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Adolescents' and Young Adults' Beliefs about Mental Health Services and Care: A Systematic Review

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A B S T R A C T

Background: Adolescents and young people are known to hold negative views about mental illness. There is less known about their beliefs about mental health services and care.
Objective: The aim of this study was to systematically examine literature on the beliefs of adolescents and young people from the general population about mental health services and care. Factors that positively and negatively influence these beliefs are also explored.
Methods: Relevant electronic databases were searched for papers published in the English language between January 2004 and October 2015.
Results: Culture seemed to influence how adolescents and young adults perceived mental health interventions. This was particularly evident in countries such as Palestine and South Africa where prayer was highly valued. Adolescents and young people were uninformed about psychiatric medication. They believed that accessing mental health care was a sign of weakness. Furthermore, they viewed psychiatric hospitals and various mental health professionals negatively. Film was found to have a negative impact on how adolescents and young people perceived mental health services, whereas open communication with family members was found to have a positive impact.
Conclusion: Adolescents and young adults hold uninformed and stigmatizing beliefs about mental health treatments, mental health professionals, and access to care. The sources of these beliefs remain unclear although some at least seem influenced by culture. Further research, (particularly qualitative research) in this area is recommended in order to address current gaps in knowledge.

In 1961, Erving Goffman (p.72) wrote that service users' social positions were indelibly changed upon leaving psychiatric hospitals because "the total institution bestows an unfavorable status". Several years later, people continue to demonstrate a limited understanding of the nature of mental health services and care (Andrade et al., 2014; Eisenberg, Golberstein, & Gollust, 2007). Often, the general public's predominant view of these services is a negative one (Rüsch et al., 2014). Negative viewpoints result in stigma, a combination of ignorance (lacking the relevant knowledge), prejudices (attitudes that people hold), and discrimination (behaviors) (Baun, 2009; Thornicroft, Rose, Kassam, & Sarorius, 2007). The consequences of limited understandings of the mental health services have been well established in previous literature (Andrade et al., 2014; Kleinberg, Aluoja, & Vasar, 2013).

First, lack of knowledge and stigmatizing beliefs related to mental health care can inhibit help-seeking for mental health issues (Andrade et al., 2014; Henderson, Evans-Lacko, & Thornicroft, 2013). In Europe, despite high rates of suicidality among adolescents, help-seeking for mental health problems is low (Cotter et al., 2015). Inadequate help-seeking for mental health problems has been reported for Europeans with major depression (Kleinberg et al., 2013). Similar concerns about help-seeking have been observed in Canada and the United States where only 20.8 and 36% of individuals with a diagnosis of an anxiety disorder or a mood disorder will use mental health services, respectively (Eisenberg et al., 2007; Scott, Mackenzie, Chipperfield, & Sareen, 2010). People with a severe mental illness have cited stigma as a barrier to accessing and using services and as influencing their disengagement with treatment (Andrade et al., 2014).

Second, the stigma surrounding these services may deter people from working in the field of mental health (Happell, 2009; Holmes, 2006). The stigmatization of mental health professionals and the care, which they deliver, may further exacerbate the stigma associated with mental illness (Halter, 2008).

Thirdly, mental health care is often viewed as ineffective (Andrade et al., 2014). In a multinational study, almost two thirds of people believed that receiving professional mental health care was worse than receiving no care at all (Ten Have et al., 2010). Similar views were reported in a survey of 1,737 people from the general population in relation to receiving treatment in a psychiatric hospital

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(Lauber, Carlos, & Wulf, 2005). One third of the sample believed antidepressants and antipsychotics to be harmful and over half of the sample believed electroconvulsive therapy (ECT) to be harmful. Finally, service users are often reluctant to discuss care they are receiving with others, particularly in relation to medication and ECT, due to the fear of experiencing stigma (Dinos, Stevens, Serfaty, Weich, & King, 2004).

From previous research, there is a wealth of knowledge in relation to beliefs about and attitudes towards mental illnesses (Faulkner, Irving, Paglia-Boak, & Adlad, 2010; Marsh & Shanks, 2014). Evidence from a systematic review indicates that little has changed over two decades, in that negative attitudes among the general population towards people with mental illnesses still exist (Schomerus et al., 2012). Beliefs about individuals with mental illness do not arise in isolation of beliefs about mental health services. Stigmatizing beliefs held by adults often form in their youth (Wilson, Nairn, Coverdale, & Panapa, 2000) and adolescents are potentially future service users, family members, friends, or caregivers of service users. There is a growing body of research on people's beliefs regarding mental health services and care, yet to date there have been no attempts to synthesize the evidence. The aim of this systematic review is to examine the current knowledge in relation to the beliefs of adolescents and young people from the general population about the mental health services, and the care provided through these services. In addition, the factors that positively and negatively influence these beliefs are identified.

METHODS

Search Strategy

The Systematic Reviews and Meta-Analyses standard for reporting systematic reviews (PRISMA) guided this review (Moherm, Liberati, Telzlaff, & Altman, 2009). Databases searched for papers published in the English language between January 2004 and October 2015 were: CINAHL, MEDLINE, PsycINFO, SocINDEX, Social Sciences, and ERIC. Key words and subject headings/MeSH terms searched in titles and abstracts using various combinations included: perceptions, perspectives, perceived, attitudes, knowledge, views, beliefs, opinions, literacy, stigma, discrimination, prejudice, “social stigma”, “social attitudes”, “social distance”, “mental health”, “psychiatric care”, healthcare, services, treatment, hospital, system, inpatient, outpatient, “mental health organizations”, “community mental health services”, “mental health personnel”, “psychiatric hospitals”, “psychiatric units”, “psychiatric service”, “mental health associations”, adolescent, teenager, young people, young adult, youth, and student.

Eligibility Criteria

Inclusion criteria were primary studies that reported on beliefs about mental health services/care/treatment among adolescents and young people aged 13 to 25 years from the general population who were not experiencing mental health problems. Studies that reported on beliefs about mental illnesses and not about mental health service/care/treatment were excluded.

Search Outcome

The search strategy yielded 4,367 papers from which 132 papers were initially identified through screening of titles and abstracts as potentially relevant (JG and AH). Removal of duplicates resulted in 84 papers for full text read by two authors (JG and AH) to determine eligibility for inclusion. Discrepancies about whether a paper met the inclusion criteria were discussed with the third author (ES) and the final decision was based on consensus. Ten papers were identified for inclusion. References of the full-text articles assessed for eligibility were hand-checked to identify further papers that satisfied selection criteria. No further papers were identified.

Data Extraction and Analysis

Data from included studies were systematically extracted using a standard tabulated form (Table 1) and was performed by JG and then cross-checked by AH and ES. In order to address the aims of this review, data were extracted on the following: (1) beliefs about mental health services, (2) positive influences on beliefs and attitudes, and (3) negative influences on beliefs and attitudes. For qualitative studies, extracted data were compared across studies and grouped into themes. Descriptive statistics were extracted to present to the results of quantitative studies. The data for both qualitative and quantitative studies were analyzed into 5 key areas which are presented in the findings section.

Quality appraisal of data from the quantitative studies were extracted by JG and crosschecked by AH (Table 2). Quality appraisal data from the qualitative studies were extracted by ES and cross-checked by JG (Table 3).

Quality Appraisal

The criteria for assessing the quality of quantitative studies as previously used by researchers (Savage, O'Riordan, & Hughes, 2009; Tsimicalis, Stinson, & Stevens, 2005) included: study design, participants and recruitment, comparison group, number of participants, and quality of instruments used (Table 4). The total quality score ranged from 0 to 15, with each of the five criteria being scored 0 to 3. Standards proposed by Popay, Rogers, and Williams (1998) were used to assess the quality of the 2 qualitative studies in the review with reference to study aims, context sensitivity, sampling strategy, data quality, theoretical or conceptual adequacy, and generalizability. These standards were chosen due to their emphasis on assessing the methodological soundness of studies included in systematic reviews (Centre for Reviews and Dissemination, 2008).

RESULTS

Study Selection

As presented in Table 1, ten studies were included in the review (Al-Krenawi, Graham, Al-Bedah, Mahmud Kadri, & Sehwail, 2009; Burke, Kerr, & McKeon, 2008; Chandra & Minkovitz, 2007; Chen, Mond, & Kumar, 2010; Jorm & Wright, 2007; Reavley & Jorm, 2011; Samouilhan & Seabi, 2010; Saporito, Ryan, & Teachman, 2011; Smith, 2004; Yoshioka et al., 2015). The search output is shown in Fig. 1. Beliefs about the mental health services centered around five key areas: culture, medication, access to care, psychiatric hospitals, and mental health professionals.

Studies included samples from the US (Chandra & Minkovitz, 2007; Saporito et al., 2011; Smith, 2004), Australia (Jorm & Wright, 2007; Reavley & Jorm, 2011) South Africa (Samouilhan & Seabi, 2010), Singapore (Chen et al., 2010), Ireland (Burke et al., 2008), Japan (Yoshioka et al. 2015), and a cross-section of countries involving Egypt, Kuwait, Israeli Arab Communities, and Palestine (Al-Krenawi et al., 2009). Most studies were surveys (Al-Krenawi et al., 2009; Chen et al., 2010; Jorm & Wright, 2007; Reavley & Jorm, 2011; Samouilhan & Seabi, 2010; Smith, 2004; Yoshioka et al., 2015), one was a case control design (Saporito et al., 2011), and two used a qualitative approach (Burke et al., 2008; Chandra & Minkovitz, 2007). Sample sizes ranged from 18 to 5,751. Apart from one study (Reavley & Jorm, 2011), the gender of participants was reported, including two male only samples (Burke et al., 2008; Smith, 2004), a female only sample (Chen et al., 2010), and both male and female (Al-Krenawi et al., 2009; Chandra &

Table 1
Data Extraction from Included Studies.

Study, year, country	Aim	Sample	Design	Data collection and analysis	Results
Al-Krenawi et al. (2009), Egypt; Kuwait; Palestine; Israeli Arab Communities	To examine cross-national help seeking behaviors, attitudes towards mental health professionals and cultural beliefs	Undergraduate students ($n = 716$); mean age = 22.05	Survey	Survey, using 2 instruments: 1) The Orientations for Seeking Professional Help Questionnaire (OSPH) scale (Fischer and Turner (1970). 2) Author-developed instrument which explores cultural beliefs about mental health problems, their causes and treatments. Data analysis performed using MANOVA.	Beliefs: • Differences between the different countries evident, with Kuwaiti subjects the most likely to believe in traditional healing ($p = <0.00$) and Egyptians the most likely to believe in more modern (biomedical) mental health treatment ($p = <0.00$) • Gender differences apparent, with females more likely to believe in "traditional healing" ($p = 0.05$)
Burke et al. (2008), Ireland	To explore young male's attitudes towards mental health problems and mental health services, and willingness to access these services.	Male secondary school students aged 15–18 ($n = 18$); mean age = 16.67	Qualitative	Focus groups using an interview schedule and vignettes. Thematic analysis	Beliefs: • Anti-depressants viewed as a last treatment resort • Negative views of psychiatric hospitals • Psychiatrists viewed as best trained to deal with mental health issues; GPs viewed as least trained. Limited confidence in counselors. Negative influences: • Images of psychiatric hospitals were drawn from movies such as *Silence of the Lambs*.
Chandra and Minkovitz (2007), USA	To examine factors that influence stigma relating to mental health services	8th grade students ($n = 57$); age not reported	Qualitative	In-depth interviews using an interview guide. Thematic analysis.	Beliefs: • Participants believed their peers avoid those who access mental health services • Mental health care viewed as isolating, and accessing this care viewed as a sign of weakness Positive influences: • Approx. one-fifth of participants discussed having families (particularly parents) who openly facilitated discussions about mental health; these individuals were found to have more positive views then those who did not discuss these issues openly. Negative influences: • Images from film invoke an isolating view of mental health services
Chen et al. (2010), Singapore	To examine mental health literacy specific to eating disorders of young adult women	Female students from 3 different universities ($n = 255$); mean age = 19.0	Survey	The Mental Health Literacy Survey (modelled on the work of Jorm et al., 1997) and vignettes. Levels of eating disorder psychopathology were assessed using the Eating Disorder Examination-Questionnaire (Fairburn et al. [1994]). Data analysis performed using Mann–Whitney U-tests.	Beliefs: • Help from people and engagement in activities more effective than medication • Limited confidence in psychiatrists' role in treatment
Jorm and Wright (2007), Australia	To determine which interventions are perceived as useful for different mental health problems	Australians aged 12–25 ($n = 3746$) and their parents ($n = 2005$)	Cross sectional survey	A national computer-assisted telephone survey was carried out by the Social Research Company in 2006, using one of four randomly assigned vignettes followed by a series of questions and the Kessler 6-item questionnaire. Data were analyzed using percent frequencies and 95% confidence intervals. The analysis was performed using Intercooled Stata 9	Beliefs: • Adolescents have less positive attitudes towards mental health professional intervention than young adults. • Adolescents believe antipsychotics to be helpful for treatment of depression, but not for psychosis • Admission to a psychiatric hospital viewed negatively by both adolescents and young adults
Reavley and Jorm (2011), Australia	To assess young people's recognition and beliefs about treatments for various mental health problems	Australians aged 15–25 ($n = 3021$)	Survey including open ended questions for qualitative data.	A national computer-assisted telephone survey was carried out by the Social Research Company in 2011, using one of six randomly assigned vignettes, followed by a series of questions and the Kessler 6-item	Beliefs: • Antidepressants viewed as more helpful for psychosis than for depression • GPs and counselor intervention was highly rated; psychiatrist intervention viewed as unhelpful

Table 1 *(continued)*

Study, year, country	Aim	Sample	Design	Data collection and analysis	Results
				questionnaire. Data were analyzed using percentage frequencies and 95% confidence intervals, and content analysis. Content analysis was used for open-ended qualitative comments.	• Admission to a psychiatric ward viewed as more harmful than helpful
Samouilhan and Seabi (2010), South Africa	To investigate university students' beliefs about the aetiology and treatment of mental health problems.	First-year students (aged 18–23) from the faculties of Commerce, Law and Management, and the Engineering ($n = 112$); mean age = 19	Survey including open ended questions for qualitative data.	A three-part questionnaire was used consisting of a demographic questionnaire, a vignette questionnaire and the Attitudes towards Seeking Professional Psychological Help Scale — Shortened Form (ATSPPH-SF) (Fischer and Farina 1995). This was analyzed using descriptive and inferential statistics. Thematic content analysis was used for open-ended qualitative comments.	Beliefs: •Counseling/psychotherapy/support groups positively regarded • Hospitalization generally negatively regarded, though more positively viewed for substance abuse and anorexia nervosa. • A strong correlation was found between belief in spiritual forces as aetiology for schizophrenia and both hospitalization ($p < 0.01$) and clergy/prayer ($p < 0.05$) as treatment methods
Saporito et al. (2011), USA	To determine the effectiveness of an intervention to reduce stigma towards mental health problems and help-seeking.	Local public high school students ($n = 156$); experimental group ($n = 80$) mean age = 15.76; control group ($n = 76$) mean age = 15.67	Case control study	Experimental group: The authors used a 35 minute interactive presentation, comprising a PowerPoint presentation and a brief video. Control group: A 35 minute educational presentation on smoking cessation was shown. The following measures were used: The Community Attitudes toward the Mentally Ill- Social Restrictiveness Subscale (Taylor and Dear, 1981), Attitudes towards Seeking Professional Psychological Help (short form) (Fischer and Turner, 1970), the Implicit Association Test (Greenwald, McGhee and Schwartz, 1998), Positive and Negative Affect Schedule (Watson and Clark, 1994). Analysis performed using ANOVA and MANCOVA	Positive influences:• Intervention resulted in positive attitudes when compared with control
Smith (2004), USA	To investigate young male's views of mental health counseling.	Adolescent males aged 12–18 years from a Jesuit middle school and Jesuit preparatory high-school in a Midwestern city ($n = 100$), mean age = 15.4	Survey	Freudian free word association used to structure a 5 item survey consisting of five questions relating to beliefs/attitudes towards counseling. Method of data analysis not reported. Descriptive statistical frequency data presented.	Beliefs: • Majority of students open to using counseling service
Yoshioka et al. (2015), Japan	To assess recognition of mental disorders and beliefs about treatment	High school students aged 15–19 years, from 2 different schools ($n = 311$)	Survey	Survey based on the work of Jorm et al. (1997), using vignettes. Per cent frequencies and Chi square tests were used to analyze data.	Beliefs: • Students believed that family/friends were more helpful than psychiatrists and psychologists • Counselors believed to be helpful in treating mental disorders • Vitamins were more positively regarded than psychiatric medication.

Table 2
Criteria for Rating Methodological Quality of Quantitative Studies.

Study	Study design	Participants and recruitment	Comparison group	Number of participants	Instruments	Total
Al-Krenawi et al. (2009)	0	1	0	3	3	7
Chen et al. (2010)	1	2	0	3	0	6
Jorm and Wright (2007)	0	2	0	3	0	5
Reavley and Jorm (2011)	0	2	0	3	0	5
Samouilhan and Seabi (2010)	0	1	0	3	3	7
Saporito et al. (2011)	0	1	3	3	3	10
Smith (2004)	0	1	0	2	0	3
Yoshioka et al. (2015)	0	1	0	3	0	4

Table 3
Criteria for Rating Methodological Quality of Qualitative Studies.

Standards for assessing qualitative data	Burke et al. (2008)	Chandra and Minkovitz (2007)
Lay accounts and subjective data as the primary marker	*Male secondary school students*	School going adolescents
Context sensitivity: flexible and responsive to changes or issues that may arise during the study.	Once off focus groups using a flexible interview guide and vignettes. Responsive to participants' perspectives during data collection.	Semi-structured interview guide used. Once off point of data collection.
Sampling strategy: purposively chosen to generate the type of knowledge necessary to understand the structures, contexts, and meanings within which individuals are located.	Young males, 15–18 years, as a key group given the high incidence of suicide among males of this age. Volunteer sample, limited to higher socio-economic groups.	Purposive sampling to reflect diversity of race, gender and mental health service use.
Data quality: detailed description of the meaning and context of data; comparisons and contrasts of different sources of knowledge about the same issues provided (i.e. constant comparative analysis); transparency of processes by which data have been collected, analyzed, and presented.	Detailed description of data provided. Thematic data analysis. Comparative analysis of themes. Transparent account of conduct of focus groups & use of vignettes, data analysis (including role of researcher), and presentation of participant quotations.	Detailed description of data provided. Inductive coding of data into thematic categories. Constant comparative analysis implied rather than explicit. Transparent account of interview processes and data analysis.
Theoretical and conceptual adequacy: process of data analysis visible, illustrating the move from description to interpretation of its meaning and significance.	Descriptive presentation of data under 8 themes. Little interpretation of data evident.	Descriptive presentation of data under 8 themes. Little interpretation of data evident.
Potential for assessing typicality: claims about generalizability of findings to either other bodies of knowledge or to other populations or groups.	Noted that findings not generalizable due to same age group in employment, and limited by volunteer sample.	Noted that findings not generalizable due to higher number of females included, and most from higher socio-economic groups despite use of purposive sample for greater diversity.

NOTE. Data from Popay et al. (1998).

Minkovitz, 2007; Jorm & Wright, 2007; Samouilhan & Seabi, 2010; Saporito et al., 2011; Yoshioka et al., 2015).

Methodological Quality

As presented in Tables 2 and 3, quality appraisal pointed to deficits, in particular, study design, accounts of participants and recruitment, inclusion of comparison group, and details of psychometric properties of instruments used to measure beliefs. Most quantitative studies were surveys and although it was apparent from reading the papers that these were cross-sectional, most did not state this explicitly. Psychometric properties of instruments were reported in just three of the quantitative studies. The study that ranked highest (10/15) was a case control study with an experimental and control group (Saporito et al., 2011).

For the two qualitative studies, a narrative summary of quality appraisal is presented in Table 3. Overall, the studies addressed most criteria. However, they were largely descriptive with little evidence of interpretation of data.

Table 4
Criteria for Rating Methodological Quality of Quantitative Studies.

Study parameter	Rating	Criteria
Study design	3	Longitudinal prospective design (explicitly stated)
	2	Retrospective or mixed design (explicitly stated)
	1	Cross-sectional (explicitly stated)
	0	Survey or did not report
Participants and recruitment	3	(1) Description of the population, (2) eligibility of participants, (3) precise details of the recruitment process, (4) accounted for the numbers recruited, (5) and lost to follow-up
	2	Minimal description of at least four criteria
	1	Two criteria missing
	0	More than two criteria missing
Comparison group	3	Healthy, age appropriate comparison (i.e. adolescents/young people 13–25 years)
	2	Reference sample
	1	Other comparison group (i.e. adults)
	0	No comparison group
Number of participants	3	$n > 100$
	2	$n = 50\text{-}100$
	1	$n < 50$
	0	*Did not report*
Instruments used	3	Psychometrically sound report of instruments used
	2	Some weak psychometric properties reported
	1	Psychometric properties of instruments reported as inadequate for measuring beliefs
	0	No psychometric properties reported

Adapted from Tsimicalis et al. (2005) and Savage et al. (2009)

Culture

Evidence from two studies showed that culture has an effect on beliefs about mental health services (Al-Krenawi et al., 2009; Samouilhan & Seabi, 2010). Significant differences were noted between different

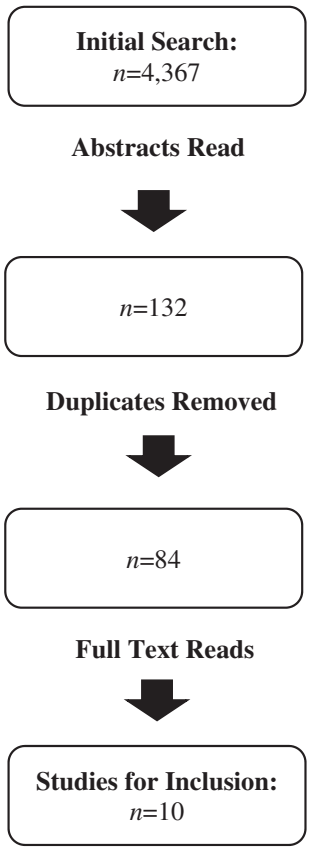

Fig. 1. Search strategy flow diagram.

countries in terms of beliefs relating to mental health treatment (Al-Krenawi et al., 2009). Kuwaiti subjects were more likely to believe in "traditional healing" for mental health problems ($p < 0.00$), with 95% stating they would turn to prayer for psychological help. Egyptian participants tended to believe in modern (biomedical) mental health treatment ($p < 0.00$), although a high percentage (83%) reported believing in prayer for mental health problems. Eighty-three percent and 67% of the Palestinian and Israeli Arab groups, respectively, reported they would use prayer if experiencing psychological difficulties (Al-Krenawi et al., 2009). In South Africa, clergy/prayer was rated as the 4th highest intervention for depression and schizophrenia and 5th highest for substance abuse, however it was seen as the 2nd least helpful intervention for anorexia nervosa (Samouilhan & Seabi, 2010). Gender was also a factor in how beliefs differed, with females more likely to believe in "traditional healing" ($p = 0.05$). It was also found from the sample of African and Middle Eastern populations that 57% of females were more likely to turn to prayer for psychological help, compared with 43% of males ($p = 0.01$) (Al-Krenawi et al., 2009).

Medication

Six studies addressed views on medication (Burke et al., 2008; Chen et al., 2010; Jorm & Wright, 2007; Reavley & Jorm, 2011; Samouilhan & Seabi, 2010; Yoshioka et al., 2015). Medication was generally viewed as a treatment for physical illness, not for mental illness (Burke et al., 2008). Antidepressant medication was believed to be more helpful for those with psychosis/schizophrenia than for those with depression (Reavley & Jorm, 2011; Yoshioka et al., 2015), and as more helpful for depression with suicidal thoughts and substance misuse than depression (Reavley & Jorm, 2011). Vitamins were more highly rated than antidepressants for treatment of depression and antipsychotics for treatment of schizophrenia (Yoshioka et al., 2015). While adolescents viewed antidepressant medication as a last treatment resort (Burke et al., 2008), they were more positive than young adults regarding the use of antidepressants for both depression and depression with co-morbid alcohol misuse. Compared to adolescents, young adults viewed other treatments, such as relaxation, massage, and meditation more positively (Jorm & Wright, 2007).

Compared to young adults, adolescents were more likely to believe that antipsychotics could be of assistance to those with depression, depression with co-morbid alcohol misuse, and social phobias. They were less positive than young adults about antipsychotics for psychosis (Jorm & Wright, 2007). A strong correlation was found between belief in chemical imbalance as aetiology for depression, and using medication as treatment ($p < 0.05$) (Samouilhan & Seabi, 2010). It was also believed that medication can result in partial recovery for people with eating disorders (Chen et al., 2010).

Access to Care

Two studies reported on service use (Chandra & Minkovitz, 2007; Reavley & Jorm, 2011). Adolescents in the US viewed accessing mental health services as a sign of weakness. These adolescents believed that if a member of their peer group accessed the services, some peers would be accepting, but most of their peers would avoid them in future (Chandra & Minkovitz, 2007). In Australia, young adults viewed visiting a local mental health service as a helpful solution for various mental health problems; adolescents were less positive about accessing a local mental health service than young adults (Reavley & Jorm, 2011).

Psychiatric Hospitals

Beliefs about psychiatric hospitals were reported in four studies (Burke et al., 2008; Chandra & Minkovitz, 2007; Reavley & Jorm, 2011; Samouilhan & Seabi, 2010). These hospitals were believed to be tantamount to prisons with "padded cells" where clients were never granted leave, or as dark places where people "[scream] their heads off" (Burke et al., 2008). The use of straitjackets was a prominent image held about psychiatric hospitals (Burke et al., 2008; Chandra & Minkovitz, 2007). Admission to these hospitals was regarded as more harmful than helpful (Reavley & Jorm, 2011), and adolescents said that they would hold stigmatizing attitudes towards those who had been admitted to a psychiatric hospital (Burke et al., 2008).

Hospitalization was rated low for treatment of depression and schizophrenia. For schizophrenia, there was a strong correlation found between belief in spiritual forces and belief in hospitalization as a treatment method ($p < 0.01$). Hospitalization was viewed more positively for treatment of substance abuse, with 15% believing this to be the second most effective intervention, second only to psychotherapy/counseling/support groups. Hospitalization was also viewed positively for the treatment of an anorexia nervosa, with 14% believing it to be an effective treatment (Samouilhan & Seabi, 2010).

Mental Health Professionals

Mental health professionals who worked in hospitals and other mental health care environments were reported in seven studies (Burke et al., 2008; Chen et al., 2010; Jorm & Wright, 2007; Reavley & Jorm, 2011; Samouilhan & Seabi, 2010; Smith, 2004; Yoshioka et al., 2015). In Australia, psychiatrists were believed to be unhelpful for most mental health problems. They were rated second lowest, second only to lecturers/teachers (Reavley & Jorm, 2011). Adolescents had negative views towards interventions from psychiatrists for depression and psychosis (Jorm & Wright, 2007). In one US study (Chen et al., 2010), young adults believed seeking help from counselors, GPs, dieticians, friends and family to be more helpful than seeking help from psychiatrists. The majority of these individuals believed that a combination of help from people (including psychiatrists or family members) and engaging in treatment activities (such as counseling or hobbies) was likely to result in a full recovery from eating disorders, though the problem would likely reoccur. In Japan, adolescents viewed friends and family as more helpful for the treatment of depression, schizophrenia, and social phobias than psychologists or psychiatrists. Counselors, on the other hand, were positively regarded, but more so for treatment of depression and schizophrenia than for social phobias (Yoshioka et al., 2015). In Ireland, psychiatrists were viewed as the best equipped to deal with mental health concerns, although accessing psychiatric help in this manner was linked with stigma (Burke et al., 2008).

In Australia, GPs and counselors were highly rated for the treatment of depression, depression with suicidal thoughts, depression with substance misuse, social phobia, psychosis/schizophrenia and post-traumatic stress disorder (PTSD) (Reavley & Jorm, 2011). In South Africa, counseling/psychotherapy/support groups received the highest ratings for treatment beliefs for each mental health problem: depression, schizophrenia, substance misuse and anorexia nervosa (Samouilhan & Seabi, 2010). Counselors were also positively regarded in the US, with 69% of adolescents stating that they would use mental health counseling if they had life concerns. These adolescents believed that the most important quality for a counselor to have is that they are good listeners and ensure confidentiality. Trustworthiness was viewed as the second most important quality a counselor should display (Smith, 2004). Another US study (Chen et al., 2010) found that counselors were viewed as the most helpful professionals for the treatment of eating disorders; GPs were also viewed as helpful. counselors were not viewed positively overall in Ireland as there was doubts relating to confidentiality, and adolescents believed these professionals would view people with mental health problems "differently" (p.55). Furthermore, they believed that GPs were not trained to deal with depression (Burke et al., 2008).

Positive influences on beliefs

Only two studies addressed adolescents' and young people's sources of knowledge about the mental health services (Chandra & Minkovitz,

2007; Saporito et al., 2011). Adolescents reported mental health services more positively if they had contact with family members or friends who were satisfied with their experiences of these services. They also had a more positive outlook on the mental health services if their families, particularly parents, openly facilitated discussions about mental health. However, many noted that their parents believed that issues relating to mental health be kept within the home (Chandra & Minkovitz, 2007). An intervention using an interactive format (PowerPoint presentation and brief video) was found to successfully improve attitudes towards the mental health services (Saporito et al., 2011).

Negative influences on beliefs

Evidence from two studies demonstrated that film has a strong influence on negative views, providing students with inaccurate knowledge about the mental health services (Burke et al., 2008; Chandra & Minkovitz, 2007). Students who had generally limited or inaccurate information about mental health services held more negative views of these services compared to those who were more informed (Chandra & Minkovitz, 2007). The images from the films they discussed were negative. Psychiatric hospitals were believed to be "like *Silence of the Lambs*" (Burke et al., 2008, p.55) or places where certain individuals "have to go" to be "isolated" (Chandra & Minkovitz, 2007, p.769).

DISCUSSION

This systematic review identified ten studies on the beliefs of adolescents and young adults from the general population about mental health services and care. Most evidence consisted of descriptive data. Taken as a whole, the methodological quality of the studies was generally weak. Notwithstanding this weakness, the evidence gleaned from the studies makes an important contribution to synthesizing and understanding young people's beliefs and associated influences relating to mental health services and care. The review is timely because of strategic efforts in various countries to improve access and delivery of mental health services (Department of Health and Children, 2006; NHS, 2014; Northern Territory Government, 2015).

Culture has an impact on beliefs. The link between mental health and culture has been explored, and one's nationality has a major impact on how these concepts are understood (Williams & Mohammed, 2009). Previous research into culture has highlighted the links between cultural/religious beliefs and mental health in countries such as South Africa (Mayer & Viviers, 2014). Due to the Western concept and domination of the medical model (Clarke, 2013), it is unlikely that religion plays as vital a role in these countries. However, considering that globalization and developments in communication technologies have allowed for increased interconnectedness between cultures (Tribe & Melluish, 2014), it is possible that religion/spirituality will, in the future, have less of an impact on beliefs about mental health in certain cultures.

The findings indicate that adolescents and young people believe that medication is unhelpful in the treatment of depression, and if used, it should be considered as a last resort. It is clear that adolescents and young adults in different countries have a poor understanding of the role of medications and other therapies in treating mental health problems. It is possible that their beliefs about the medications used in mental health are influenced by their stigmatizing beliefs about specific mental health disorders, such as depression and schizophrenia (Agarkar, 2012). Stigma surrounding medication/mental illness can result in non-adherence (Teferra, Hanlon, Beyero, Jacobsson, & Shibre, 2013), and non-adherence with medication is associated with high relapse rates (Haddad, Brain, & Scott, 2014). It is unclear from the included studies where adolescents and young people's beliefs about medication arise from, although it was noted that the media routinely report negative information in relation to psychiatric medication (Nutt & Malizia, 2008).

Media, specifically film, also had an impact on how adolescents and young adults viewed other aspects of mental health services and care. The media has been cited as a contributor to stigmatizing beliefs about mental health services and care (McGinty, Webster, & Barry, 2013; Von dem Knesebeck, Mnich, Angermeyer, Kofahl, & Makowski, 2015) and film continues to portray mental illness in a negative, stigmatizing light (Goodwin, 2014). Other sources of media aimed directly at adolescents and young adults have not been fully explored in terms of their impact on perceptions of the mental health services. However, both video games and social media have been shown to stigmatize mental health issues [Morris & Forrest, 2013; Reavley & Pilkington, 2014]).

Stigmatizing beliefs were particularly evident with regard to accessing services and hospitalization. This is indicative of both personal stigma (beliefs about others) and self-stigma (beliefs about oneself), which can deter people away from the care they require (Jennings et al., 2015). It has been suggested that the presence of older psychiatric institutions contributed greatly to stigma, and that the demise of these institutions has not resulted in a significant reduction in how mental health services and care are viewed (Damjanović, Vuković, Jovanović, & Jašović-Gašić, 2009; Leff, 2006). The evidence from this review indicates that stigmatizing beliefs and limited confidence in mental health care persist in modern society.

There was also limited confidence placed in professionals. The extant literature demonstrates predominantly negative views towards psychiatrists (Bhugra et al., 2015; Gaebel et al., 2015; Stuart, Sartorius, Liinamaa, & Images Study Group, 2015). Although individuals feel comfortable talking to GPs (Anderson et al. 2009), it has been found that young people have low confidence in GPs for assistance with mental health difficulties (Biddle, Donovan, Gunnell, & Sharp, 2006) and that they demonstrate limited GP-help seeking behaviors for these difficulties (Mariu, Merry, Robinson, & Watson, 2011; Vanheusden et al., 2009). Similarly, counseling services are infrequently used by those experiencing mental health difficulties (Eisenberg et al., 2007; Garcia-Williams, Moffitt, & Kaslow, 2014). Evidently, confidence in these resources is higher than actual access.

Differing beliefs about services and care were evident among adolescents and young adults. Adolescents were more positive than young adults about antidepressants for the treatment of depression. However, they were also more positive about using antipsychotics for the treatment of depression and less positive about the use of antipsychotics in the treatment of psychosis. This suggests that adolescents are less informed about the use of medication in treating mental health problems than young adults. It is also possible that adolescents are lacking knowledge about complementary therapies such as relaxation, considering they were less positive then young adults about their use in the treatment of mental health problems. While stigmatizing attitudes and beliefs held by adults often form in their youth (Wilson et al., 2000), the finding that young adults were more positive about accessing local mental health services than their adolescent counterparts suggests that changing beliefs may be possible.

LIMITATIONS

This review has limitations. Papers included in this review were limited to those published in the English language. It is possible that there are relevant studies published in other languages. Overall, the evidence in this review is based on a small number of heterogeneous studies (i.e. ten) that are descriptive in design. Therefore, the findings cannot be generalized to the general population of adolescents and young adults. Notwithstanding these limitations, this review is important in drawing attention to the beliefs of adolescents and young adults among the general population about mental health services and care. To date the principal focus of research has been on beliefs concerning mental illness rather than services and care.

CONCLUSION

The findings of this review indicate that stigmatizing and inaccurate beliefs about mental health services and care continue to exist. To some extent, this may be influenced by culture. The negative beliefs among adolescents and young people, including a lack of confidence in mental health professionals, may adversely affect their likelihood to access care. However, the evidence suggests that beliefs change over time with young adults holding more positive beliefs than adolescents. This evidence has implications for raising awareness about mental health and related care during adolescence in order to promote positive beliefs about this aspect of health in young people's lives.

Based on the evidence of this review, a number of areas for future research are identified. Most of the studies included in this review used surveys or vignettes, resulting in limited responses from participants. Further qualitative exploration is needed to provide nurses and other mental health professionals greater insights into the beliefs of adolescents and young people concerning mental health services and care including the sources of these beliefs. Considering that only one study (Saporito et al., 2011) reported on the benefits of an intervention for improving knowledge and informing the beliefs related to mental health services, there is a need to develop a randomized controlled trial using a phased approach, as recommended by the Medical Research Council (2008). The effectiveness of interventions for changing beliefs in other health care contexts need review with consideration to their application to the context of mental health services and care. Nurses have an important role in promoting positive mental health and related beliefs concerning services and care. Therefore, the results of future qualitative research and interventions will be important to better inform nurses in communicating information appropriately to the general public of adolescents and young people.

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