

BRIEF REPORT

Ethnicity as a Moderator of How Parents' Attitudes and Perceived Stigma Influence Intentions to Seek Child Mental Health Services

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Objective: Research has identified several variables that affect utilization of mental health services. However, more could be explored regarding ethnic differences among parents seeking help for their children. **Method:** In our study, 238 caregivers were recruited from the southern United States to examine ethnic differences in intentions to access child mental health services with the Parental Attitudes Toward Psychological Services Inventory (Turner, 2012) as the primary measure. **Results:** Group comparisons indicated that African-American parents reported less positive attitudes and more stigma than European-American or Hispanic-American parents. Moderation analyses found (a) attitudes were associated with a higher level of parental help-seeking intention among European Americans, but not among African Americans or Hispanic Americans and (b) stigma was associated with a lower parent-reported likelihood of help-seeking for Hispanic Americans, but not for European Americans or African Americans. **Conclusions:** Ethnicity differentially impacts attitudes and stigma associated with seeking mental health services. Public education efforts to increase service use should be tailored toward under-served groups to be more effective.

Keywords: help-seeking, parental attitudes, child mental health, moderation analyses, ethnic minority mental health

One in five youth experience some level of impairment in mental health (Centers for Disease Control and Prevention, 2014). However, only approximately half with any mental health disorder receive treatment (Merikangas et al., 2010). Furthermore, ethnic minority groups experience higher unmet service need after controlling for health insurance status and socioeconomic status (Broman, 2012). This lack of service use has significant implications because untreated childhood psychopathology is a risk factor for developing problems later in life, such as suicide, substance abuse, involvement with the correctional system, failure to complete high

school, adult psychopathology, and health problems (Costello, Copeland, & Angold, 2011; Fergusson & Horwood, 1998; Lahey et al., 2012). To reduce poor outcomes for ethnic minority youth, research is needed to better understand how ethnicity influences parental intentions to use child mental health services.

Several theoretical models propose pathways to access child mental health services (Cauce et al., 2002; Logan & King, 2001). However, Turner and Liew (2010) noted these models neglect an important variable; specifically, parental attitudes that may preclude or promote help-seeking. The Theory of Planned Behavior (TPB) provides an understanding of parental help-seeking (Ajzen, 1985, 1991; Ajzen & Fishbein, 2005). According to the TPB, the best predictor of an individual performing a behavior is their intention to do so, and a person's intention to perform a behavior is a function of their attitudes, society's norms, and their perceptions about the ease or difficulty of performing a behavior. TPB-based research has demonstrated how attitudes and subjective norms influence individuals' intentions to engage in an identified behavior (Hobbs, Dixon, Johnston, & Howie, 2013; Turner, 2012). Our study used the TPB to examine the role of parental attitudes, mental health stigma (i.e., subjective norms), and ethnicity on parents' intentions to utilize child mental health services.

To date, environmental constraints, affordability of services, demographic characteristics, attitudes and beliefs, and symptoms of distress have been found to influence individuals to seek, resist, or avoid mental health services (Cepeda-Benito & Short, 1998; Smith, McGovern, & Peck, 2004; Turner & Mills, 2013). Help-seeking attitudes have consistently predicted help-seeking behavior among adults (e.g., Mackenzie, Gekoski, & Knox, 2006; Vogel,

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Wade, & Hackler, 2007; Vogel, Wester, Wei, & Boysen, 2005) and among parents (e.g., McKay, Pennington, Lynn, & McCadam, 2001; Turner & Liew, 2010). For example, McKay and colleagues (2001) examined the effect of child, family, and environmental variables on initial and ongoing service use by urban minority parents of children. Findings indicated that parental discipline efficacy (i.e., parents' difficulty in disciplining their children) and positive attitudes toward mental health services significantly correlated with increased attendance at an initial intake appointment. In addition, Zahner and Daskalakis (1997) examined variables associated with mental health service use for children across multiple service sectors and found that (a) a parental attitudinal measure of perceived need had the strongest association with service use and (b) other variables associated with increased service use included mental health problems (e.g., depression, or aggressive behavior) and health problems (e.g., having a chronic health condition). Although these studies highlighted the effect of attitudes on child mental health services use, they relied primarily on single-item measures to assess parental attitudes. To address this limitation, our study examined the role of parental attitudes using a multi-item measure that better assesses a range of behaviors that may affect parental attitudes.

Mental health stigma, another important barrier to seeking services (Hinshaw, 2005; U.S. Department of Health & Human Services, 2001), is defined as the extent to which individuals are concerned about how they or others negatively perceive those who seek mental health services (Corrigan, 2004a, 2004b). Eiraldi, Mazuca, Clarke, and Power (2006) developed a model of help seeking for Attention deficit hyperactivity disorder (ADHD) and purported that mental health stigma strongly influences parental decisions to seek services, especially among parents with limited knowledge about child psychopathology and its treatments. However, to date, this model has not been empirically tested. As a first step to explore the role of stigma on the use of child mental health services, our study examined how parents' perceptions of stigma influence their intentions to seek help.

Although ethnic differences exist in child mental health services utilization (Garland et al., 2005; Kataoka, Zhang, & Wells, 2002; Yeh, McCabe, Hough, Dupuis, & Hazen, 2003), efforts to explain these differences have yielded inconsistent results. Some posited that financial inadequacies drive these differences (Dubow, Lovko, & Kausch, 1990) whereas others demonstrated that income was unrelated to utilization (McMiller & Weisz, 1996). Mental health stigma among African Americans or other ethnic minorities may be a confounding variable that explains these inconsistencies. For example, Alvidrez, Snowden, and Kaiser (2008) found that stigma among African Americans prompted most to avoid or delay treatment seeking. Our study aimed to clarify the role of ethnicity as a moderator of the relation between other variables (e.g., attitudes and stigma) and intentions to utilize mental health services.

To better understand parenting help seeking across ethnic groups, we hypothesized that European-American parents would report more positive attitudes, less stigma, and higher intentions to utilize services than African-American and Hispanic-American parents. We also explored hypotheses related to moderation effects to test whether or not (a) ethnicity moderated the relation between parental attitudes and intentions to seek mental health service, with positive attitudes associated with higher intentions to utilize men-

tal health services, and this relationship was expected to be strongest for European Americans; and (b) ethnicity moderated the relation between mental health stigma and intentions to seek mental health services, with less stigma associated with higher intentions to utilize mental health services, and this relationship was expected to be strongest for African-American and Hispanic-American parents.

Method

Participants

Primary caregivers ($N = 238$; 93% female; age in years $M = 43.4$, $SD = 6.1$; 48% European American, 35% African American, 17% Hispanic American) were recruited from urban Head Start programs and community public schools in Texas, Louisiana, and Mississippi. The mean age for children (61% male) was 5.1 years ($SD = 1.5$). Caregivers' educational background included 32% had completed a high school education or less, 48% had completed college, and 20% had earned a postgraduate degree. Some participants (17%) reported previous use of child mental health services.

Measures

Demographic questionnaire and mental health services use.

Participants identified their education, ethnicity, gender, age, relationship to the child, child's gender and age, and whether they had past experience ("yes" or "no") with mental health services.

Parental Attitudes Toward Psychological Services Inventory. The Parental Attitudes Toward Psychological Services Inventory (PATPSI; Turner, 2012) has 21 Likert-type items scored on a scale from 0 (*strongly disagree*) to 5 (*strongly agree*) and three subscales: Help-Seeking Attitudes (recognition that psychological problems exist and being open to the possibility of seeking professional help), Help-Seeking Intentions (the extent to which they are willing and able to seek professional psychological help), and Stigmatization (extent to which they are concerned about what others might think if they knew the parent was seeking professional help). Higher scores on each subscale represent more positive attitudes, higher likelihood of seeking services, and more stigma toward services. Internal consistency for the PATPSI Total scale and subscales (Help-Seeking Intentions, Help-Seeking Attitudes, and Stigmatization) were Cronbach's α s of .90, .70, .88, and .89, respectively. The PATPSI has demonstrated good internal consistency across ethnic groups (Turner, 2012).

Procedure

Primary caregivers were recruited as part of three data collection efforts (site 1 $n = 98$, site 2 $n = 38$, site 3 $n = 102$) through urban and community public schools. For site 2, no incentives were given (participants completed measures as part of another study; Turner & Liew, 2010). For site 1 and 3, incentives were offered for participation (\$10 per person and raffle for \$25 gift card, respectively). Packets were completed in person or returned to the child's school. For all recruitment sites, parents participated one time and reported on only one child, even if more than one child was enrolled in the recruitment sample. Appropriate institutional review boards approved these studies.

Results

Data Analyses

Preliminary data screening found no evidence of skewness or kurtosis, and no outliers were detected. No differences were found between the data collection sites on the main variables of interest. To examine study hypotheses, a between-subjects analysis of variance (ANOVA) was used with Tukey's honest significant difference post hoc comparisons. In analyses comparing ethnic groups, individuals who did not identify their ethnicity ($n = 7$) were excluded. Cohen's d statistic (Cohen, 1988) was used to identify small (.0–.04), medium (.5–.7), or large ($\geq .8$) effect sizes. In all hierarchical linear regression moderation analyses (Aguinis, 2004; Aiken & West, 1991), ethnicity was dummy coded with European American coded as the comparison group. Per Aguinis (2004), we reported unstandardized regression coefficients instead of standardized coefficients to reduce difficulties with interpretation of analyses using dummy-coded variables. On the basis of Frazier, Tix, and Barron (2004), only the continuous predictor variable was centered before analyses. Two separate analyses were completed to test moderation. First, analyses were conducted to test whether ethnicity moderated the relation between parental attitudes and intentions to seek mental health service. Finally, analyses were repeated (using stigma as the independent variable) to test whether ethnicity moderated the relation between stigma and intentions to seek mental health service. Follow-up analyses were conducted following procedures to test significant interactions (Aguinis, 2004; Aiken & West, 1991).

Primary Analyses

The ANOVA examining the relation between parents' ethnicity and the Help-Seeking Attitudes scale was significant [$F(2, 235) = 6.49, p < .05, \eta_p^2 = .05$]. As hypothesized, post hoc analyses indicated that African Americans reported significantly less positive attitudes ($M = 16.62, SD = 10.12$) than European Americans ($M = 20.90, SD = 11.44, p = .006, d = -.40$) and less positive than Hispanic Americans ($M = 23.43, SD = 10.28, p = .001, d = -.67$). Contrary to our hypothesis, European Americans and Hispanic Americans did not differ on this subscale.

Results also indicated a significant main effect of ethnicity on the Stigmatization scale [$F(2, 235) = 20.53, p < .0001, \eta_p^2 = .15$]. As hypothesized, post hoc analyses indicated that African Americans significantly reported more stigma ($M = 26.36, SD = 11.88$) than European Americans ($M = 17.64, SD = 9.59, p < .001, d = -.81$) and Hispanic Americans ($M = 15.83, SD = 10.99, p < .001, d = -.92$). Contrary to our hypotheses, no other significant group differences were found on this subscale. Finally, also contrary to our hypotheses, no significant ethnic differences were found on the Help-Seeking Intention scale [$F(2, 235) = 2.28, p = .10, \eta_p^2 = .02$].

Hierarchical regression analyses of the moderating effects of ethnicity on the relationship between attitudes and help-seeking intentions are reported in Table 1. Adding interaction terms between ethnicity and attitudes explained significantly more variance in help-seeking intentions than a model including only main effects (R^2 change = .07, $p < .0001$), supporting the hypothesis that ethnicity moderated the relation between attitudes and help-

Table 1
Hierarchical Regression Analyses Testing the Effects of
Ethnicity on Help-Seeking Intentions

Variable	<i>B</i> (<i>SE</i>)	β	R^2	ΔR^2	<i>F</i>
Step 1			.12		10.47**
Attitudes	.14 (.03)	.33**			
African American	2.02 (.66)	.20**			
Hispanic American	.66 (.84)	.05			
Step 2			.19	.07**	10.52**
Attitudes	.21 (.04)	.48**			
African American	1.55 (.65)	.16**			
Hispanic American	.32 (.84)	.03			
Attitude \times African American	-.24 (.06)	-.30**			
Attitude \times Hispanic American	.05 (.08)	.05			
Step 1			.03		2.00
Stigma	-.04 (.03)	-.08			
African American	1.73 (.73)	.17*			
Hispanic American	.95 (.88)	.08			
Step 2			.05	.03*	2.62*
Stigma	-.03 (.05)	-.06			
African American	1.37 (.74)	.14*			
Hispanic American	.20 (.93)	.02			
Stigma \times African American	.05 (.06)	.07			
Stigma \times Hispanic American	-.17 (.08)	-.17*			

* $p < .05$. ** $p < .0001$.

seeking intentions. Examination of the regression weights indicated that the interaction term for African-American ethnicity was significant ($B = -.24, p < .0001$), but the term for Hispanic-American ethnicity was not ($B = .05, p = .53$). Follow-up simple slope analyses revealed a significant, positive relation between attitudes and help seeking for European-American parents ($\beta = .32; t(232) = 5.13, p < .0001$), but not for African-American parents ($\beta = -.04; t(232) = -0.56, p > .05$) or Hispanic-American parents ($\beta = .23; t(232) = 3.52, p > .05$).

Analyses of the moderating effects of ethnicity on the relationship between stigma and help-seeking intentions are reported in Table 1. Adding interaction terms between ethnicity and stigma explained significantly more variance in help-seeking intentions than a model including only main effects (R^2 change = .03, $p < .05$), supporting the hypothesis that ethnicity also moderated the relation between stigma and help-seeking intentions. Examination of the regression weights indicated that the interaction term for Hispanic-American ethnicity was significant ($B = -.17, p < .05$), but the term for African-American ethnicity was not ($B = .05, p = .48$). Follow-up simple slope analyses revealed a significant (negative) relation between stigma and help seeking for Hispanic-American parents ($\beta = -.19; t(232) = -2.83, p < .05$), but not for European-American parents ($\beta = -.08; t(232) = -1.19, p > .05$) or African Americans ($\beta = .03; t(232) = .46, p > .05$).

Discussion

Our study built upon the TPB (Ajzen, 1985, 1991), examining the influence of parental attitudes and mental health stigma on utilization of child mental health services. European-American and Hispanic-American parents reported similar attitudes toward mental health services and similar levels of stigma. However, African-American parents reported less positive attitudes and more stigma than the other ethnic groups, which is comparable to prior litera-

ture regarding African-Americans and mental health services (e.g., Thurston & Phares, 2008). Interestingly, contrary to hypotheses, these groups did not differ in their self-reported likelihood of seeking mental health services. Although positive attitudes were associated with an increased likelihood of seeking services for European-Americans parents, this was not the case for African-American or Hispanic-American parents. This is an important finding because much of the extant literature, primarily based on European-American samples, has documented a positive relationship between attitudes and help seeking (e.g., Cepeda-Benito & Short, 1998; Diala et al., 2000; El-Khoury et al., 2004; Turner & Mills, 2013). However, the current findings suggest that help-seeking attitudes may not be a useful predictor within ethnic minority groups.

Moderation by ethnicity was also found for the relation between stigma and help-seeking intentions, such that Hispanic Americans who reported more stigma were less likely to seek treatment. Significant effects were not found for African Americans or European Americans. Perhaps Hispanic-American parents were more concerned about the effects of being stigmatized by their social group (e.g., family or friends) and when they have more stigma tolerance they are more open to seeking treatment. This would be consistent with the finding across socioeconomic status, indicating that individuals with more stigma are less likely to utilize mental health services (Dempster, Wildman, & Keating, 2013; Snowden, 2001; Turner & Liew, 2010).

Strengths and Limitations

Our study significantly augments the literature given the use of a psychometrically sound, multi-item measure of parental attitudes to examine ethnic differences and moderation effects. Previous studies primarily relied on one- or two-item measures. By simultaneously examining attitudes, stigma, and help-seeking intentions in multiple ethnic groups, our study also provides evidence of the complexity involved in studying mental health disparities.

Although this study adds to the literature, some limitations are noted. First, the study used a cross-sectional design and convenience sample. Future studies should address this to strengthen the generalization of the findings. Although the Hispanic-American subsample was smaller than hoped, sample demographics were similar to families of children enrolled in Head Start programs during the data collection period. Future studies should replicate these findings in larger samples that include other ethnic groups. In addition, in the moderation analyses, some variance inflation may have emerged given that the measure of stigma and attitudes were subscales of the PATPSI (which is a global measure of parental attitudes). Another study limitation is the use of self-reported help-seeking intentions. It is possible that if actual help-seeking behavior/actions were measured, then alternative patterns may be found in help-seeking intentions. Finally, the study only used a single measure of parental attitudes. Although this may be a limitation, it improves on previous studies by using a multi-item measure versus a single item.

Implications for Future Research and Practice

One interesting finding in our study is that, despite evidence of disparities in mental health service utilization for ethnic minority

groups (e.g., Thurston & Phares, 2008), we found no group differences in self-reported intentions to seek services. This suggests that willingness to seek services might not be a primary driver of these disparities, and perhaps other barriers, such as mistrust of providers and fears of coercive treatment, may contribute to treatment seeking (e.g., Alvidrez, Snowden, & Kaiser, 2010).

We found that parent attitudes and stigma differentially affect intentions to utilize child mental health services depending on ethnicity. Of note, neither attitudes nor stigma were associated with help-seeking intentions among African-American parents. Drawing from variables found to affect adult help-seeking among ethnic minorities (e.g., Alvidrez, Snowden, & Kaiser, 2010; Holden et al., 2014), future studies should explore additional variables, such as the role of religious beliefs, acculturation, and ethnic identity on parental help-seeking intentions. For example, some posit that seeking treatment for mental health problems is less culturally acceptable for African Americans who may worry about appearing spiritually weak by family members or friends (Mishra, Lucksted, Gioia, Barnett, & Baquet, 2009). Additional examination of coping factors related to cultural expectations and spirituality may also be important to explore.

Our study also has important practical implications. According to findings from the National Stigma Study–Children (Pescosolido, 2013; Pescosolido et al., 2008), general public education about childhood mental disorders and caregivers' perceptions of mental illness is needed. Given disparities in services use, health equity policy efforts should occur at the national, state, and local levels. Existing evidence-based public education efforts are helpful to decrease stigma around mental health services (Alvidrez, Snowden, Rao, & Boccillari, 2009; Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). However, these findings suggest that targeting stigma alone may not be sufficient for all ethnic groups. Additional efforts to address various attitudinal barriers may expand the reach of these programs, increasing their public health impact. Furthermore, it is important to recognize how clinician behaviors affect parental help seeking. One study found that child mental health practitioners who perceived themselves as being more culturally competent and acknowledge societal racism worked more effectively with families (Keyser, Gamst, Meyers, Der-Karabetian, & Morrow, 2014). Given mental health disparities, increased attention needs to be placed on parental help seeking to address emotional and behavioral problems in under-served children to prevent social-emotional difficulties that impact child development.

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