccan and Dutch group were compared in the analyses. Results are shown in table 6. Results showed that a fear attitude against care workers is no mediator for formal talking about the problem or formal help received for the Moroccan group.

Discussion

The purpose of this study was to examine ethnic differences in help-seeking behavior for adolescent emotional problems. As expected, adolescents belonging to the Moroccan and Turkish population received less formal help for their emotional problems compared to adolescents belonging to the majority. With this, the Moroccan population was twenty times less likely to have received formal help in the past. Comparable results were found for formal talking about the emotional problems. For all groups, school is the most common place where formal help takes place, but for the Moroccan population it seems to be the only place where parents bring up the emotional problems of their children. However, when we focused on formal help-seeking within a hypothetical situation, there were no ethnic differences, implying that parents belonging to the different ethnic groups showed comparable intentions to seek formal help in a hypothetical situation. In contrast to our expectations, Dutch parents more often talk bout the emotional problems of their children with family, friends, neighbours, priest, imam, an alternative healer or a migrant organisation than Moroccan and Turkish parents, whereby the Turkish population is least likely to talk about the emotional problems of their children. For the Surinam group no differences were found in formal help received, formal talking and informal talking compared to the Dutch population. This is in agreement with Boon, de Haan & de Boer (2010) who also found that the Surinam population hardly deviates from the Dutch population in mental health care consumption.

In this study we examined several explanations for ethnic differences in help-seeking behavior. First, Cauce noted in his explanatory model (2002), that there might be ethnic differences in problem recognition and this may explain why there are ethnic differences in help-seeking behavior. In line with this, Zwirs et al. (2006) found that ethnic minorities in the Netherlands were less likely to detect externalizing problems within their children. However, in this study, no indications were found that ethnic differences in parent-reported levels of internalizing problems were responsible for the large ethnic differences in help-seeking behavior. Only the Moroccan parents differed from the Dutch natives in detecting internalizing problems whereby ethnic differences in parent-reported internalizing problems did not explain ethnic differences in help-seeking behavior. This means problem recognition in this study, is not explaining why ethnic minorities are underrepresented in mental health care.

Second, findings in this study indicated that attitude against a care worker is no explanation for the ethnic differences in help-seeking behavior. It should be remarked here that it might be the case that not the versatility of attitude is measured in this study, while only six items were used to operationalize attitudes against a care worker. Thereby in this study we did not include to what extent ethnic minorities have faith that going to a care worker will be successful in reducing emotional problems of their children. Perhaps, including a more elaborate measure in future research can give more insight in how to explain ethnic differences in help-seeking behavior. Moreover, only the attitude of the parents against mental health care is measured. It can be that the attitude from other family members and friends is more important in choosing whether or not to seek help for emotional problems (Barksdale & Molock, 2009).

Whereas parent-reported internalizing problems and attitude against care workers cannot explain ethnic differences in help-seeking behavior there may be some alternative explanations. First, there can be practical barriers like limited knowledge about which mental health services are available, which means parents don't know where to go for mental health problems. Thereby, a lack of financial resources or transportation problems can also withhold parents from seeking formal help (Raviv et al., 2000; Scheppers, Dongen, Dekker, Geertzen, & Dekker, 2006; Cauce, 2002). Second, parents lay beliefs may contribute to not seeking help, for example it can be that non-western immigrants attribute their mental health problems to external causes, which makes them feel that it is not necessary to be treated in mental healthcare (Vanheusden et al. 2007). Moreover, there can be a lack of trust in whether mental health care will be able to solve emotional problems, which may keep ethnic minorities from seeking help in the first place (Owens et al. 2002).

Striking is that we found comparable intentions in all ethnic groups to seek formal help in a hypothetical situation. This implies that parents do claim to seek formal help for emotional problems of their children but somehow their child did not receive this formal help. How can we explain these different findings? First of all, it is possible that parents answered in a social desirable way when they were asked if they would seek help in a hypothetical situation, thus when seeking help not really has to take place parents answered they would seek help, whiles they might think this is the desirable answer.

Second, it can be that this finding confirms the idea that there is a barrier, which is keeping certain ethnic groups from entering mental health care. Parents do claim to seek help for certain emotional problems of their children but results showed they received less formal help, perhaps there is a something else which is keeping them from going to mental health care.

Not only in the formal circuit but also in the informal circuit, ethnic minorities were less likely to talk about the emotional problems of their children. An explanation can be that in collectivistic cultures such as the Turkish and Moroccan, the self-concept is based on the social status and the group process, implying that social status are of major importance for ethnic minority groups (Spiecker & Steutel, 2003). As a result, Turkish and Moroccans may not want to share their problems within the informal context because they do not want to risk their social status. What must be noted is that these results concern the parents, perhaps within ethnic minority adolescents more informal talking takes place about their emotional problems, such as Raviv et al. (2000) found in their research. Next, less informal talking about emotional problems also seems to lead to less informal support concerning mental health problems. In the research of Vanheusden et al. (2007) informal support was associated with an increased likelihood of mental health service use over and above need for care. The fact that ethnic minorities less often have informal talks about the emotional problems of their children may therefore also partly explain the underrepresentation in mental health care of their children.

The present study was the first to examine adolescence ethnic differences in help-seeking behavior for emotional problems. It is also important to recognize some of the limitations of this study. First, as noticed previously, attitude against care workers is only measured with six items, which makes the concept somewhat limited. Second, informal help-seeking is measured by one item, which asks if parents ever talked about the emotional problems of their children with family, friends, neighbours, priest, imam, an alternative healer or a migrant organisation. There was no measurement of actual informal help received in the past. Therefore we do not know whether informal help is actually received. Third, the number of participants in each group was rather small. A higher number of participants could have resulted in more reliable results and would have resulted in more power for testing the differences.

What also should be noticed are several strengths of current investigation. First,

we are investigating an at risk group, whereby half of the adolescents are selected based on borderline clinical scores on the internalizing scale of the YSR. Second, we are making a distinction between four different ethnic groups. Third, this study made an attempt to explain the adolescent ethnic differences in mental health care, although the mediating factors did not explain the ethnic differences found. Fourth, it is not only investigating formal help seeking but also includes informal talking about emotional problems.

As noted earlier, this study attempted to gain more insight in the ethnic differences in help-seeking behavior for emotional problems. In addition we tested the influence of reported internalizing problems and a negative or fearful attitude against mental health on help-seeking behavior. Underrepresentation of ethnic minorities in mental health care is confirmed in this study for the Turkish and Moroccan group, whereby especially large differences are found for the Moroccan group compared to the native Dutch group. For all ethnic groups the most common area to receive help or to talk about the emotional problems of their children is school. This means there is an important task for schools in detecting emotional problems within ethnic minority youth, especially within the Moroccan population. That indicates that cutting back in mental health care supplies in the school sector doesn't seem to be in the interest of ethnic minority youth according to this research. In contradiction to expectations the Turkish and Moroccan groups are also underrepresented in informal talking about emotional problems. This indicates besides receiving less formal help, that in general emotional problems are not being discussed as much within the Turkish and Moroccan population compared to the native Dutch population. With this, this research provides strong evidence why more research on the field of help-seeking behavior in ethnic minority adolescents is urgent.

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