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Parental Problem Recognition, Help-Seeking and Service Utilization for Adolescent Mental  
Health: Do Age, Gender and the Presence of School Problems Affect Parental Decisions?

*(first chapter of my dissertation)*

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Abstract

The sources of advice and mental health services preferred by parents for adolescent mental health were explored. Further, the effects of adolescent age, gender and the presence of school problems were tested on parental problem recognition, help-seeking and service utilization. Participants (N = 368) had at least one child (10 – 19) and completed the study online. Parental help-seeking preferences were: (1) professional individuals, (2) personal contacts, (3) clergy, (4) self-help, and (5) organizations. Parental service utilization preferences were: (1) therapy, (2) non-clinical options, and (3) psychiatric care. Adolescent age, gender, and school problems affected parental problem recognition, help-seeking and service utilization. Parents perceived alcohol use by younger adolescents and when school problems as significantly more problematic. Parents were also more likely to use formal choices for boys, younger adolescents and when school problems were not present. Further, parents were more likely to endorse all types of services for younger adolescents. Parents were more likely to endorse use of psychiatric care and non-clinical options for boys. Finally, parents were more likely to endorse psychiatric care when school problems were present. More specifically, results showed varying parental preferences for boys and girls. Overall, parents were more likely to perceive a problem and seek help and/or use services for younger boys (compared to older boys) who are not experiencing any additional problems, such as school problems. On the other hand, results indicated that parents were more likely to perceive a problem, seek help and/or use services for older girls (compared to younger girls) who are experiencing additional problems. Research supported by Grant #GM 58905-7.

Parental Problem Recognition, Help-Seeking and Service Utilization for Adolescent Mental Health: Do Age, Gender and the Presence of School Problems Affect Parental Decisions?

Given the broad scope of negative outcomes associated with adolescent mental health problems and the role of parents as intermediaries of care, this study proposes that it is important to uncover parental attitudes regarding help-seeking and service utilization in order to improve adolescent outcomes. While help-seeking and service utilization are closely related, they are two separate constructs. Help-seeking involves actively seeking advice or assistance because of a perceived problem (Keller & McDade, 2000) whereas service utilization is using a particular program or service in order to solve a perceived problem (Morrissey-Kane, 1999). Further, it is important to ascertain how parental problem recognition is related to both help-seeking and service utilization.

Adolescent alcohol use is frequently associated with an increase in risk behaviors, such as unprotected sex and criminal activity (Pergamit, Huang & Lane, 2001; Flisher, et al., 2000). Adolescent alcohol use is also related to decreased academic functioning and increased school problems (e.g. Steinhausen & Metzke, 2003). In addition, adolescents with an alcohol abuse or dependence problem tend to abuse other substances and/or have other psychological disorders, such as conduct disorder and depression (Clark, et al., 1997). Adolescent alcohol use serves as a marker of psychological distress particularly when use escalates to abuse (Wu, Hoven & Fuller, 2003). Further, as adolescent alcohol use is illegal, it leads to legal problems. Because of the potential legal problems stemming from alcohol use, many proposed solution originate in the criminal justice system. However, these types of interventions functionally do not capture all adolescents using alcohol but only those experiencing some type of legal difficulty. For this

reason, parents are a valuable resource because they can target adolescents at various levels of use and problems.

Parents provide an important role in the help-seeking and service utilization of adolescents who have substance abuse (e.g. alcohol) problems. In a national study by the Drug Abuse Treatment Outcome Studies—Adolescents (DATOS-A), 39% of adolescents receiving substance abuse treatment were referred through the criminal justice system and 42% referred by parents and friends (Hser, et al., 2001). Thus, the majority of referrals for treatment of substance use resulted from either the judicial system or parents. More importantly, adolescents referred by parents tended to have better outcomes than adolescents referred by the judicial system (Broome, Joe, & Simpson, 2001).

Referrals by the judicial system represent cases wherein adolescents are experiencing some legal problems; by contrast parents can refer adolescents with or without any legal problems. Further, parent initiation of service use for adolescents has been shown to increase the efficacy of treatment. Despite their ability to self-refer, adolescents often do not seek formal treatment and instead rely on friends for help with mental health issues broadly, including substance use (Dubow, et al. 1990). Given the limits of the judicial system, the increased efficacy of parental referrals, and the low rate of adolescent self-referrals, parents should be pursued as a means to increase adolescent service utilization.

As a result of current inadequate referral patterns, many children and adolescents requiring mental health services are not receiving them (e.g. Broadhurst, 2003; Poduska, 2000; Clarke, et al. 2003; Hser, et al. 1999; Etheridge, et al. 2001). In the U.S., 7 out of 10 adolescents who suffer from mental health problems are receiving no services (U.S. Public Health Service,

2000). The service gap is problematic because of the negative outcomes for adolescents with untreated mental health problems (Harrington et al., 1996; Hofstra et al., 2000).

With so many adolescents not receiving requisite care, it is important to find out what sources of advice parents are most likely to use and what services they find most helpful. This knowledge can be used to improve adolescent outcomes by furthering understanding of parental decision making and communication between the mental health field and parents. Bridging the gap between parents and the mental health field is one way to improve the likelihood that children and adolescents will receive the care they need because increased use of mental health services will lead to improved outcomes for needy adolescents (Richardson, 2001).

Cauce, et al. (2002) contend that the mental health field would benefit from research examining the processes involved in help-seeking. Morissey-Kane and Prinz (1999) stress the importance of ascertaining parental perceptions about treatment efficacy because it is a key antecedent to service use. Help-seeking occurs after problem recognition and involves seeking advice about a mental health problem from sources including non-formal sources, such as self-help books and family and formal sources, such as therapists and social services. Service utilization entails the use of mental health services. Examples of services include individual therapy and psychiatric hospital stays.

Service use does not necessarily imply help-seeking although they are closely related. For example, adolescents may receive care because it was mandated and not because help was sought. In addition, most parental help-seeking and service utilization studies have focused on infants, toddlers, and school-aged children rather than on adolescents. To address this gap, this study examined parental attitudes regarding help-seeking and service utilization for adolescent mental health as well as for the specific problem of adolescent alcohol use. This study defines

adolescent alcohol use as a mental health issue. Adolescent alcohol use was chosen as the specific mental health issue because it is associated with a variety of negative outcomes, such as decreased academic performance and increased risk behaviors. In addition, this study tested the influence of adolescent age, gender and the presence of school problems on parental problem recognition, help-seeking and service utilization attitudes.

The remainder of the chapter will provide a review of what is known about parental decision-making for help-seeking and service utilization. The period of adolescence will be described and discussed, underscoring the potential challenges encountered by individuals during this developmental period. Prevalence rates and research on outcomes for adolescent alcohol use will also be discussed. Further, the influence of adolescent age and gender on adolescent alcohol use will be reviewed. The chapter will conclude with a research statement of purpose. The next chapter will detail the methods employed by the study. The third chapter will present the statistical results and the final chapter summarizes the study's findings – discussing the implications of the findings and offering future research directions.

#### Parental Help-Seeking and Service Utilization

Parents are an important factor influencing adolescent outcomes; Kumpfer and Alvarado (2003) claim that parenting is the most powerful tool to improve adolescent outcomes. Parents can act as both protective and risk factors in adolescent development. Parental risk factors are any condition or circumstance that increases the likelihood that psychopathology and negative outcomes will occur for an adolescent (Wenar & Kerig, 2000). Parental protective factors work to reduce risk impact, promote self-esteem and self-efficacy and provide opportunities for the adolescent (Wenar & Kerig, 2000).

Research has demonstrated both the positive and negative influence parents have on adolescent development. Parental psychopathology is associated with negative behavioral outcomes for adolescents (O'Connor, Hetherington & Reiss, 1998), while parental monitoring inversely predicts adolescent risk behavior (Cottrell, et al., 2003; Barnes, et al., 2000). Clear communication of parental expectations is associated with lower rates of risk behavior (Nelson, Patience & MacDonald, 1999). In a study of recent high school graduates, Wood, et al. (2004) found that high levels of perceived parental involvement weakened the relationship between peer influence and alcohol use.

Parents can also exert a positive influence on adolescents experiencing problems through help-seeking and service utilization activities. While help-seeking and service utilization are closely related, they are distinct. Broadhurst's (2003) review of the literature identified three stages that embody varying models of parental help-seeking: problem definition, the decision to seek help, and actively seeking help. Parental identification of a problem aids subsequent treatment (Sayal, Taylor & Beecham, 2003). The decision by parents to seek help or use mental health services may be a coercive or voluntary process (Cauce, et al. 2002). Typically, help-seeking is viewed as a precursor to service utilization, although service use does not necessarily imply help-seeking. An adolescent may be forced into care because of a judicial mandate. Moreover, service use may not follow help-seeking.

Based on previous research, Morrissey-Kane and Prinz (1999) identified three major factors influencing parental help-seeking and service utilization. The first factor is parental beliefs about the cause of their child's problems. The second factor encompasses parental perceptions of their own ability to handle the child's problems. The third factor deals with parental expectations about the treatment efficacy. Some parents may not seek help because of

their perception that the child's behavior is not malleable. However, the level of problems may escalate to such an extreme level that despite low expectations, parents seek help. Further, Morrissey-Kane and Prinz (1999) discovered that parents with external locus of control are more likely to seek help. Even though parents may doubt their own abilities, they may still believe that a professional can help. Another key finding that Morrissey-Kane and Prinz (1999) discussed was that parental perceptions about treatment efficacy can override any concerns stemming from their beliefs about the cause of the child's problem or individual assessments of their parenting ability.

While limited research has examined parental help-seeking and service utilization attitudes for adolescent mental health, Chavira, et al. (2003) looked at the parental attitudes concerning youth anxiety for parents of children (8 – 17). They found that parents when given formal choices favored counseling over the use of medication. Keller and McDade (2000) studied the help-seeking attitudes of parents of Head Start students for parenting problems. They found that parents were more likely to use non-professional services, such as family, books, and friends. Parents were least likely to choose professional services, such as school personnel, counseling agencies, and social services. The discrepancy between service choices was explained by stigmatization. These results are consistent with an Israeli study by Raviv, Maddy-Weitzman and Raviv (1992) wherein parents preferred more personal sources of help versus professional ones. Personal sources include family and friends, whereas professional choices involve formal individuals (e.g. therapist) and agencies (e.g. social services). Further, in another study, when given a choice of seeking help from a private professional versus school services, parents preferred the private choice (Raviv, et al., 2003). Raviv, et al. (2003) concluded that

distrust toward the public system, fear of indiscretion and tarnishing the child's image were factors influencing service choices.

Lee (2002) puts forth that help-seeking involves “social costs” because the help seeker may appear incompetent, dependent and inferior to others. Even though parents are not the target of care, they may experience feelings of guilt, shame and/or embarrassment (Wahl & Harman, 1989). Parents may be even more sensitive to the stigma because until recently “poor parenting” was implicated as the cause of mental illness (Bettelheim, 1967). Thus, parents may be reluctant to seek help because of concerns of appearing incompetent and the cause of the problem (Keller & McDade, 2000).

Stigma associated with a mental health problem is a long-standing issue, which often impedes treatment. Further, negative stereotypes of mental illness may inhibit help-seeking (Fink & Tasman, 1993). In an effort to avoid “stigma”, families may not seek professional assistance in the early phases of a mental health problem; ultimately only seeking help when the problem escalates (Czuchta & McCay, 2001). However, recently, biomedical/genetic frameworks have re-emerged leading to the perspective that mental illness are “diseases like any other” beyond environmental control; this perception has reduced family blame (Hinshaw, 2005).

Cultural and socioeconomic factors also play a role in stigmatization. McMiller and Weisz (1996) found that African Americans and Latino parents were less likely to seek help from professional individuals and agencies compared to Caucasian parents. The African American and Latino families were also more likely to seek out family and community sources. In an United Arab Emirates sample, Valsamma and Ghubash (2004) found that only 58% of parents would seek help from professionals for mental health problems for their child.

Stigmatization was a factor but more importantly the failure to acknowledge the problem and skepticism about treatment efficacy was most predictive of their preferences.

While stigmatization may play a role in parental decision-making, parental perceptions of seriousness of their child's problem is often the most powerful predictor of service use (Morrissey-Kane & Prinz, 1999). Gross and Howard (2001) examined the decision-making processes that mothers make concerning the health care for their children in a sample of 114 mothers from rural areas in Nebraska. They presented mothers with three different scenarios and asked mothers to make decisions about the appropriate steps to take. The scenarios depicted a child suffering from an ear infection, head injury, and laceration. They found no differences between first-time mothers and mothers with more than one child. Interviews revealed that their rating of the seriousness of the problem, the mother's fear of the child's condition, their attitude about health care providers, and any previous experience with a similar scenario were the most important factors influencing their decisions across all three of the scenarios. This research is important because it illustrates that parents may have reservations about seeking help that are contingent on their perceptions of the provider. However, concern about the seriousness of their child's problem may override such reservations so that, parents will seek help if they perceive their child's problem to be serious regardless of any misgivings about the provider.

Owen, et al. (2002) studied three potential barriers to use of mental health services for children: structural barriers; parental perceptions regarding mental health; and perceptions about mental health services. Again, in agreement with aforementioned help-seeking and service utilization models, parental perceptions regarding mental health or problem recognition (e.g. Broadhurst, 2003) and perceptions about mental health services or perceived treatment efficacy (e.g. Morrissey-Kane and Prinz, 1999) are key. While no form of help-seeking will occur

without problem recognition, perceptions of the treatment efficacy have been consistently linked to the likelihood of using a particular service. Richardson (2001) found that negative expectations about treatment were significantly linked to low service use.

Despite potential barriers to service use, Logan and King (2001) stress the importance of parents in adolescent mental health service utilization. They argue that while parents are often the target of blame for adolescent problems, they are offered little guidance as to how to recognize early warning signs that might reduce/limit potential negative outcomes. More importantly, while adolescents are at the age of the ability to self-refer, they may be resistant because of conflicting goals of autonomy. In their pursuit of independence, adolescents may be reluctant to admit they need formal help, thus requiring parental intervention. Further, gender differences have been observed in adolescent help-seeking. Male adolescents are less likely than female adolescents to engage in help-seeking behavior (Timlin-Scalera, 2003).

When looking at parental investment in adolescent treatment, Dakof, et al. (2001) found that parents were more vested when they had high academic expectations for their child. In addition, these parental expectations were associated with better treatment outcomes for the adolescents. Further, better school grades predicted better awareness of adolescent alcohol problem behavior (Williams, et al. 2003). Academic success seems to predict greater parental involvement in adolescent treatment and parent's ability to recognize problematic behavior.

### *Summary*

Parents have a tremendous influence on adolescent outcomes. Their willingness to seek help or use services for their adolescent can greatly improve adolescent outcomes. Key factors influencing parental help-seeking and service utilization are problem recognition and perceived treatment efficacy. In addition, parental investment in pursuing treatment is influenced by their

expectations of the adolescent. Research has shown a trend for parents to prefer non-formal sources of help for their child's mental health problems. It is assumed that this pattern reflects a stigmatization bias. Further, cultural and socioeconomic factors act to increase potential stigmatization. This study measured parental preferences to see if there was a stigmatization bias pattern in their choices. What were parental preferred sources of advice? And did parents prefer non-formal sources versus formal sources? Further, since the seriousness of the child's problem(s) may supersede any parental preferences, the study examined the relationship between problem recognition and both help-seeking and service utilization. Moreover, since numerous studies have identified perceptions of treatment efficacy as a predictor of service use, this study explored parental perceptions of efficacy of various adolescent treatments.

#### Adolescence

A century ago, adolescence was described as a period marked by “storm and stress” (Hall, 1904). In fact, adolescents are more likely than individuals at other ages to exhibit conflict with parents, mood disruptions, and engage in risk behaviors (Arnett, 1999). According to Hall (1904) the tendency toward “storm and stress” is universal and biologically based. Urbanization was identified as a factor inhibiting adolescents' natural urges to be active and explore. Hall (1904) noted that societal institutions were at fault for failing to provide adolescents with the types of outlets that would buffer the potential negative influences of urbanization.

More contemporary analyses of adolescence recognize that while it may be associated with increased difficulty in functioning, the ill effects are neither universal nor inevitable (Arnett, 1999). Many contemporary researchers reject the notion of “storm and stress,” and contend that such terminology perpetuates a stereotype or myth (e.g. Petersen et al., 1993; Steinberg & Levine, 1997). In fact, adolescence is considered one of the healthiest periods in the lifespan.

Some argue that many adolescents attain levels of health, strength, and energy never again experienced in their lives (Santrock, 2000).

Individual differences and cultural variations must be taken into account. It is likely that the expression of difficulty at adolescence is due to an interaction among personality factors, biology, and environmental factors. More importantly, it is stressed that the recognition of potential difficulty during adolescence does not imply a condition applicable to all adolescents. Value judgments need not be made, so that parents and adolescents, experiencing difficulty during this period, have some recourse. Compas, Hinden and Gerhardt (1995) offer that adolescent development follows multiple pathways and trajectories. Most adolescents progress with no major developmental difficulties. Some adolescents may experience difficulties during adolescence only, an “adolescent-limited” pattern, while others may have problems in adolescence that extend into adulthood, a “life-course persistent” pattern (Moffitt, 1993).

Adolescence is a time of change. Changes occur physically, cognitively and socially. Adolescence bridges the gap between childhood and adulthood. The adolescent must learn skills for adulthood. The acquisition of skills for employment, running a household, and engaging in relationships is requisite to their future functioning as an adult (Weisfeld, 1999). The relationship of adolescents with their parents also undergoes a transition (Steinberg, 1989). Adolescents pursue self-sufficiency and independence while still requiring support, protection and guidance from their family (Steinberg & Morris, 2000). Parents of adolescents must find a way to accommodate the adolescent’s need for independence while also maintaining their role as guardian. Moreover, numerous studies have shown the increased influence of peers on adolescent behavior (e.g. Blanton, et al., 1997; Dishion, Bullock, & Granic, 2002; Ouellette, et al., 1999). Yet despite the increased influence of peers on adolescent behavior, parents still exert

a strong influence (Kumpfer & Alvarado, 2003). Perceptions by adolescents (Stanton, et al., 2002) of parental monitoring influence long-term risk and protective behaviors of adolescents. Further, parental monitoring predicted risk behaviors (Cottrell, et al., 2003). Parental support and monitoring led to an older age of alcohol use initiation and decreased use of alcohol (Barnes, et al., 2000).

### *Adolescent Alcohol Use*

Adolescent alcohol use is the targeted mental health issue of the study and will now be discussed. It is debated within the mental health field whether any use of alcohol by adolescents is problematic or whether use has to meet DSM-IV criteria for abuse or dependence (see Blum, 1997). DSM-IV criteria for abuse require that the use of alcohol results in a clinically significant impairment in school, work, social, interpersonal, or home functioning, physical hazard, and/or legal problems (American Psychiatric Association, 1996). Further, to meet DSM-IV criteria for dependence, an individual must also exhibit symptoms of withdrawal and tolerance (American Psychiatric Association, 1996).

Blum (1997) notes that adolescents often receive treatment for any level of substance use, so that for adolescents distinctions between “use” and “abuse” are not key determinants of care. While Jacob, et al. (2000) suggests that substance use alone does not necessarily warrant treatment, use by adolescents should not be condoned or trivialized. Adolescent alcohol use is criminalized in the U. S. The judicial system has adopted a zero tolerance policy towards adolescent alcohol use, while parental attitudes vary. Typically, the determining factor for treatment is not alcohol use per se but the presence or absence of some negative behavioral outcome. Jacob, et al. (2000) contends that only when the behavior becomes more serious, such

as chronic intoxication, trouble with the law, truancy, or decline in school performance, is treatment warranted; that is, behavior that meets DSM-IV criteria.

Most treatments for adolescent alcohol use/abuse are directed towards non-users or heavy users with little attention given to users in-between these limits. However, the stages of adolescent substance use exemplify a more diverse pattern than the dichotomous stance of non- or heavy user. The stages progress from potential for abuse, experimentation and regular use, seeking euphoria and regular use, preoccupation with the “high” and burnout, to use of drugs to feel normal (Jacob, et al. 2000). Treatments that are available do not represent all the stages of adolescent drinking. In fact, specialized substance abuse treatments for adolescents are a recent development due to increased concern over adolescent use (Hser, et al. 2001). In the past, most adolescent interventions were adaptations of either adult treatments or child treatments (Weisz & Hawley, 2002).

Data from the Youth Risk Behavior Surveillance (YRBS) by the Center for Disease Control (CDC) indicate that 78.2% of high school students have had at least one drink in their lifetime (Grunbaum, et al., 2002). Forty-seven percent have drunk alcohol within the past month, and 30% have engaged in episodic heavy drinking (5 or more drinks on one occasion) (Grunbaum, et al., 2002). Further, within the past month, 31% of the students reported being a passenger in a car with a driver who had been drinking and 13% admitted driving a car one or more times after drinking (Grunbaum, et al., 2002).

Steinhausen and Metzke (2003) studied the validity of adolescent types of alcohol use. With a sample of 794 adolescents from a Zurich population (non-clinical sample), they concluded that there may be a need to make a distinction among adolescent alcohol users. They identified four types: abstainers, social drinkers, heavy drinkers and problem drinkers. Problem

drinkers had low self-esteem, low perceived parental acceptance, high perceived parental rejection, and experienced a less rewarding school environment. Problem drinkers had the most negative outcomes followed closely by heavy drinkers. Social drinkers and abstainers had a similar profile. It should be noted that social drinkers did not experience problems as serious as either heavy or problem drinkers. Nevertheless, they did have more problems than abstainers. Simple alcohol use was not necessarily associated with negative outcomes. The level of use was related to outcomes. This finding suggests that interventions should vary according to the level of use. The varying needs of adolescents should be incorporated into interventions.

Consistent with Steinhausen and Metzke's (2003) findings from the Drug Abuse Treatment Outcome Studies—Adolescents (DATOS-A) sample of 1167 adolescents from 6 cities indicate that heavy users have higher rates of other problems, such as other drug use problems and depression. Hser, et al. (2001) concluded that heavy alcohol use was a marker of a more severe problem profile. Severe substance abuse is often accompanied with comorbid emotional and health problems (Wu, Hoven & Fuller, 2003). Further, adolescent alcohol use is associated with car accidents, other drug abuse, unwanted sex, delinquency, and violence (Adalbjarnardottir, 2002).

*Why are age and gender important?* Wenar and Kerig (2000) argue that the first question that should be asked when presented with a behavioral problem description of a child/adolescent is, 'how old is he/she?' Yet, it is not age that is important. It is the variables that are associated with age that are important (Miller, 1998; Kazdin, 2000). As adolescents age, their cognitive abilities are still developing and becoming more complex. Further, as they age, adolescents acquire new skills and responsibilities, such as work and driving. Their potential to have expanded social networks also grows.

29% of high school students in the U.S. have first drunk alcohol (other than a few sips) before the age of 13 (Grunbaum, et al., 2002). An analysis of data using the National Longitudinal Survey of Youth—1979 of over 12,000 participants interviewed from 1979 to 1998 illustrated the influence of age on outcomes. Adolescents who initiate the use of alcohol at that age of 11-15 are more likely to have an adult alcohol abuse or dependence problem than adolescents who initiate alcohol use at an older age (Pergamit, Huang & Lane, 2001). Adolescents who did not use alcohol by age 19 were most likely to avoid long-term alcohol and long-term drug problems as adults (Pergamit, Huang & Lane, 2001). Further, adolescent alcohol use was associated with negative health outcomes, but not bad economic, family formation or incarceration outcomes (Pergamit, Huang & Luan, 2001). The association of early use of alcohol with more negative outcomes than later onset use differs from other substance users who show no difference in outcomes based on early or late onset of use (Flory, et al., 2004). Thus, for alcohol, age is an important factor. Moreover, in addition to more negative outcomes for younger adolescents, they also tend to be harder to treat (Phillips, et al., 2000).

Adolescent boys have higher rates of substance use and initiate use at an earlier age than girls (Opland, Winters & Stinchfield, 1995). Nevertheless, differences in rates of substance use and substance use disorders do not necessarily imply differing developmental patterns or risk factors (Flory, et al., 2004). Adolescent boys tend to receive more substance abuse treatment (Hser, et al. 2001). The characteristics of boys and girls in treatment are similar with respect to dependence symptoms, and social and psychological reasons for drinking (Opland, Winters & Stinchfield, 1995). While girls are more likely to be heavy users of alcohol, they have better treatment outcomes (Hser, et al. 2001).

The consequences of alcohol use differ by gender. Research has demonstrated that while boys and girls are equally likely to have ever drunk alcohol, males drink more often, more heavily, and experience more alcohol-related problems than females (Huselid & Cooper, 1992). Girls experience more emotional consequences whereas boys experience more behavioral and school consequences (Opland, Winters & Stinchfield, 1995). Further, girls are less likely to be incarcerated or have school problems following treatment (Phillips, et al., 2000).

Research has consistently shown that boys exhibit more risk and delinquent behaviors (Luthar & D'Avanzo, 1999). Boys are also more likely to be targeted by parents for interventions (Poduska, 2000). In addition, because boys' symptoms of legal or school problems tend to be more external than girls', boys are more often the targets of intervention. However, mental health services should be accessible to adolescents who may not have any legal or school problems but are experiencing personal distress. The referral bias may explain why even when girls report more symptoms of psychological distress than boys they received fewer mental health services (Cuffe, et al., 1995).

### *Summary and Conclusions*

More than half of adolescents have used alcohol. Research shows that the simple use of alcohol does not place an adolescent at risk for negative outcomes, although alcohol use is related to a variety of negative outcomes, such as school problems and other psychological disorders. The level of alcohol use is an important determinant of outcomes. Age is an important factor because earlier initial use is associated with higher rates of alcohol abuse and dependence in adulthood. Findings regarding the influence of gender are mixed. Adolescent boys tend to have higher rates of use and receive more treatment. Girls tend to be heavier users and receive less treatment. However, adolescent boys and girls in treatment tend to exhibit the same types of

symptoms. Higher rates of treatment may be explained by boys' tendency to have more external symptoms, such as school and legal problems as opposed to girls' internal symptoms of personal distress.

Despite what is known about the ill effects of alcohol use by adolescents, many are not receiving the care they require. Parents can be a means to increase adolescent mental health service use. Because of the negative outcomes associated with adolescent alcohol use, the study posits that it is essential to find what factors influence parental problem recognition. Is it easier for parents to recognize problem behavior in younger adolescent or boys?

Given the observed gender and age differences in adolescent alcohol use, this study tested whether parental attitudes regarding help-seeking and service utilization are influenced by these factors. Specifically, this study examined whether parents would seek more help for a younger adolescent versus older adolescent. In addition, the study investigated whether parental help-seeking and service use would differ for boys compared to girls. Since academic performance has been shown to be an important factor influencing parental investment in treatment, the study sought to ascertain if the presence of school problem affected measured problem recognition, help-seeking and service utilization attitudes.

#### Theoretical Conceptual Framework

Based on the literature presented, the study was guided by the conceptual framework illustrated in Figure 1. Problem recognition precedes any help-seeking and/or service use. Once problem recognition occurs, stigma concerns inhibit help-seeking and service use whereas perceptions of seriousness and treatment efficacy increase the likelihood that help-seeking and/or service use will occur. Given the mixed results on adolescent factors, this study was designed to test how selected adolescent factors influenced the process. Specifically, this study was designed

to test how adolescent age, gender and the presence of school problems influenced problem recognition, help-seeking and service utilization.

#### Statement of Purpose

Many adolescents requiring mental health services are not receiving them. Among those who are receiving services, some have been referred by the judicial system and some by parents, even though adolescents referred by parents tend to have a better treatment outcome. This study is based on the premise that an increase in parental help-seeking and service utilization is necessary to ensure that needy adolescents receive services, thereby improving adolescent mental health outcomes. It would be a much easier task to target parents as referrers of care if there was an understanding of their preferences.

Past research on parental help-seeking has found that perceptions of the seriousness of the child's problem and thoughts about the treatment efficacy influence help-seeking attitudes and behaviors. Models of help-seeking emphasize problem recognition, sources of advice and perceived treatment efficacy. Further, research has shown that parents tend to prefer non-professional sources of help (family and friends) compared to professional assistance. It has been assumed that such preferential bias patterns reflect stigmatization concerns. Nevertheless, when parental perceptions of the seriousness of the problem increase, any stigmatization biases become secondary and formal help is sought.

The study consisted of two major components. The first component explored parental attitudes regarding help-seeking and service utilization for adolescent mental health. Since mental health service use by adolescents is below rates of psychopathology (Logan & King, 2001) and parents have been identified as a needed element in adolescent interventions (Stanton, et al., 2002), this study sought to answer the following research questions:

- Q1: What sources of advice are parents likely to use for adolescent mental health?
- Q2: What services do parents find most helpful for adolescent mental health?
- Q3: What sources of help are endorsed by parents for adolescent alcohol use? Do they differ from choices for general mental health problems?
- Q4: What services are viewed favorably by parents for adolescent alcohol use? Do their choices differ from those selected for general mental health problems?

Previous research has shown that parents tend to prefer non-formal choices versus formal choices. This preferential bias has been explained as a stigmatization bias. This study tested for such a pattern. It was hypothesized that:

H1: Parents will be more likely to choose non-formal sources of advice.

When parents seek help, research has shown that the higher perceived seriousness of the child's problem tends to take priority over any fears of stigmatization. Further, research has shown that parents are more likely to use a service they find efficacious; therefore, it was hypothesized that:

H2: As parental perceptions of seriousness increase, parents will be more likely to choose more formal sources of advice.

H3: As parental perceptions of seriousness increase, parents will be more likely to endorse service use.

The second component of the study involved experimental manipulation of adolescent age, gender, and the presence of school problems on parental attitudes regarding adolescent alcohol use. Alcohol use by adolescents is a major mental health problem because it is associated with the abuse of other substances as well as other psychological disorders, such as conduct disorder and depression. In addition, adolescents who use alcohol are more likely to engage in risk behaviors, such as unprotected sex. Parental identification of the problem has been

identified as the key antecedent to help-seeking and service utilization. If the presence of a problem is not acknowledged, help is less likely to occur. Problem recognition facilitates help-seeking and service utilization. Given the differential rates of adolescent referrals and treatments for boys and girls, it is important to figure out whether gender and age influence parental decisions. Earlier onset of adolescent alcohol use is associated with more negative outcomes, so that being younger may facilitate problem recognition and henceforth, help-seeking and service utilization. Also, boys have a higher rate of alcohol use and tend to be referred and receive more treatment; however, girls receiving care tend to be heavier users. Because girls tend to express less externalizing behavior, it may be more difficult for parents to identify problem behaviors in girls. Further, since boys exhibit more externalizing behaviors, e.g. school problems, the presence of externalizing may also work to increase problem recognition, help-seeking and service use. The following hypotheses were put forth for problem recognition:

H4a: Parents will perceive alcohol use by younger adolescents as a more serious problem (less normal) than for older adolescents.

H4b: Parents will perceive alcohol use by girls as a more serious problem (less normal) than for boys.

H4c: Parents will perceive alcohol use by adolescents with school problems as a more serious problem (less normal) than for adolescents without school problems.

The following hypotheses were posited for help-seeking:

H5a: Parents will be more likely to endorse formal sources of advice for boys than girls.

H5b: Parents will be more likely to endorse formal sources of advice for younger adolescents.

H5c: Parents will be more likely to endorse formal sources of advice when school problems are present.

The following hypotheses were conceived for service utilization:

H6a: Parents will be more likely to endorse service use for boys than girls.

H6b: Parents will be more likely to endorse service use for younger adolescents.

H6c: Parents will be more likely to endorse service use when school problems are present.

Participants were parents with at least one child within the age range of 10 to 19. Help-seeking was assessed using 13 items adapted from other instruments. The help-seeking scale consisted of 2 factors, non-formal and formal choices. Non-formal choices were printed source materials (4 items) and non-professional individuals (2). Formal sources included professional individuals (3) and professional organizations (4). Service utilization was measured using 10 items adapted from other instruments. The service utilization scale consisted of intervention involving parents (5) and interventions involving teens only (5). Cronbach's alpha was examined to test the reliability of the measures. In addition, factor analyses were conducted to test the proposed factor structure of help-seeking and service utilization.

Participants completed the study via the Internet. The Internet was used in order to recruit a large, diverse sample more economically than traditional methods. First, participants indicated their help-seeking and service utilization attitudes for adolescents with mental health problems. Then, participants were invited to participate in the experimental condition, which involves reading one of 8 randomly assigned scenarios depicting an adolescent using alcohol. After reading the scenario, participants again indicated their help-seeking and service utilization attitudes in relation to the subject in the scenario. In addition, parents rated the severity and

normality of the behavior presented in the scenario. The gender and age of the scenario subject along with the presence of school problems were manipulated to ascertain these factors' influence on parental attitudes about help-seeking and service utilization.

Manipulating scenario variables has been shown to be effective. Hsieh and Kirk (2003) determined that social context influenced treatment choices and perceived appropriateness with a sample of psychiatrists. The same set of behaviors was presented with the social context of the scenarios manipulated. In another study (Kirk, et al. 1999) using social workers, they manipulated the cause of the behavior—internal dysfunction versus a response to a normal external event. Results from both studies indicated that scenario manipulations influenced ratings.

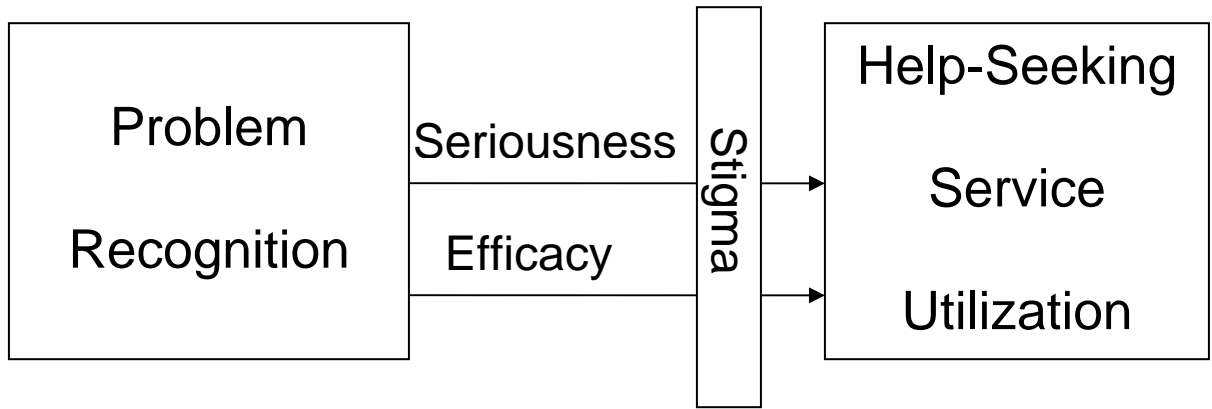
This study used a between-subjects factorial design. The three between-subjects factors were age (13, 17), gender (male, female) and school problems (present, not present). Dependent variables were parental help-seeking and service utilization attitudes. The characteristics of parental attitudes concerning help-seeking and service utilization for adolescent mental health and adolescent alcohol use were explored using descriptive analyses. MANOVA techniques were used to determine if age, gender, and school problems had a main effect or interact to influence parental help-seeking and service utilization attitudes for adolescent alcohol use.

The major limitation of the research design is the generalizability of any research findings. Despite the heterogeneity of the Internet population, there are no proven techniques to target them randomly (Birnbaum, 2004; Kraut, et al. 2004; Duffy, 2002). While Internet samples tend to be more diverse than traditional samples, they are not necessarily representative of the population (Best, et al. 2001). Yet, despite questions concerning the representativeness of Internet samples, research evidence supports the notion that analogous findings can be found

between online and offline samples (Gosling, et al. 2004). In addition, Internet users do not differ from nonusers on markers of adjustment and depression (Gosling, et al. 2004; Pettit, 2002).

Figure 1

Conceptual Framework



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