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Seeking Help a Second Time: Parents'/Caregivers' Characterizations of Previous Experiences With Mental Health Services for Their Children and Perceptions of Barriers to Future Use

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This study examines the relationship between urban parents'/caregivers' previous experiences obtaining mental health care for their children and their perceptions of barriers to their children's use of services in the future. Assessments of prior treatment outcome and aspects of relationships with former providers were linked to endorsements of doubt about the utility of treatment as a potential barrier to the children's use of services in the future and the number of barriers parents endorsed. Implications for urban child mental health service delivery are drawn.

Keywords: help-seeking, child mental health, barriers to care

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Prior research suggests that 17% to 26% of youths in the United States might benefit from some form of mental health care (Brandenburg, Friedman, & Silver, 1987) Unfortunately, inner city youths, though more likely to experience significant psychosocial stressors and more apt to suffer from mental health difficulties that warrant services (Tolan & Henry, 1996, 2000), are least likely to receive them (Kazdin, 1993). Explanations for the gap between service need and provision generally include barriers, actual or perceived obstacles that prevent individuals from seeking, obtaining, using, and perhaps even wanting mental health services. These barriers are characterized as conditions associated with various sociodemographic characteristics; cultural beliefs and explanations regarding mental health; the influence of others; and the incongruence of cultural beliefs, values, and needs with those inherent in traditional mental health programs. Conclusions regarding these factors usually have relied on statistical analysis of relationships between these variables and measures of service use.

Though the field has recognized that parents are usually the individuals responsible for children's use of mental health services, surprisingly few studies considering barriers to children's mental health care have involved directly querying parents about their perceptions of actual or potential impediments to their children's access to or use of services. Those studies that have requested that parents identify barriers to their children's utilization of services, whether addressing barriers to treatment access (Owens et al., 2002) or retention (Kazdin, Holland, Crowley, & Breton, 1997), have generated similar sets of barriers. In particular, barriers are typically categorized as either structural (e.g., transportation, time) or attitudinal (e.g., the perceived relevance of treatment, barriers related to perceptions of mental health problems, perceptions of mental health services).

To date, this research on barriers to child mental health care has revealed an association between barriers with parental mental health need (Kazdin & Wassell, 2000), stress (Kazdin & Wassell, 2000; Owens et al., 2002), being divorced (Owens et al., 2002), and decreased quality of life (Kazdin & Wassell, 2000). In addition, prior studies have found that, as the number of barriers parents perceive goes up, the risk that their children will not show up for appointments or will drop out prematurely increases (Kazdin, Holland, & Crowley, 1997; Kazdin & Wassell, 2000; McCabe, 2002) and the amount of therapeutic change in treatment declines (Kazdin & Wassell, 2000).

The current study aims to contribute to knowledge of parents' perceptions of barriers in several ways. First, by focusing on those parents/caregivers who have sought help for their children's difficulties in the past and are in the process of doing so again, the study draws attention to a subset of parents/caregivers whose distinct vantage point and needs have received minimal attention. Second, the study examines whether parents'/caregivers' previous experiences with mental health services for their children influence their perceptions of barriers to their children's utilization in the future. We argue that when parents/caregivers unfavorably depict their children's prior treatment, they will be less motivated to overcome the obstacles to service use in the future and more likely to question the usefulness of treatment for their children.

Thus, this study tests the following hypotheses. We anticipated that prior experiences characterized negatively would be associated (a) with less confidence in the ability of treatment to help the child and (b) with the endorsement of more barriers to the child's utilization of mental health services in the future. To examine these hypotheses, we incorporate parents'/caregivers' responses to three questions about aspects of prior experiences with mental health services for their children: "Did [services] make a difference for your child?" "How were you treated by the agency?" and "Did you feel that the provider respected you?"

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Second-Time Child Mental Health Help Seeking

Limited knowledge exists about the relationship between previous experiences with mental health services, on the one hand, and attitudes and expectations regarding future service utilization, on the other. Thus far, most investigations on the topic have focused on the association between prior service experiences and the intentions of adults to seek treatment again and, as a result, have failed to capture the distinct characteristics of the mental health help-seeking and service utilization processes of children and adolescents. Nonetheless, the consistent finding that prior experiences with mental health services are linked to intentions to seek services again implies that knowledge about the relationship may inform engagement and treatment of those who have sought services in the past specifically and for the provision of services in general.

Past Participation and Future Service Use

Research indicates that those who have used services in the past are more likely to reach out for assistance in the future (Carlton & Deane, 2000; Deane & Todd, 1996). Some authors (Starr, Campbell, & Herrick, 2002), explaining such findings, have reasoned that those parents who know "what it [is] like" (p. 301) to access mental health services are more informed and therefore have more positive expectations.

Outcomes of Previous Experiences

Although having had any prior service experience appears to increase one's intent to obtain necessary professional help in the future (Deane, Skogstad, & Williams, 1999), findings also suggest that the quality of the experience influences help-seeking decisions. For instance, some research indicates that positive assessments of previous contact with a mental health professional are linked to greater intentions to seek help in the future (Deane et al., 1999). Negative experiences and the negative expectations they produce have the reverse effect (Deane, Wilson, & Ciarrochi, 2000).

One study, which was based on interviews from the National Comorbidity Sample and contrasted the attitudes of African American and White adults before and after receiving professional mental health care, reached similar conclusions. The authors (Diala et al., 2000) found that, prior to using services, African Americans expressed more positive attitudes than Whites toward seeking services but that African Americans who were participating or had participated in mental health services were more apt to report negative attitudes than Whites. Furthermore, those who had stopped treatment, compared to their White counterparts, were less likely to return.

Previous Experiences and Relationships With Providers

Though the possible effect of the relationship with a former provider on attitudes about or motivation to receive future treatment has not been addressed directly, investigations have hinted that perceptions of the nature of the interaction with mental health service providers, whether based on direct experiences or knowledge of the experiences of others, can affect parents' decisions to seek help for their children's difficulties. For example, parents with severely troubled children receiving services indicated that lacking the validation of professionals in and out of the mental health sector and feeling blamed for their children's difficulties jeopardized their children's access to care (Tarico, Low, Trupin, & Forsyth-Stephens, 1989). The failure of youths to participate in mental health services also has been associated with beliefs that discussions with the therapist would not be held in confidence (Kuhl, Jarkon-Horlick, & Morrissey, 1997), that sharing personal information would be uncomfortable (Pavuluri, Luk, & McGee, 1996), and that the parents could not trust the therapist with their children (Starr et al., 2002).

Highlighting the role of race, ethnicity, or culture, studies related to cultural sensitivity and compatibility often have argued that the more personal aspects of interaction between ethnic-minority client and providers dissuade ethnic-minority individuals from utilizing mental health services. This literature, which attends to topics such as ethnocultural transference and countertransference on the relationship between client and clinician (Comas-Diaz & Jacobsen, 1991) and the tendency of clinicians to misdiagnose clients from ethnic-minority groups (Snowden & Cheung, 1990), implies that feeling misunderstood or disrespected reduces the desire of ethnic-minority individuals to participate in services (Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Takeuchi, Mokuau, & Chun, 1992; Wallen, 1992).

Attitudes

Indeed, researchers have considered the possibility that such attitudes toward mental health will influence help seeking and service utilization (see Leaf, Bruce, Tischler, & Holzer, 1985; Zahner, Pawelkiewicz, DeFrancesco, & Adnopoz, 1992). Studies of adults have demonstrated that those with positive attitudes or more positive outcome expectations regarding mental health services are more likely to seek help (Greenley & Mechanic, 1976) or express intent to do so (Carlton & Deane, 2000). Morrissey-Kane and Prinz (1999), citing a number of studies, asserted that parents' attitudes toward mental health services for their children appear to be especially important in predicting their willingness to participate and maintain their children in treatment.

Method

The study's two-group, cross-sectional design involved secondary analysis of data collected as part of the Responsive, Effective, Accessible Child Mental Health Services Project (Project REACH), a National Institute of Mental Health–sponsored research study aimed to examine factors affecting the engagement of children and their family in mental health services in a large city. Data were collected over a 16-week period that commenced with an intake telephone call facilitated by master's level social workers. Only information collected during this systematic telephone interview was included in the present study. In all, 253 parents/caregivers whose children had been referred for services participated in the study. Most were African American (80%), on public assistance (89%), and living in the inner city (100%). One hundred eighteen of the 253 parents/caregivers said they had sought help for their children's difficulties in the past and therefore composed the sample for the current study.

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Measures

In addition to data used to describe the sample's sociodemographic characteristics, information collected at intake and used in the current study included parents'/caregivers' ratings of their children's difficulties, their general help-seeking attitudes, their prior help-seeking behavior, their assessments of previous mental health help-seeking experiences, and their perceptions of potential barriers to their children's use of services in the future. With the exception of sociodemographic characteristics and parents'/caregivers' assessments of their children's mental health need, interview items were derived from the Child and Adolescent Services Assessment (CASA; Farmer, Angold, Burns, & Costello, 1994).

Of the questions asked during the telephone intake, the most pertinent items from an adapted version of the CASA (Ascher, Farmer, Burns, & Angold, 1996) were included. Constructs addressed by the CASA instrument include information related to parents'/caregivers' previous experiences with mental health services for their children, previous family involvement with mental health services, attitudes toward mental health care, and perceived barriers to service use. Test–retest reliability of the CASA instrument at 1-week interval has been reported to be .74 (Farmer et al., 1994).

At one point in the telephone interview, parents were asked to identify, from a list of nine items, "things that have gotten in your way for help." The nine items included both structural and attitudinal barriers, such as transportation, childcare, being too busy, the resistance of the child, and the objections of family and friends. The barrier *doubt about the utility of treatment* served as the dependent variable for the study's first hypothesis. Parents' endorsements of the nine barriers were totaled to represent the dependent variable *number of potential barriers*.

Parents'/caregivers' previous experiences obtaining help for their children's difficulties were evaluated via items from the CASA regarding the helpfulness of prior treatment for their children (*child outcome*) and recollections of the treatment process itself (*treated well* by the agency and *felt respected* by the provider). Child outcome was defined as a parent's assessment of whether treatment had made a difference for his or her child. Two CASA questions reflected parents' views of relationships with previous agencies and providers. These questions were (a) "How did you feel you were treated at the agency?" (treated well) and (b) "Did you feel that the provider respected you?" (felt respected).

Data Analysis

We used univariate and bivariate statistics to characterize the subset of Project REACH parents who had sought help for their children in the past and to identify factors, if any, that distinguished them from the Project REACH parents without prior experiences with mental health services for their children. To evaluate the possibility of multicollinearity among the variables of interest and to enrich interpretation of the data, we again employed bivariate analyses to examine the relationships between individual independent variables and each of the nine barriers to service utilization as well as to observe the relationships between the independent variables themselves.

We performed multivariate analyses to evaluate the study's hypotheses. We used logistic regression to examine the relationship between a parent's assessment of child outcome and the two aspects of previous relationships with providers (i.e., treated well and felt respected by the former provider) and of parents'/caregivers' endorsements of doubt about the utility of treatment as a potential barrier. We evaluated consideration of the second hypothesis, that these independent variables would significantly explain variation in the number of barriers parents cited, using linear regression.

Results

Primary Analyses

Univariate analyses suggested that roughly 78% ($n = 91$) of the 118 parents/caregivers who had sought help for their children's difficulties in the past were African American, 93% ($n = 108$) were on public assistance, and 55% ($n = 65$) were the mothers of the referred children. The median age of the children for whom they sought help was 10.2 years ($SD = 3.55$). In most respects, these 118 parents'/caregivers' sociodemographic characteristics, prior help-seeking patterns, and ratings of their children's difficulties were similar to the information from the 134 who had not previously sought help.

Having established that correlations between independent variables did not exceed .5 (see Table 1), we performed the multivariate analyses to test the study's two hypotheses. First, child outcome, treated well, and felt respected, entered into the logistic regression equation, did help to explain parents' likelihood of endorsing doubt about the utility of treatment. Analyses indicated that, when we controlled for child outcome and treatment by the provider, parents who reported feeling respected by their children's former providers were approximately six times more likely to cite doubt about the utility of treatment as a possible barrier to their children's use of future services. Results for the model were significant at $p < .05$. However, only felt respected by the provider was significantly predictive of doubt the utility of treatment. (See Table 2 for a summary of these results.)

Contrary to the study's second hypothesis, child outcome, treated well, and felt respected, entered into a linear regression model, did not help to explain variation in the number of potential barriers identified by parents who had previous experiences obtaining help for their children's difficulties. (See Table 3 for a summary of these results.)

Follow-Up Analyses

To understand these findings further, we reexamined the degree and nature of the relationships between independent variables and between the independent variables and each of the dependent variables. Noting that doubt about the utility of treatment was significantly related to two of the three independent variables (see Table 4) and that feeling disrespected was highly predictive of parents'/caregivers' endorsements of doubt as a barrier, we hypothesized that doubt itself might function as a useful predictor of the number of potential barriers. Linear regression, used to evaluate this possibility, demonstrated that, together, felt respected and doubt about the utility of treatment did predict the number of

Table 1
Correlations Between Independent Variables ($n = 110$)

Variable	1	2	3
1. Child outcome	—	.23* $n = 93$	.41** $n = 95$
2. Treatment by agency	—	—	.36** $n = 91$
3. Respected by provider	—	—	—

* $p \leq .05$. ** $p \leq .01$.

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Table 2
Relationship Between Child Outcome, Treatment by Agency, Respected by Provider, and the Barrier Doubt About the Utility of Treatment (n = 91)

Independent variable	*B*	*SE*	Wald χ^2	*P*	OR
Child outcome	0.910	0.661	1.895	.169	2.483
Treatment by agency	−0.973	0.829	1.376	.241	0.378
Respected by provider	1.782	0.820	4.726	.030*	5.944

* $p \leq .05$.

potential barriers that parents identified. The new model yielded $R^2 = .21$ ($p < .001$). (See Table 5 for a summary of these results.)

Discussion

Together, child outcome, treated well, and felt respected did significantly account for parents'/caregivers' endorsements of the barrier doubt. Although these same variables were not significantly associated with the number of potential barriers parents/caregivers cited, results of post hoc analyses did suggest that feeling respected by providers (felt respected) and being uncertain about the usefulness of treatment (doubt) were predictive of the number of potential barriers parents/caregivers identified.

Limitations

These findings must be viewed with some caution, as the small size, the homogeneity of the Project REACH sample (largely inner city families of color), and aspects of the telephone intake instrument raise numerous questions about the results. For example, the sample of just 118 predominantly African American parents/caregivers living on public assistance and seeking help within a context where the community resources were limited lays the groundwork for questions related to the generalizability of the results and the depth of the analyses that could be performed.

The use of the CASA items as the current study's independent and dependent variables is of concern as well. Indeed, the item that served as the criterion for membership in the study's sample (i.e., "Have you ever sought help for any of the difficulties your child has had?") might have led to inclusion of parents/caregivers whose previous experiences obtaining help for their children's difficulties were not consistent with the current study's implicit assumptions (a) that the parents/caregivers in the sample had sought mental health services for their children's difficulties, (b) that their children's previous difficulties were behavioral or emotional in nature, and (c) that the difficulties that precipitated help seeking in the past were the same difficulties that required attention at the time of the interview. In addition, just as we assumed that parents/caregivers included in the sample referred to previous experiences with mental health providers, each question related to the nature of those experiences presumed that parents'/caregivers' answers pertained to experiences in mental health agencies.

Implications for Practice, Policy, and Research

Practice. Despite limitations in the choice of measures used in the study, the results regarding doubt about the utility of treatment and feeling respected merit the attention of practitioners. For instance, the significant role of feeling respected by the former provider in predicting both the likelihood of doubt about the utility of treatment and the number of potential barriers strongly suggests that respect in the treatment process matters and that, case by case, clinicians should be prepared to address what made (or makes) a parent/caregiver feel disrespected (or respected). A parent's/caregiver's response might inform intervention and decrease the likelihood of treatment dropout.

Although it is not possible to determine the direction of the relationship between feeling respected by former providers and doubt about the utility of treatment in the future, the result that feeling disrespected by their children's former providers made parents/caregivers roughly six times more likely to express doubt highlights the import of addressing parents'/caregivers' experiences with former providers and their apprehensions about treatment utility initially and throughout treatment. The roles of both respect and doubt in predicting the number of potential barriers parents/caregivers endorsed further supports the need to attend to them

More generally, the findings related to respect highlight the importance of clinicians' awareness of and responsiveness to cross-cultural issues and differences. For example, given that the current study's sample was predominantly African American, questions must be raised regarding socioeconomic, cultural, and historical factors that influence the African American parents'/caregivers' notion of what being respected and feeling respected in such a situation means. Similarly, a clinician might ask how stigmatization of mental illness, mental health problems, or needing help, apparently more common among some socioeconomic and cultural groups, predisposes some parents/caregivers to feeling disapproval or disrespect as their children begin treatment. Cognizant of the import of communicating respect to clients, practitioners can design engagement strategies and even therapeutic techniques that ultimately enhance parents'/caregivers' commitment to treatment for their children.

Policy. For those responsible for the agency, local, and/or national policies that impinge upon the treatment experiences of parents/caregivers and their children, the study's findings have implications as well. Results reinforce the need to advocate for and implement practices and policies that are sensitive to the role and cultural perspectives of parents/caregivers whose children need assistance and that counter the skepticism that keeps many from seeking or using mental health services. Though research has not examined clients' perceptions of being respected by providers as a deterrent to mental health help seeking and service utilization, arguments for culturally compatible services, the need to streamline complex and overwhelming service systems, and the treatment

Table 3
Relationship of Child Outcome, Treatment by Agency, Respected by Provider, and Number of Potential Barriers (n = 91)

Independent variable	*B*	*SE B*	β	*R*	R^2
Child outcome	−.20	.45	−.05		
Treatment by agency	.25	.51	.06		
Respected by provider	−4.47E-02	.66	−.01	.07	.01

Table 4
Independent Variables by Type of Barrier (n = 109)

Dichotomous independent variable	Types of barrier (χ^2 values)								
	Tired	Time	Transp	Family objects	Child resists	Not my idea	Child care	Busy	Doubt
Child outcome	0.04 (0.52)	0.08 (0.48)	0.06 (0.48)	0.76 (0.30)	0.30 (0.37)	0.03 (0.59)	0.26 (0.40)	0.04 (0.50)	7.54** (0.01)
Treatment by agency	1.80 (0.14)	0.23 (0.43)	1.68 (0.14)	1.19 (0.25)	2.24 (0.11)	0.00 (0.67)	0.22 (0.44)	0.01 (0.57)	0.04 (0.55)
Respected by provider	0.12 (0.48)	0.00 (0.60)	0.85 (0.26)	0.07 (0.63)	0.10 (0.52)	1.64 (0.24)	0.92 (0.30)	0.93 (0.26)	5.92* (0.02)

Note. Transp = transportation.
* $p \leq .05$. ** $p \leq .01$.

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of clients as consumers seem to speak to such concerns. This study's finding that feeling respected was associated significantly with each of the process variables (i.e., treatment by agency, understood by provider, received chosen treatment, provider explained) hints that being responsive to parents'/caregivers' complaints and needs, allowing them to choose treatment modalities and providers, and ensuring that they are educated about their children's treatment may be worthwhile foci of such policies. Convinced of the utility of treatment, clear about what they can expect, and empowered by a system that is receptive to their needs and preferences, parents/caregivers may be more willing to pay the price or overcome the barriers to obtain services for their children.

Research. The current study's findings also highlight the need for more knowledge about having doubts about the utility of treatment, the meaning and effect of feeling respected by a provider, the factors and processes that result in parents'/caregivers' perceptions of barriers to treatment, and the possible implications of perceived barriers for engagement and treatment.

Doubt About the Utility of Treatment

The finding that doubt was significant as both a dependent and an independent variable raises questions about the dynamic relationships between barriers and the role of barriers, especially attitudinal barriers, as cause or effect. In this regard, researchers may be able to learn much by contrasting the perception of barriers by parents/caregivers who never have sought help for their children's difficulties and three groups of parents/caregivers with previous experiences: those reporting negative past experiences, those reporting positive past experiences, and those who do not return. Answers will help researchers understand the evolution of thoughts about mental health services and the motivation to receive them as well as inform interventions to encourage service utilization, promote engagement, and retain children in treatment.

Table 5
Follow-Up Analysis: Relationship of Respected by Provider and Doubt About the Utility of Treatment to Number of Potential Barriers (n = 95)

Independent variable	*B*	*SE B*	β	*R*	R^2
Respected by provider	1.01	0.45	.21		
Doubt the utility	2.07	0.42	.47	.46	.21***

Note. Number of potential barriers was computed without doubt about the utility of treatment. Range of values was 0 to 8 versus 0 to 9.
*** $p \leq .001$.

Feeling Respected by the Provider

In addition to pointing to parents'/caregivers' doubts about the utility of treatment as a potentially rich area of research, this study's findings also draw attention to the importance of feeling respected by the provider. The magnitude of the result that parents/caregivers who expressed uncertainty about the usefulness of future treatment for their children were more likely to have felt disrespected by former provider necessitates that the field learn more about what feeling respected means. What makes parents/caregivers feel that they were or were not respected? What is the relationship between feeling respected by the provider and variables such as culture, socioeconomic status, psychopathology in the parent, or the reason for the child's referral?

Doubt, Respect, and the Number of Potential Barriers: An Emerging Model

The result that the endorsement of more barriers was associated with doubting the utility of treatment and feeling disrespected by the former provider hints that the number of potential barriers parents/caregivers identify may provide an indication of not only the actual barriers that exist but the misgivings parents/caregivers have about child mental health services. Again, more work in this area would be worthwhile.

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