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Problem recognition in youth mental health help-seeking: A Walker and Avant concept analysis

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ABSTRACT

Background & Aim: Help-seeking is central to youth mental health research and nursing practice, yet existing models and instruments often assume that youth recognize distress as a problem requiring support. This concept analysis aimed to clarify youth mental health help-seeking, focusing on problem recognition as an early and rarely assessed component.

Methods & Materials: Walker and Avant's eight-step method was used. Searches of PubMed, EBSCO, and Google Scholar focused on literature published during 2011-2026, with earlier seminal works retained. Thirty-two core sources were analyzed to examine conceptual uses, defining attributes, cases, antecedents, consequences, and empirical referents.

Results: Help-seeking was conceptualized as a progressive process involving three defining attributes: recognition of a problem, intentional decision-making, and engagement with appropriate support sources. Antecedents included psychological distress or functional difficulty, mental health literacy, beliefs and stigma, trusted relationships, service accessibility, and support pathways. Consequences included improved mental health, enhanced coping, increased self-efficacy, normalization of help-seeking, and strengthened social connection. Empirical referents were identified for each attribute, although existing measures commonly assess attitudes, intentions, or behaviors and rarely assess problem recognition directly.

Conclusion: Clarifying problem recognition as a defining attribute strengthens the conceptual foundation of youth mental health help-seeking and informs nurses' early assessment, therapeutic communication, mental health education, and timely referral across school, university, community, and clinical settings.

Introduction

Youth mental health problems represent a major global public health and educational concern. The World Health Organization (WHO) reports that approximately one in seven adolescents aged 10-19 years experience a mental disorder, with depression, anxiety, and behavioral disorders among the most prevalent conditions (1). Despite this burden, a substantial proportion of youth do not access mental health support. The gap between need and help-seeking action is evident across diverse national contexts and reflects a broader global treatment gap; for example, survey data from Indonesia indicate that depressive symptoms are reported among youth aged 15-24 years, yet only a small minority access

formal or informal help (2). This highlights persistent challenges in early identification and access to support. Although this WHO estimate refers specifically to adolescents aged 10-19 years, this analysis adopts a broader conception of youth to capture help-seeking across secondary-school, university, and community settings. This age range combines the WHO definition of adolescents (10-19 years) (1) with the United Nations' statistical definition of youth (15-24 years) (3), yielding an approximate 10-24-year span that includes secondary school, university, and community-based young people (1, 3, 4).

The concept of help-seeking has been widely applied across nursing, psychology,



education, and public health research. It has been examined among diverse populations, including individuals with chronic illness, caregivers, and students in health professions (5-9). In youth mental health research, help-seeking is commonly operationalized through attitudes, intentions, or observable behaviors, such as contacting a counselor or using mental health services (10-13). Although these approaches have advanced understanding of service utilization, they often assume that youth have already recognized their emotional experiences as mental health problems. Because this assumption is rarely tested directly, studies reporting low help-seeking often attribute it to stigma, negative attitudes, or low motivation without ruling out the possibility that some youth have not yet interpreted their distress as a problem requiring attention; these two explanations imply different nursing responses, yet existing instruments cannot distinguish between them.

Recent evidence further supports the need to distinguish problem recognition from later help-seeking stages. In young adults, accurate recognition of psychological disorders has been associated with stronger professional help-seeking intentions, whereas stigma and poor self-identification may reduce perceived need for support. Studies of children, adolescents, and young adults also show that limited mental health knowledge, perceived stigma, embarrassment, and uncertainty about whether distress requires help remain important barriers to seeking professional support (14-16).

This assumption represents a critical conceptual limitation. Many youth experiencing psychological distress may not label their experiences as mental health problems or perceive them as requiring support, even when symptoms interfere with daily functioning (13,17). When problem recognition is absent, low help-seeking may reflect unawareness, uncertainty, or lack of meaning-making rather than stigma, resistance, or negative attitudes toward support. This concern is consistent with Saunders and Bowersox's treatment-seeking model, which shows that several cognitive judgments occur before professional help is sought (18). In their model, treatment-seeking begins with recognizing that a problem exists, followed by appraising its significance, considering whether change is needed, and

deciding whether to seek professional assistance. Although problem recognition has been acknowledged in earlier help-seeking literature, it is often treated as an implicit prerequisite rather than as a distinct conceptual and empirical component of the help-seeking process (16,19,20). Clarifying this early stage may improve interpretation of help-seeking outcomes and guide more precise interventions.

From a nursing perspective, help-seeking in youth mental health is highly relevant to early recognition, health education, psychosocial assessment, and referral practices. Educational and community settings often serve as early points of contact for youth experiencing psychological distress, and school-based or community-based support systems can influence whether young people recognize difficulties and seek timely assistance (21,22). Nurses working in school, university, community, psychiatric, and primary care settings are therefore well positioned to support youth before formal mental health service use occurs. However, when youth do not recognize their emotional experiences as mental health problems, nurses and other professionals may misinterpret low service use as resistance, stigma, or lack of motivation (19,23). Clarifying help-seeking as a process that begins with problem recognition can strengthen nursing assessment, support early therapeutic communication, and guide timely referral to appropriate formal or informal sources of support (19,24).

Recent concept analyses have contributed important clarification. Bamine and Tanaka analyzed help-seeking among nursing and medical students and highlighted self-awareness, help-provider relationships, social perception, and availability of university services (25). Han and colleagues analyzed adolescent mental health help-seeking using Rodgers' evolutionary method and identified recognition of need for help among antecedents (13). The present analysis differs from both by positioning problem recognition itself as a defining attribute, empirical referent, and nursing communication target, rather than as a background assumption or antecedent only.

Accordingly, the purpose of this paper is to analyze the concept of help-seeking in youth aged approximately 10-24 years in the context of mental health using Walker and Avant's eight-step method, with particular attention to problem

recognition as a distinct and rarely assessed component of the help-seeking process (24). Rather than treating problem recognition as a background assumption, this analysis foregrounds it as a defining attribute that precedes intentional decision-making and engagement with formal, informal, or non-direct support sources (19,25,26). By doing so, this paper aims to clarify a conceptual and measurement gap in youth mental health help-seeking and to inform nursing assessment, mental health education, early identification strategies, and psychosocial interventions. Walker and Avant's method was selected over Rodgers' evolutionary approach and Morse's method of concept clarification because the aim was to establish clear concept boundaries and testable empirical referents for a single, contemporary understanding of help-seeking, rather than to trace how the concept has evolved across disciplines and time (Rodgers) or to advance a concept still in early theoretical development through multiple simultaneous strategies (Morse). The method's structured steps for identifying defining attributes, antecedents, consequences, model cases, and empirical referents were therefore judged best suited to isolating problem recognition as a discrete, measurable component of help-seeking.

Methods

This study employed Walker and Avant's eight-step method of concept analysis to clarify the concept of help-seeking in youth mental health (24). Because concept analysis aims for conceptual clarification rather than systematic evidence synthesis, formal quality appraisal and PRISMA-style reporting were not undertaken; sources were instead evaluated for conceptual relevance, clarity of definitions, and contribution to the analysis.

To make the analytic boundaries explicit, the analysis was conducted in three phases. First, ordinary meanings of the terms help and seek were examined using Merriam-Webster Online Dictionary, Merriam-Webster Thesaurus, and Oxford English Dictionary. Second, scientific uses of help-seeking were explored across nursing, psychology, public health, and education. Third, the analysis was narrowed to youth mental health literature to determine how help-seeking is conceptualized, measured, and applied in relation to problem recognition,

intentional decision-making, and engagement with formal, informal, or non-direct support sources.

The literature search was conducted in PubMed, EBSCO, and Google Scholar during manuscript development and was updated through May 2026. Searches focused on literature published from 2011 to 2026, while earlier seminal works were retained when they provided foundational definitions, staged models, or measurement frameworks for help-seeking. Search strings were adapted to the syntax of each database. Examples included: PubMed, ("help-seeking" OR "help seeking" OR "psychological help-seeking") AND ("mental health" OR "psychological distress") AND (youth OR adolescent* OR "young adult*" OR student*); EBSCO, TX ("help-seeking" OR "help seeking" OR "psychological help-seeking") AND TX ("mental health" OR distress) AND TX (youth OR adolescent* OR "young adult*" OR student*) AND TX (nursing OR "concept analysis" OR measurement); and Google Scholar phrases such as "youth mental health help-seeking problem recognition", "adolescent mental health help-seeking concept analysis", and "psychological help-seeking intention student mental health". Although full-text (TX) searching in EBSCO retrieves a broad set of records, this strategy was applied intentionally to maximize conceptual coverage, and the resulting records were subsequently refined through title, abstract, and full-text screening. Reference lists of relevant sources were also checked to identify additional seminal literature.

Literature was included if it met one or more of the following criteria: 1) discussed help-seeking or related terms in mental health, nursing, education, public health, or psychosocial contexts; 2) focused on youth, adolescents, young adults, or students as the primary population, or on parents, teachers, school personnel, counselors, or healthcare professionals only where the source directly addressed their role in a youth's help-seeking pathway, rather than these adults' own help-seeking or professional experiences more broadly; 3) provided definitions, attributes, antecedents, consequences, or empirical measures of help-seeking; or 4) contributed to understanding problem recognition, self-identification, perceived need, attitudes, intentions, behavior, or engagement

with formal or informal support sources. Literature was excluded when it focused only on general healthcare utilization without relevance to psychological or mental health help-seeking, did not contribute conceptually or empirically to the analysis, and was not available in English. Relevance judgements during full-text screening were made by the first author. The second author, as supervising co-author, reviewed the overall search strategy, defining attributes, and analysis for conceptual refinement.

Exact counts of retrieved, screened, and excluded records were not prospectively logged, consistent with an iterative concept-analysis design rather than a systematic-review design. Initial database searches yielded several hundred potentially relevant records; through iterative screening of titles, abstracts, and full texts against the criteria above, thirty-two core sources were ultimately selected for detailed analysis.

A total of 32 core scholarly sources were retained for the concept analysis (references 4, 10-26, and 31-44); core sources are those used directly to derive or support definitions, uses of the concept, defining attributes, antecedents, consequences, empirical referents, or nursing implications of help-seeking in youth mental health. Source selection continued until repeated review of the literature produced no substantially new conceptual categories, attributes, antecedents, consequences, or empirical referents, indicating that adequate conceptual recurrence had been reached. Other cited sources were used for background, contextual justification, ordinary-language definitions, or examples of help-seeking outside the youth mental health focus.

Data were extracted by reading the selected sources and organizing relevant information under Walker and Avant's analytic categories: ordinary and scientific uses, related terms, defining attributes, model, borderline, and contrary cases, antecedents, consequences, and empirical referents. Particular attention was given to whether problem recognition was explicitly described, implicitly assumed, or directly measured, and to measurement instruments and indicators that could potentially assess problem recognition, perceived need, self-identification, help-seeking intentions, or engagement with support. Extracted information was compared across sources using a constant-comparison

approach: descriptions of help-seeking were grouped into recurring conceptual categories, categories with substantial conceptual overlap were merged, and categories present across multiple disciplines and populations were retained as candidate attributes. This iterative comparison across 32 core sources resulted in the identification of three defining attributes of help-seeking in youth mental health: recognition of a problem, intentional decision-making, and engagement with appropriate sources of support.

Ethics approval and consent to participate

Ethical approval and informed consent were not required because this study was a concept analysis based on previously published literature and publicly available reports and did not involve human participants, personal data, or clinical records.

Results

Uses of the concept

The ordinary meaning of help-seeking can be understood from the terms help and seek. Help refers to aid, support, or assistance in dealing with a task or problem, whereas seek refers to actively looking for, requesting, or pursuing something. Together, help-seeking implies an intentional effort to look for assistance in response to a perceived need or problem (27-30).

Drawing from these definitions, help-seeking can be understood as the act of looking for or going in search of relief or assistance to fulfill a need. Although this ordinary definition provides a basic linguistic understanding and the term is used in various disciplines, this analysis focuses specifically on its scientific use within nursing and mental health contexts.

In literature on help-seeking in medical and nursing students in the mental health context, Bamine and Tanaka define help-seeking as "a process that begins with self-awareness, that is, an admission of the presence of a mental health problem" (25). This definition suggests that the act of help-seeking begins with recognition of a problem. Rickwood and colleagues define help-seeking among young people with mental health problems as communication with other people to obtain understanding, advice, information, treatment, and general support in response to a

problem or distressing experience (19). This definition implies that help-seeking is an interactive process through which individuals engage with others to gain knowledge and support in managing a problem.

Rickwood and colleagues also distinguish different types of help-seeking based on the source of assistance: informal, formal, and non-direct means (19). Informal help-seeking refers to seeking assistance from family or friends, formal help-seeking involves professionals such as health or mental health practitioners, and non-direct help-seeking includes digital or online forms of support. Jackson defines help-seeking as contact between individuals and healthcare providers prompted by the affected person's efforts and by family and loved ones, and as behavior designed to elicit assistance from others in response to a physical or emotional problem (26). Jackson further identifies three dimensions: the decision to seek help, the timing of help-seeking, and the appropriateness of the source or type of help sought (26).

A process-oriented view is also evident in Saunders and Bowersox's model of seeking treatment for mental health problems (18). Their model is particularly useful for this concept analysis because it places problem recognition at the beginning of the help-seeking sequence, before decisions about whether the problem is mental-health related, whether change is needed, whether professional help is needed, and whether to seek professional treatment. This distinction supports the view that help-seeking should not be understood only as the final act of contacting services, but as a staged process that begins with recognizing that one's experience represents a problem requiring attention.

In the literature, help-seeking is used alongside related terms such as help-seeking behavior (7,9,31), help-seeking attitude (10,32), help-seeking intention (12,33), psychological help-seeking (8,34), health-seeking (5), seeking care (6), and seeking help (23,35). These terms overlap but emphasize different parts of the process. Behavior refers to observable support-seeking, attitude refers to evaluation of seeking help, and intention refers to planned future action. Psychological help-seeking usually focuses on formal mental-health support, whereas broader health-seeking terms emphasize service use. This

variation supports the need to clarify help-seeking as a concept that includes problem recognition, intentionality, and engagement with support sources.

Overall, ordinary and scientific uses show varied terminology but a consistent central idea: help-seeking is a purposeful process with cognitive, emotional, and behavioral dimensions that integrate awareness, intentionality, and social interaction.

Defining attributes

Across the literature, help-seeking is described as a multidimensional concept involving cognitive, emotional, and behavioral components. In the context of youth mental health, three defining attributes are identified: recognition of a problem, intentional decision-making, and engagement with appropriate sources of support.

First, recognition of a problem refers to the youth's interpretation of emotional, behavioral, social, academic, or functional difficulties as meaningful concerns that may require attention or support. Saunders and Bowersox's process model strengthens this attribute by identifying the recognition that "there is a problem" as the first step in treatment-seeking, followed by judgments about whether the problem is mental-health related, whether change is needed, and whether professional help is needed (18). Thus, problem recognition is more than experiencing distress; it is an early meaning-making stage in which distress is noticed, interpreted, and judged as significant (16,19,25).

In this analysis, problem recognition is treated as a defining attribute rather than an antecedent because help-seeking cannot be meaningfully distinguished from general distress unless the young person first interprets the distress as a problem requiring attention. Psychological symptoms, distress, stigma, and limited mental health literacy may precede help-seeking and therefore function as antecedents. Problem recognition, however, represents the first cognitive component within the help-seeking process itself. Thus, distress may exist before help-seeking, but recognition marks the transition from experiencing difficulty to identifying a need for support.

Second, intentional decision-making refers to the conscious determination to seek

assistance rather than continue coping alone. This stage reflects movement from recognition toward planned action and may include the perceived need for help (20,26). Third, engagement with appropriate sources of support refers to communication or interaction with formal, informal, or non-direct sources of assistance, such as family members, peers, teachers, nurses, counselors, healthcare professionals, or online support resources (19,23). Engagement is understood here as the observable behavioral manifestation of help-seeking, specifically the act of initiating contact with a support source, rather than as an outcome of help-seeking; the consequences of help-seeking, such as improved coping or symptom relief, occur only after support has been received and are therefore conceptually distinct from engagement itself.

Together, these attributes define help-seeking as a progressive process that begins when youth recognize distress as a meaningful problem, continues through an intentional decision to seek assistance, and becomes observable through engagement with formal, informal, or non-direct sources of support. Perceived need for help may be understood as a transitional judgment linking problem recognition with intentional decision-making. This distinction is important because the presence of distress, mental health awareness, perceived need, and service availability may enable help-seeking, but they do not by themselves constitute the concept (19,25,31).

Model, borderline, and contrary cases

A model case is an example of the concept that contains all of its defining attributes (24):

Lina, an 18-year-old senior high school student, experiences persistent anxiety and difficulty concentrating. She notices that these symptoms interfere with her academic performance and daily functioning and realizes that the problem is not only temporary workload stress. She decides to seek assistance, first confiding in a close friend and then meeting the school counselor to discuss coping strategies.

In this case, Lina recognizes the problem as the impact of anxiety on her academic performance and daily life. She makes an intentional decision to seek assistance by first reaching out to a trusted friend and subsequently engaging with a professional support source.

Through this process, Lina demonstrates all defining attributes of help-seeking: recognition of a problem, intentional decision to seek assistance, and engagement with appropriate help sources.

According to Walker and Avant, additional cases following the model case help clarify the boundaries of a concept by illustrating what does and does not represent help-seeking (24):

Rafi, a 21-year-old university student in early adulthood, has been feeling increasingly withdrawn and anxious about his upcoming examinations. He notices that his sleep problems, irritability, and loss of motivation are affecting his study and relationships. He thinks, "Maybe this is more than stress," and saves the university counseling service webpage on his phone. However, he does not open the page again, contact the service, talk with friends or family, or use an online support service.

Rafi's situation demonstrates a borderline case because problem recognition and possible intention are present, but engagement with a support source has not occurred. Although Rafi searched for information online, no interpersonal contact or active use of a support resource took place; because engagement requires actual interaction with another person or active use of a support source, the behavioral attribute of help-seeking remained absent.

Mei, a 19-year-old student nurse, has been feeling persistently sad and fatigued for several months. She blames herself for being "weak" and decides not to tell anyone about her situation. When her classmates encourage her to visit the campus counselor, she refuses, believing that "others have bigger problems." She isolates herself further and continues to ignore her worsening mood.

Mei's case represents a contrary case because none of the defining attributes of help-seeking are present. She does not interpret her distress as a problem requiring help, does not intentionally decide to seek assistance, and does not engage with a support source.

The borderline case illustrates that recognition alone is not sufficient; the individual must act intentionally and engage with others to complete the help-seeking process. In contrast, the contrary case reinforces what the concept is not, highlighting self-isolation and denial as opposite behaviors to help-seeking. Walker and

Avant also describe related, invented, and illegitimate cases; these additional case types were considered during analysis but are not presented separately because the model, borderline, and contrary cases were sufficient to illustrate the conceptual boundaries of help-seeking.

Antecedents and consequences

Antecedents are conditions that must exist before the concept occurs, whereas consequences are outcomes that follow the occurrence of the concept (24). In youth mental health, antecedents of help-seeking include the presence of psychological distress or functional difficulty, exposure to mental health information, social and cultural beliefs about mental health, availability of trusted support sources, and accessibility of services. These conditions shape whether youth are able to recognize distress as a problem and move toward intentional help-seeking. However, they should be distinguished from the defining attributes of help-seeking itself. For example, mental health literacy may facilitate problem recognition, but it is not the same as problem recognition. Similarly, access to supportive adults or services may enable engagement with help sources, but access alone does not constitute help-seeking (19,20,34).

Antecedents include five major conditions. First, psychological distress or functional difficulty creates the context in which help-seeking becomes relevant; youth may experience emotional, behavioral, academic, social, or physical changes before help-seeking occurs (4,17,23). Second, mental health literacy and awareness can support youth in interpreting distress and identifying possible sources of assistance (34,36-39); this condition may be particularly influential at the problem-recognition stage, because it shapes how youth interpret emotional and behavioral experiences and whether they identify them as concerns requiring attention. Third, beliefs, attitudes, and stigma influence whether youth move from recognition to action; positive attitudes may facilitate help-seeking, whereas stigma, fear of judgment, and loss of face may delay or prevent action (10,15,40). Fourth, social support and trusted relationships with family, peers, teachers, nurses,

counselors, or other adults can create a safe context for disclosure and support (13,21,41). Fifth, service accessibility and support pathways, including availability, visibility, affordability, and perceived appropriateness of services, influence whether youth can move from intention to actual engagement (21,22). These antecedents can be distinguished as interpersonal versus structural conditions: trusted relationships represent interpersonal conditions, whereas service accessibility and support pathways reflect structural and organizational conditions.

Consequences of help-seeking include improved mental health outcomes, enhanced coping, increased self-efficacy and empowerment, normalization of help-seeking, and strengthened social connection. Engagement with formal or informal support may facilitate timely access to care, reduce unmet need, and support recovery-oriented pathways (21,22). Through interaction with help sources, youth may learn adaptive coping strategies and problem-solving skills (23,41). Successfully seeking help may strengthen confidence in managing emotional and social challenges, while receiving support and observing peers who seek help may shift social norms and decrease internalized stigma (10,15,38,41). Seeking help may also reinforce relationships with supportive friends, family members, and professionals (23,41).

Empirical referents

Empirical referents are the observable indicators or measurement tools that demonstrate the defining attributes of a concept in practice (24). Consistent with Walker and Avant's framework, empirical referents should correspond directly to each defining attribute and provide observable evidence that the concept is present. In the context of youth mental health, help-seeking has been operationalized through instruments that assess cognitive, attitudinal, and behavioral components corresponding to its defining attributes: recognition of a problem, intentional decision-making, and engagement with appropriate sources. A key issue in identifying empirical referents of help-seeking is determining whether available measures assess all stages of the concept or primarily capture later stages. Because help-seeking is commonly measured through attitudes, intentions, or reported behaviors, existing instruments may

provide limited insight into whether youth have first recognized their emotional distress as a problem requiring support (20,32). This distinction is important because recognition, intention, and behavior represent related but conceptually different components of the help-seeking process.

In this analysis, three main tools commonly cited in youth mental health literature are identified: the General Help-Seeking Questionnaire developed by Rickwood and colleagues (19), the Intention to Seek Professional Psychological Help Scale used in student mental health research (11,12,33), and the Mental Help Seeking Attitudes Scale developed by Hammer and colleagues (32). Additional empirical referents may be drawn from studies that assess recognition, self-identification, perceived need, and diagnostic labeling. For example, vignette-based problem-recognition approaches have been used to examine whether young people accurately identify depression, psychosis, attention-deficit/hyperactivity disorder, or other psychological disorders and whether recognition predicts help-seeking intentions (35,37,40). The SELF-I scale may capture aspects of self-identification that overlap with problem recognition; however, self-identification as having a mental illness is not fully equivalent to early recognition of distress, and this distinction should be kept in view when interpreting such measures in relation to the measurement gap identified in this analysis (42).

Existing instruments provide valuable information about help-seeking attitudes,

intentions, behaviors, and source preferences. However, they do not consistently assess problem recognition as a separate empirical referent. For example, the General Help-Seeking Questionnaire asks respondents to indicate their likelihood of seeking help if they were experiencing a personal or emotional problem, thereby assuming that the respondent can already identify the experience as problematic (19). This illustrates how problem recognition is often embedded within existing measures rather than assessed directly. Similarly, measures of professional help-seeking intention and attitudes focus primarily on willingness, evaluation, or planned action toward formal support (11,12,32). These measures are useful for understanding later stages of help-seeking, but they may not distinguish between youth who recognize distress and choose not to seek help and youth who do not yet conceptualize their distress as a mental health problem. Consistent with Saunders and Bowersox's staged model, empirical referents should therefore assess whether youth recognize that a problem exists, identify it as mental-health related, perceive a need for change, and move toward formal or informal support (18). This measurement gap may lead researchers and practitioners to interpret low help-seeking as stigma, negative attitudes, or limited access when the more immediate barrier may be lack of recognition (10, 34). Future instrument development should therefore distinguish between recognizing distress, identifying it as a mental health concern, perceiving a need for assistance, and engaging with support.

Table 1. Mapping defining attributes to possible empirical referents

Defining attribute	Possible empirical indicator	Existing measure or source	Measurement gap
Problem recognition	Identifies distress as a problem; labels symptoms; recognizes functional impact; perceives a need for change.	Vignette-based recognition tasks; SELF-I; problem-cognition items (35,37,39,42).	Rarely included directly in help-seeking scales; often assumed to have occurred before intention or behavior is measured.
Intentional decision-making	Intention to seek help; perceived need; willingness to contact formal or informal sources.	GHSQ; ISPHS; MHSAS; theory of planned behavior measures (11,12,19,32,33).	Often captures planned action without clarifying whether youth recognized the problem or how they interpreted distress.
Engagement with support	Contact with family, peers, nurses, counselors, teachers, online resources, healthcare professionals, or mental health services.	GHSQ source categories; service-use items; formal, informal, and non-direct help-seeking indicators (19,20).	Often does not distinguish quality, timing, appropriateness, or developmental fit of support.

Discussion

The primary contribution of this analysis is the clarification of problem recognition as a distinct defining attribute of youth mental health help-seeking. Previous frameworks acknowledge that young people seek help in response to a problem or distressing experience, but this analysis emphasizes that such recognition should not be assumed (19,20). Saunders and Bowersox's staged model supports this interpretation by showing that treatment-seeking begins with recognizing that a problem exists and proceeds through several decisions before professional help is sought (18). Applied to youth mental health, this distinction helps explain why some youth may not seek help even when distress is present: they may normalize, minimize, hide, or misinterpret distress before reaching intentional help-seeking (4,15,17,23). This reframing challenges an implicit assumption in stage-based help-seeking models, including extending the theory as common in this literature, that behavioral intention marks the earliest meaningful point of measurement; the present analysis instead positions problem recognition as a necessary, and currently unmeasured, precursor to intention itself.

The present analysis extends previous concept analyses by shifting the analytic focus from help-seeking broadly to the problem-recognition component that makes help-seeking meaningful. Bamine and Tanaka's analysis among nursing and medical students emphasizes self-awareness, relationships with help providers, social perception, and availability of university services (25). Han and colleagues' analysis of adolescent mental health help-seeking identifies recognition of need for help as an antecedent (13). In contrast, the present analysis argues that recognition of a problem is the first cognitive attribute within the help-seeking process. This matters for nursing because assessment often occurs before youth have formed a clear intention to seek formal care. Problem recognition should also be distinguished from self-awareness: self-awareness involves noticing an emotional or behavioral experience, whereas problem recognition requires interpreting that experience as meaningful, concerning, or warranting attention (15, 16). Youth may be aware of distress while simultaneously normalizing,

minimizing, or dismissing its significance, which is why awareness alone does not constitute problem recognition (17, 42).

Developmental factors may also influence how problem recognition occurs (19). Younger adolescents may rely more heavily on external feedback from parents, teachers, or peers, and may express distress through somatic complaints (4), whereas older adolescents and young adults may engage in more independent appraisal of their emotional experiences (17). Accounting for these developmental differences may help nurses calibrate how they explore problem recognition across the youth age range. Beyond the developmental stage, several underlying mechanisms may explain why recognition does not occur. During adolescence and emerging adulthood, identity-formation processes may lead youth to interpret emotional distress as a normal part of self-discovery rather than as a problem requiring attention (17). Cultural norms that valorize self-reliance or frame distress as a private, family, or moral matter rather than a health matter may further discourage youth from labeling their experiences as mental health problems (10, 15, 38). Self-stigma, in which youth internalize negative societal attitudes toward mental illness, may also lead youth to reject or minimize symptoms specifically to avoid self-identifying as someone with a mental health problem, distinct from the interpersonal or anticipated stigma that shapes later help-seeking decisions (15, 40). These mechanisms suggest that problem recognition is shaped not only by age but by how youth understand themselves and their distress within a particular cultural and social context.

For educational and psychosocial systems, this clarification has important practical implications. Schools and universities are often positioned as primary settings for early identification and support, yet interventions commonly focus on encouraging service use or reducing stigma without addressing whether students recognize distress as a problem in the first place (22,43,44). Conceptualizing help-seeking as beginning with problem recognition underscores the importance of mental health literacy, reflective awareness, and supportive environments that enable youth to articulate and make sense of their experiences. A recent study

in *Nursing Practice Today* reported improved emotion regulation following a nurse-led ROOTS program combined with soft skills training among Indonesian high-school students (45). Although the study assessed emotion regulation rather than problem recognition, it illustrates a school-based setting in which nurses could explore how adolescents interpret distress and identify support needs.

From a research perspective, these findings highlight the need to refine theoretical models and measurement approaches to better capture the full help-seeking process. Distinguishing problem recognition from intention and behavior would enable more accurate identification of barriers, clearer evaluation of educational and psychosocial interventions, and stronger integration between conceptual frameworks and applied practice (4,13,16). Future research should prioritize the development and validation of empirical measures that explicitly assess problem recognition and examine how this early stage interacts with social, cultural, and institutional contexts.

This analysis used a broad definition of youth that included adolescents and young adults aged approximately 10-24 years. Although this approach allowed the analysis to capture help-seeking across school, university, and community contexts, developmental differences between early adolescents, older adolescents, and young adults may influence problem recognition, decision-making, and engagement with support. Future research should examine whether the defining attributes of help-seeking operate differently across narrower developmental age groups.

Another limitation concerns the source-selection process. The analysis followed an iterative concept-analysis design rather than a systematic-review design; therefore, exact search and exclusion counts were not prospectively recorded. Although this approach is appropriate for concept clarification, it limits reproducibility compared with a formally registered systematic review. Future concept analyses could combine Walker and Avant's method with a pre-specified scoping-review protocol to strengthen transparency. Searches were also limited to PubMed, EBSCO, and Google Scholar; databases such as Scopus or Web of Science

were not searched directly, although reference-list checking across the 32 core sources was used to reduce this risk. Future work should include these additional databases to further verify the conceptual recurrence identified here. In addition, only English-language sources were included; conceptual perspectives published in other languages may therefore not have been captured, which may limit representation of culturally specific understandings of problem recognition and help-seeking.

Conclusion

Reconceptualizing help-seeking as a staged process that begins with problem recognition offers a more precise basis for nursing practice in youth mental health. By distinguishing problem recognition from attitudes, intentions, and behaviors, this concept analysis addresses a conceptual and measurement gap in youth mental health help-seeking research. For nursing practice, the findings highlight the importance of early, developmentally sensitive assessment, therapeutic communication, mental health education, and timely referral.

This concept analysis has direct implications for nursing practice, particularly in school health, university health services, community mental health, adolescent health, and psychiatric nursing. Nurses and other youth-facing professionals may encounter young people before formal service contact occurs and before a young person has clearly identified their experience as a mental health problem. Because help-seeking is influenced by awareness, beliefs, social norms, stigma, and access to supportive environments, nursing assessment should not focus only on whether youth intend to seek help or have already used services, but also on whether they recognize their distress as meaningful, concerning, and potentially warranting support (10,19,34).

In practice, nurses should assess not only whether youth seek help, but whether they recognize distress as meaningful. School and university nurses can use brief reflective prompts before referral to explore how youth interpret symptoms, functional decline, and emotional changes. Mental health education should include symptom recognition, functional impact, and support pathways, not only service promotion.

Nurses should avoid labeling youth as resistant or unmotivated until problem recognition has been explored. Referral pathways should include low-threshold informal and formal support options, including trusted adults, school nurses, counselors, peer support, digital resources, and formal mental health services.

Clarifying problem recognition as a defining attribute of help-seeking can support nurses in initiating early, nonjudgmental conversations with youth. This approach aligns with person-centered and developmentally sensitive nursing care because it respects youth's own meaning-making while creating opportunities for education, emotional support, and referral (22,25). It may improve assessment accuracy, reduce premature labeling of youth as unwilling to seek help, and strengthen early intervention pathways (15,31). In this way, the concept analysis contributes to nursing knowledge by clarifying how nurses can understand and support youth mental health help-seeking before formal service contact occurs (13,25,31).

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Conflict of interests

The authors have no competing interests to declare.

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