Mental health representations, help-seeking behaviors, and perceived access barriers of expatriate adolescent children

Marta Gonçalves¹,² and Diana Farcas¹

Abstract

Background: Currently, due to globalization and the world’s economic situation, international organizations tend to remain competitive by acquiring employees with global management skills, the so called expatriates. Usually, family members accompany expatriates in the international relocation experience. Expatriate adolescent children (EAC) may suffer additional psychological distress. In order to better assist them it is important to understand their mental health representations, help-seeking behaviors, and perceived access barriers.

Methods: We conducted an online survey, which was completed by 51 students aged 12–16 years of an international school in Portugal, 35.3% of which EAC.

Results: Results show similarities and differences in the way mental health is perceived by EAC and non-EAC. Both perceive a good mental health as "not using drugs", while not feeling well psychologically is understood as "something that has to be taken seriously". The most predominant help-seeking behavior is distraction (e.g. reading), while talking with someone presents high average values and significant differences between the two groups of students. EAC mostly refer that problems should be solved in the family context. The ones who have already sought a mental health professional while in the host country, refer problems related to classmates and family.

Conclusion: An improved understanding of representations and behaviors for expatriate adolescent children, as well as knowledge of current interventions involving the family-school-primary care triangle among expatriate families will lead to a better adjustment of expatriates in international assignments.

Keywords: Mental health representations, Help-seeking behaviors, Perceived access barriers, Expatriate adolescent children.

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Introduction

Despite all the advantages an expatriation experience may have (e.g., financial benefits and career progression), moving into a new culture is a complex and stressful experience that affects and is affected by people’s feelings, thoughts and behaviors [1]. Being a major life transition, it often involves various challenges in the adjustment process with the different political, economic, and cultural environment of the host countries. According to Oberg [2], expatriates typically experience predictable and normative feelings of cultural shock, such as denial, confusion, anxiety, helplessness, irritability, anger, and sadness. In order to better understand the process of adjustment adopted by people who transfer to a new culture, several authors proposed models, which described the stages of adjustment [3-5]. Two of these models, the U and W curve paradigm have received more attention in the literature. The U-shaped curve predicts three main stages entitled honeymoon, disorientation and recovery/adjustment. The first stage is related with the initial state of optimism when the expatriates arrive to the new country, then a crisis occurs, and in the last stage a gradual coming to terms with the new culture. On the other hand, the W-shape model encompasses ten stages: (1) initial anxiety, (2) initial elation, (3) initial culture shock, (4) superficial adjustment, (5) depression-frustration, (6) acceptance of host culture, (7) return anxiety, (8) return elation, (9) re-entry shock, and (10) reintegration.

It is important to highlight that circumstances vary from one move to another and from one person to another, and different internal and external dimensions influence this adaptation process. According to Norford [7], these dimensions include a range of mobility characteristics (e.g. distance of move, timing of transfer, degree of choice in move, cultural distance between countries), individual’s characteristics (e.g. demographic variables), community characteristics (e.g. economic climate, access to social support, availability to address relocation stress) and family characteristics (e.g. family size, family structure, family attitudes towards moving, and availability of parents).

This last dimension has been studied by various authors, mostly examining the role of spouses during the expatriation process [8-11]. The results indicate that the influence of a spouse’s attitudes and behaviors on expatriates’ ones and vice versa, can be positive and negative. It is intended by positive when the spouse provides more support to the expatriate, while a negative influence consists in more stress being transmitted by the spouse to the expatriate. Caligiuri and collaborators [9] highlight the importance of a well-adjusted process by the spouse, since it has an extremely positive influence on the expatriate, contributing to his/her adjustment. Additionally, it should not be forgotten that when an international assignment is assigned to an expatriate, besides the spouse, the children may accompany him/her. According to a recent survey with a sample of companies that collectively manage a total of over 5.6 million expatriates worldwide, 47% of expatriates were accompanied by children during their assignments [12].

However, just as De Lion and MacPartlin [13] suggested, through the literature revision about expatriates, we were able to identify a limitation related to the fact that the role that children play during international assignments is often neglected. The few studies conducted [14, 15], show some interesting results, concluding that the presence of children during expatriation is likely to require additional demands on the resources, increasing the workplace strain expatriates experiences due to the conflict between the family and the work. Just as Edwards and Roebard [16] mentioned that the cause of this conflict starts with the attention that the expatriates need to give in order to attend children’s needs, such as finding child-care providers, establishing socialites and networks [17]. As a consequence, a lot of energy and attention is taken away from work. The results found by Takeuchi and collaborators [11] corroborate this, concluding that the amount of psychological workplace strain perceived by expatriates is higher when on the international assignment at least one child accompanies expatriates.

Expatriate children in international assignments

Although, the expatriates’ perspective has been studied in the context of having at least one child accompanying on the international assignment, we agree with Selmer and Lam’s [18] point of view when claiming that “the topic of expatriate children is only covered casually in connection with an expatriate assignment; expatriate children being merely an item on the list of do-not-forgets” (p. 432). However, in a relocation experience, just as it holds for parents, expatriate children experience some advantages (e.g. develop a broader view of the world, as a result of being in contact and learning about different cultures) but also have to go through changes and adjustment processes in the new environment. The relocation experience is not a voluntary move for the expatriate children, since they accompany their parents, leaving behind their friends, relatives, school, and other social activities. When arriving in the host country, they have to get used to a new school environment (teacher, classmates, functioning system), and often also have to learn a new language [19].

Schaetti [20] is one of the few exceptions [20-24] examining the expatriate children’s perspective and he points out how difficult it can be to start a new life in the host country, by initially using a poem. This poem was written by a 12 year old Norwegian girl who accompanied her father to the Netherlands, where he accepted an expatriate position:

Never wanted to come here, want to go back,
Hate speaking English here, want to go back,
Hate all the homework, want to go back,
Miss all my friends here, want to go back,  
Don't like the people here, want to go back,  
I hate Holland, want to go back.

This poem clearly illustrates an experience with problems in adapting to a new environment, being congruent with the results encountered in other studies [25, 26]. Additionally, the results of these studies indicate that children who are going through puberty may also face emotional problems. This may occur due to the fact that adolescence is a period when children grow up from childhood and several physical and psychological changes occur. It is considered to be a period of turbulence and profound changes, taking place between the age of 11 and 21 years, in three stages: early, middle, and late adolescence [27]. In the first stage, the adolescent is able to learn and discover at a greater pace than before, while at the second stage he/she develops a search for independence and explores inner feelings. By the time adolescents get to the late stage, they are capable of securing a firmer identity and cope in a more efficient way with their own abilities and decisions [18].

Van der Zee, Ali, and Haaksma [19] explored the determinants of effective coping with cultural transition among expatriate children and adolescents. The data yielded by this study provides evidence that high levels of family cohesion, emotional stability and attachment are the main predictors of adjustment. Further research in this area focused on the transition period, defined by Bridges [28] as a psychological process undergone by an individual who faces a new situation. Since this transition period can play a double role in the expatriate children’s life, by either offering a potential for personal growth and development and/or triggering a great deal of psychological pain, several models [29, 30] have been developed with the aim of promoting a better understanding. Similar to the previously mentioned U and W paradigms [5, 6] of expatriate adjustment, Pollock and Van Reken [31] developed a five-stage model within the context of international schools, in order to understand the transition period of expatriate children (see Table 1).

In stage 4, the family and school community play a pivotal role in the adjustment process of expatriate children. In some cases, failure in adjusting to a new environment might trigger mental health problems and it is important to understand the concepts of these adolescents about mental health, their help-seeking behavior, and associated barriers. This user’s perspective can provide useful information and suggest possible areas of intervention, which can improve mental health care access.

Mental health help-seeking behavior in adolescents

Gulliver, Griffiths, and Christensen [32] conducted a systematic review of twenty-two qualitative and qualitative studies of perceived barriers and facilitators in adolescents. As mentioned before, adolescence is a period of turbulence and profound change. The international statistics indicate that 20% of children and adolescents from the industrialized countries suffer of psychological stress; the majority is not treated properly or on time [33].

This high susceptibility to developing a mental disorder is linked with reluctance in seeking professional help [32]. Many reasons have been proposed to explain this reluctance to seek professional help, such as the preference for other sources of help (e.g. friends and family) [34], the reliance on the self and perceived self-stigmatizing attitudes to mental illness [35]. The facilitators to help-seeking have been less explored, but there is evidence that previous positive experience as well as social support may ease the mental health help-seeking behavior of adolescents.

According to Alegria, Canino, and Pescosolido [36], children and adolescents of immigrant families are more vulnerable in terms of mental health due to different challenges such as: barriers in the access to mental health and language services, stigmatization and discrimination, simultaneous coping with two cultures, and involuntary migration. Most of these challenges are present in the adjustment process of expatriate children, but they have been ignored in the studies, which explored the representations of mental health, help-seeking behaviors, and barriers in the access to mental health. Just as the systematic review conducted by Gulliver and collaborators [33] suggests, the samples of the conducted studies in this area is composed by adolescents in different countries, such as Australia [34], China [37], United States [38] and United Kingdom [39]. More recently, three other studies on this topic were conducted in Switzerland [40, 41], Brazil [42] and Portugal [43], but the expatriate children were not included.

Expatriates in Portugal

According to the last statistical report, Portugal increased its population by 17,600 due to the natural immigrant balance [44]. Currently, Portugal’s total population is of 10,555,853, out of which 445,262 are immigrants from 54 different countries. The top three on the list are Brazil (119,363) followed by Ukraine (49,505) and Cape Verde (43,979) [45]. Additionally, without being able to precise the exact num-

<table>
<thead>
<tr>
<th>Table 1. The five stages of Pollock's model of transition.</th>
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<tbody>
<tr>
<td><strong>Stages</strong></td>
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<tr>
<td>1. Involvement</td>
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<tr>
<td>2. Leaving</td>
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<td>3. Transition</td>
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<td>4. Entering</td>
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<td>5. Re-involvement</td>
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</table>
Expatriate adolescent children

ber, it is known that part of the Portuguese population is composed of expatriates. More specifically and according to our perception, expatriates are employees, who are sent by parent companies to carry out their functions in another country (e.g. managers, teachers, diplomats, United Nations employees, non-governmental organization’s employees) but also, professionals who choose to expatriate, not being sent by the parent company [46, 47]. Moreover, it is known that Portugal has 24 international schools with over 15,000 students, which give support to what Lee [48] argues, affirming that a rapid process of globalization occurs and expatriation is an important business operation performed in different countries. The context of international schools provides an education designed to cater for the children of expatriate families [49]. The growth of these international schools is well documented and contributed to the feasibility of international placements [50].

According to Gregersen, Brehmer, and Moren [51] the most usual approach used by parent companies is to send expatriates abroad as corporate representatives and ambassadors, usually serving three main objectives: filling staff vacancies, management development, and organizational development [52-54].

Objectives

Taking into consideration all this information, we considered that it would be important to explore which are the representations of mental health in an international school setting, in order to contribute to a better understanding of expatriate children’s specificities in the access to mental healthcare services. Therefore, the primary objective of this study is to identify the mental health representations, help-seeking behaviors, and perceived access barriers to mental health care, from the perspective of EAC and non-EAC. The secondary objective of this study was to identify differences and similarities between the perspectives of EAC vs. non-EAC.

Methods

Participants

The sample of this study consisted of 23 male and 28 female students from a private international school in Portugal, who ranged in age from 12 to 16 years old (mean=13.12; SD=1.003). Out of these 51 students, 35.3% are EAC: Portuguese who lived in other countries [e.g. England (6.1%), Spain (3%), Angola (3%)] at some point of their lives, and people of other nationalities [e.g. Brazil (27.8%), USA (11.1%), China (5.6%)] who are living in Portugal.

In order to better characterize the sample of this study, it is important to mention some of the collected socio-economic data: 82.4% of the students mentioned that their family has two or more cars, 90.2% of them have their own bedroom, 86.3% of the families have three or more computers, 60.8% has been traveling more than two times in the last 12 months, and the same percentage has a monthly allowance.

Procedure

We contacted six international schools and invited them to take part of this study. One of them manifested its interest in collaborating and three main steps were followed. The first one consisted in informing the school director about the study and getting the authorization for running the study there, with the 108 students who spoke Portuguese. This inclusion criterion was chosen with two aims: 1) include the expatriate children who surpassed one of the compounding problems which influences the transition period in a negative way, and 2) include the Portuguese expatriate children who returned to their country of origin. Afterwards, the students’ parents were informed about the study trough the school weekly newsletter, and were asked to fill in the informed consent if they authorized their child(ren) to participate in the study. The last step consisted in approaching the 51 students who had their parents’ authorization, inform them about the study and asking them to read and sign the informed consent. This was done during a specific class time, over two days, where a code was given to the students who agreed to participate in the study. This process allowed us to make sure that one student did not fill the survey more than once. The participants were asked to fill in an online survey composed of three sections. The first section was the introductory one, where it was explained how the survey should be filled in, assuring that there was no right or wrong answers and guaranteeing the confidentiality of the answers. Another section encompassed eighteen questions related to socio-demographic data (e.g. gender, age, country of birth) while other twelve questions focused on mental health related issues, composing the last section. This survey was initially developed by Käppler and collaborators [55] as part of the research project Access to Mental Health Care in Children (AMHC) conducted in Switzerland, and afterwards in Brazil and Portugal.

Mental health representations

Two close-ended questions were used to identify what is understood by feeling and not feeling psychologically well. In order to identify what is understood by feeling psychologically well, seventeen items (e.g. “feeling psychologically well means being happy”) were presented, and for each one of them the students had to choose the option which best described their opinion, using a 4-point Likert answer scale (1=don’t agree to 4= completely agree). The same procedure was used to determine what is perceived as not feeling psychologically well; hence eighteen items were presented to the students (e.g. “not feeling psychologically well means not having friends”).

Help-seeking behaviors

Since we wanted to find out what do the students do when they do not feel psychologically well, a list with sixteen
items (e.g. “when I do not feel psychologically well, I talk with someone about the problem”) was given to the students and they had to fill in this part of the survey, using the answer scale previously presented.

**Perceived barriers in the access to mental health care**

As mentioned before, previous studies [33] showed that children and adolescents from immigrant families encounter various barriers in accessing mental health services (e.g. perceived stigmatization/discrimination, lack of accessibility-time, transport, costs). In this section, we intended to determine from the students’ perspective, which are the main access barriers. Therefore, the following was presented: “Imagine that an adolescent does not feel psychologically well and he/she received the suggestion of going to a psychologist/ psychiatrist. Which would be the main reasons for him/her not going?”. Seventeen possible reasons were enumerated and for each one of them the students had to answer the degree they agreed with it, using the same 4-point Likert scale.

Besides, all these crucial questions related to mental health, the survey contained additional questions. For example, after mentioning that some adolescents talk with someone when they do not feel psychologically well, we asked the students to mention the frequency they talk with each of the fourteen people listed (e.g. mother), using the 4-point Likert answer scale (1= never to 4=always). Additionally, we asked the students if they ever got help from a psychologist/psychiatrist. Students who answered affirmatively, were asked to mention the reason for receiving help, when it happen, if the treatment is over, how was the experience and who sought for professional health (psychologist/psychiatrist). Students who answered affirmatively, were asked to mention the reason for receiving help, when it happen, if the treatment is over, how was the experience and who sought for professional health (psychologist/psychiatrist). These two last questions were close-ended ones and were also answered by the students who mentioned that they have never gotten help from a psychologist/psychiatrist, since the questions were formulated in the following way: “How do you imagine a treatment for a psychological problem?” and “If you would ever have a psychological problem who would seek help for you? For each question, eight items were listed and for every single item the students had to choose the answer which best described their opinion using the 4-point agreement scale.

**Results**

Out of the EAC, 38.8% used mental health services at some point in their life, mostly after the expatriation process and while being in the host country. The main reasons for seeking a mental health professional’s help were problems related mainly to classmates (5.6%) and family (5.6%). On the other hand, concentration (3.0 %) and grade problems (3.0%) were the main issues mentioned by 42.4 % of the non-EAC who accessed mental health services.

Through a descriptive analysis of the results, on average, to feel psychologically well is mainly understood by both groups of students as “not using drugs” (M EAC =3.56; M non-EAC=3.39) while the principal item used on average by both groups to describe what means not feeling psychologically well, is “something that has to be taken seriously” (M EAC=3.22; M non-EAC=3.03). Further detail is provided on Table 2.

When talking about the most popular help-seeking behavior chosen by EAC and non-EAC, distraction, as listening to music, reading or other such activities, presents the highest average value among all the other behaviors proposed (M EAC=3.44; M non-EAC=3.42). Additionally, talking with someone presents high average values and significant differences between the two groups of students (M EAC=2.94; M non-EAC=2.58). Consequently, it was possible to identify that the “someone “chosen by the students to talk with, are the friends (M EAC=3.00;
M non-EAC=3.03), the mother (M EAC=3.33; M non-EAC=2.79), and the father (M EAC=2.78; M non-EAC=2.45). Although the psychologist was on the list of the fourteen people, it was not one of the most frequent people they appeal to when not feeling psychologically well. Further detail is provided on Table 3.

Concerning perceived barriers in the access to mental health care, for EAC, thinking that mental problems should be solved in the family context is the prevalent barrier, presenting the highest average value (M=2.50). On the other hand, for the non-EAC “thinking that who goes to the psychologist/psychiatrist is crazy” is the main access barrier (M=2.85). Further detail is provided on Table 4.

There were no significant differences for any of the items chosen to describe what is meant by not feeling psychologically well. On the other hand, two of the items, which depict what feeling psychologically well means, presented significant differences in the way they were understood by the two groups of students. More precisely, the first item “being balanced” [t(49)= -2.000; p=0.041] is better understood as a synonym of feeling psychologically well, by EAC (M=3.5) than by non-EAC (M=3.03). The same pattern is found in the way the second item “being able to go to school” [t(44.9)= -1.467; p=0.009] is recognized by EAC (M=3.11) and non-EAC (M=2.67) to explain what means feeling psychologically well. Two other items presented significant differences in the help-seeking behaviors used by the two groups of students. One of the help-seeking behaviors: “talk with someone about the problem” presents significant differences [t(49)= -1.313; p=0.006] in the way it is perceived, being EAC who appeal more to it (M=3.03) when compared to the non-EAC (M=2.94). “Call one of those phone numbers created for these situations” is the other help-seeking behavior that presents significant differences [t(26.2)= -1.169; p=0.021], being EAC more consciousness of it (M EAC=2.67; M non-EAC=1.61). The access barriers which revealed significant differences are “thinking that mental problems should be solved in the family context” [t(43.5)= -2.317; p=0.025], and “thinking that the psychologist’s office is located far away” [t(48.3)=1.392; p=0.008]. The first perceived access barrier is mentioned more by EAC (M EAC=3.03; M non-EAC=2.5), while the non-EAC refer more the second one (M EAC=1.28; M non-EAC=2.67).

Discussion

The present study sought to contribute to the understanding of mental health representations, help-seeking behaviors, and perceived access barriers of EAC and non-EAC in Portugal. Our results showed that there are similarities and differences not only in the representations of mental health held by EAC and non-EAC, but also in the help-seeking behaviors and perceived access barriers. For both groups, mental health means not taking drugs, mental illness is something to be taken seriously, and the primary strategy of action in case of mental illness is dis-

### Table 3. Help-seeking behaviors.

<table>
<thead>
<tr>
<th>Help-seeking behaviors</th>
<th>Expatriate adolescent children</th>
<th>Non-expatriate adolescent children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Distraction</td>
<td>3.44</td>
<td>0.511</td>
</tr>
<tr>
<td>Trying to change the situation</td>
<td>3.28</td>
<td>0.895</td>
</tr>
<tr>
<td>Talk with someone about the problem</td>
<td>2.94</td>
<td>0.725</td>
</tr>
<tr>
<td>Wait for a moment, relax</td>
<td>2.50</td>
<td>0.707</td>
</tr>
<tr>
<td>Retreating, preferring to be alone</td>
<td>2.33</td>
<td>0.970</td>
</tr>
</tbody>
</table>

### Table 4. Perceived access barriers to mental health care.

<table>
<thead>
<tr>
<th>Perceived barriers in the access to mental health care</th>
<th>Expatriate adolescent children</th>
<th>Non-expatriate adolescent children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Thinking that who goes to the psychologist/psychiatrist is crazy</td>
<td>2.39</td>
<td>0.979</td>
</tr>
<tr>
<td>Not knowing what the psychologist/psychiatrist is going to do</td>
<td>2.39</td>
<td>0.979</td>
</tr>
<tr>
<td>Not wanting to be mocked</td>
<td>2.44</td>
<td>1.149</td>
</tr>
<tr>
<td>Thinking that mental problems should be solved in the family context</td>
<td>2.50</td>
<td>0.618</td>
</tr>
<tr>
<td>Being afraid to be replaced to a specific school or to another class</td>
<td>2.28</td>
<td>1.011</td>
</tr>
</tbody>
</table>
traction. These results are consistent with those found by the AMHC study among other samples (not specifically expatriates) in Switzerland, Brazil, and Portugal [55-59]. Concerning perceived barriers in the access to mental health care, contrary to non-EAC in this study and to the samples mentioned above who emphasize stigma, EAC refer that problems should be solved in the family context. Somehow this barrier is associated to stigma; mental health issues should remain private. This result is interesting if we associate it with the family-work conflict expatriates are faced with during their expatriation process accompanied by children [11, 14, 15]. Children’s needs and demands seem to also include mental health issues, decreasing expatriate parents’ concentration, productivity, and adjustment at work. Until now, this was not taken into account in usual expatriates preparation process. Though given that 47% of expatriates are accompanied by children during their assignments, we suggest that this topic should be further explored [12].

Being balanced and able to go to school and talking to someone about the problem or using help lines are mentioned by EAC with higher values than non-EAC. Possible explanation can be the fact that EAC do not want it to be noticed by peers that something might be wrong with them and are more aware of help lines in the hosting country. At the same time, it is important to highlight that EAC who accessed mental health services at some point of their life was mainly due to problems related to their classmates (5.6%). This information is very important when associated to the prediction that in six years depression will be the second cause of death [60] and the findings of Strahan [61] which state the importance of considering the quality of current attachment with peers in understanding depression among young adults.

Despite this study’s contribution to understanding mental health representations and help-seeking behaviors of EAC and non-EAC in Portugal, the following limitations must be recognized. Firstly, the sample is small and its representativeness is not assured. This was an exploratory study of the Portuguese territory, and we believe that the fact that the survey language was Portuguese did not allow many adolescents to participate. Secondly, we were not able to get parents perspective on the issue due to low response rate. This would allow an enrichment of the study using a multi-informant approach. The fact that the survey language was Portuguese may also have influenced the results. We might suppose that the children who answered may be closer to the Portuguese culture.

Nevertheless, it should be stressed that an improved understanding of representations and behaviors for expatriate adolescent children, as well as knowledge of current interventions involving the family-school-primary care triangle among expatriate families will lead to a better adjustment of expatriates in international assignments. For instance, Matos, Dadds, and Barrett [62] found already some positive effects of the relationship school-family on the adolescent health, especially on conduct and anxiety/depression disorders.

Future studies could explore these mental health representations, help-seeking behaviors and perceived access barriers in larger samples, including parents and professionals preparing and serving expatriate families. Overall, studies on the role that children play during international assignments seem a research priority.

Conclusion

This paper raises relevant questions to further investigation. On the other hand, as it focus on a particular population—adolescents—it adds important knowledge on developmental and emotional issues for this stage of life. For example about the peer importance and the separation-individuation process. This study adds to the investigation in this particular matter by emphasizing that the user’s perspective can provide useful information and suggest possible areas of intervention, which can improve mental health care access for EAC.

Abbreviations


Competing interests

The authors declare no conflict of interest.

References


