Mental Health Service Utilization Among African American and Caucasian Mothers and Fathers

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Mental health services have been routinely underutilized. This study investigated the influence of parents’ gender, race, and psychopathology on perceived barriers and attitudes toward mental health utilization for themselves and for their children. A unique contribution of this study is the examination of father, mother, and child factors influencing service utilization from the parents’ perspective. A total of 194 African American and Caucasian parents were recruited from the community to participate. Parents completed measures on barriers and attitudes toward treatment for themselves and for their children. History of mental health service utilization for themselves and for their children, and their own current psychological symptoms. Results indicated that 36.3% and 19.4% of parents and children, respectively, had used mental health services during their lifetime. Parents perceived fewer barriers and had more positive attitudes toward seeking services for their children than for themselves. Race and gender differences were found in parents’ perceptions of barriers and attitudes toward treatment. Furthermore, barriers, attitudes, and psychopathology predicted parents’ plans for future utilization of mental health services. The clinical implications of this study and directions for future research are discussed.

*Keywords:* barriers, attitudes, race, gender, psychopathology

The underutilization of mental health services in our society has been well documented by several researchers over the years. Only one third of the adults who need these services actually receive treatment each year (U.S. Department of Health and Human Services [DHHS], 1999). Epidemiological studies have also documented that approximately 50%–60% of adults who would benefit from mental health services are not receiving any of them (Kessler et al., 2001). This disparity between the number of individuals who need these services and those who actually use them has been referred to as the “service gap” (Cramer, 1999, p. 381). This service gap problem is not limited to adults, given that mental health services are also underutilized by children (Horwitz et al., 2001). Specifically, Ringel and Sturm (2001) indicated that about 5%–7% of children and adolescents utilize mental health specialty services each year. However, the report of the surgeon general stated that about 70% of children and adolescents who are in need of mental health treatment do not receive it. In addition, 75%–80% of children and adolescents fail to receive the specialty care services that they need (DHHS, 1999). Therefore, it is clear that utilization of mental health services is much lower than desired among both adults and children. It is also likely that the low rate of utilization of services by children is influenced heavily by their parents. In most cases, before a child can receive mental health services, parental consent must be sought for the child’s treatment.

Since parents are the unavoidable mediators between youths and service utilization, it is important for researchers to examine factors contributing to parents’ and children’s service utilization from the parents’ perspective.

There are several factors that influence utilization of mental health services, as examined by Andersen and Newman’s (1973) sociobehavioral model of societal and individual determinants. The framework of the model identifies three main components that influence health service utilization: societal determinants, health services system, and individual determinants. The individual determinants component has a direct influence on health service utilization and includes predisposing characteristics, enabling resources, and illness level. For the purposes of this study, the most relevant factors influencing the underutilization of mental health services are the following: barriers to seeking treatment (enabling resource), attitudes toward utilizing mental health services (predisposing characteristic), race (predisposing characteristic), socioeconomic status (predisposing characteristic), parent’s gender (predisposing characteristic), and psychopathology (illness level).

**Barriers to Mental Health Service Utilization**

Numerous barriers to mental health service utilization for adults and children have been separately identified. Some of these barriers include problems with cost, fragmentation of services, lack of availability of services, and societal stigma toward mental illness (DHHS, 1999). Kessler and colleagues (2001) found that the most commonly reported reason given by adults for either failing to seek treatment or dropping out of treatment was their wanting to solve the problem on their own. They also noted that a major barrier to seeking treatment was individuals’ belief that they did not have an emotional problem requiring treatment. In a study of parents of
preschool children, Pavuluri, Luk, and McGee (1996) found that parents’ most common barriers to seeking help for their children were the belief that the problems would get better by themselves and the belief that the parents were strong enough to handle the preschoolers’ problems on their own. Ringel and Sturm (2001) reported that 7% of families with a child claimed financial barriers as the reason for not receiving mental health care. Stigma has also been identified as a major barrier to mental health service utilization among children and adults (Gary, 2005). Owens and colleagues (2002) found that parents’ most commonly perceived barrier when seeking services for their children was related to perceptions of mental health services (such as stigma and thoughts that treatment would not help). Research on barriers to youths’ service utilization typically focuses on parents’ reports, and no studies to date have simultaneously investigated the relationship between parents’ barriers for themselves and child-related barriers (as reported by their parents).

Attitudes Toward Mental Health Services

Parents’ attitudes appear to influence their willingness to seek mental health services for their children. Gustafson, McNamara, and Jensen (1994) found that parents were more likely to seek mental health treatment for their children when their children’s behavioral disorder was severe and when the parents had positive attitudes toward seeking treatment. Various studies have also found, at the individual level, an association between attitudes toward treatment and help-seeking behaviors (e.g., Cramer, 1999). Overall, it appears that parents’ attitudes toward mental health service utilization play an important role when considering mental health services for their children and for themselves. Although not previously investigated, parents’ attitudes could be different when seeking mental health services for themselves as opposed to for their children. As with barriers, no studies have examined how parents’ and child-related attitudes to service utilization differ.

Race and Mental Health Service Utilization

The surgeon general’s report stated that the prevalence of mental disorders for racial and ethnic minorities was equal to that for Whites, yet utilization of mental health services was extremely low for racial and ethnic minorities (DHHS, 2001). Padgett, Patrick, Burns, and Schlesinger (1994) studied a sample of insured individuals and found that Whites had 1.7 times greater odds of making a mental health visit than did Blacks and Hispanics. In addition, Whites were estimated to make 2.64 more mental health visits during that year than did Blacks and Hispanics. The surgeon general’s report also described the existence of several disparities in mental health service utilization between racial and ethnic minorities and Whites, including the following: Services were less available to minorities, and minorities had less access to services, were less likely to receive needed mental health services, and received poorer treatment (DHHS, 2001). Other researchers have also shown that underutilization of mental health services among ethnic minorities is significantly influenced by higher levels of cultural mistrust between the clients and the providers of mental health services (Thompson, Bazile, & Akbar, 2004). This pattern results in racial and ethnic minorities’ experiencing a greater disability burden from mental illness than do Whites because of the reduced and poor quality of care they receive. In addition, minorities are influenced by additional barriers to treatment utilization, including mistrust and fear of treatment, racism/discrimination, differences in language and communication, and cultural barriers in general (Thompson et al., 2004). It is also important to note that most of the barriers that influence all individuals tend to influence minorities more severely (Snowden & Yamada, 2005). These findings are owing to the fact that a large proportion of the individuals of lower socioeconomic status (SES) are racial and ethnic minorities, and most of the barriers to mental health service utilization have a more detrimental effect on individuals of lower SES.

Socioeconomic Status and Mental Health Service Utilization

It is almost impossible to review utilization issues related to race and ethnicity without discussing SES, because a large proportion of racial and ethnic minorities fall into lower SES categories. Approximately 35% of African American families with children under age 18, compared with 10% of Caucasian families, are living below the poverty level (U.S. Census Bureau, 2006). It is also important to note that financial problems and even risk of poverty tend to be one of the burdens associated with raising children in single-parent (usually single-mother) households because of low wages, low education attainment, unfavorable economic conditions, and low rates and levels of child support (McLoyd, 1998). Yet 52.5% of African American children, compared with 15.5% of Caucasian children, are being raised by single mothers (Hoffferth, Stueve, Pleck, Bianchi, & Sayer, 2002). Most of the issues related to underutilization of mental health services have a more detrimental effect on individuals of lower SES. An epidemiological study found that individuals of low SES perceived more barriers to treatment than did individuals of higher SES, because of having fewer financial resources and lower educational attainment (Leaf, Bruce, Tischler, & Holzer, 1987).

Parent’s Gender and Mental Health Service Utilization

It is well established that women utilize mental health services more often than do men (Mahalik, Good, & Englar-Carlson, 2003). It has also been shown that girls and adolescent females tend to have more positive help-seeking attitudes (Cohen, 1999) and lower perceived barriers to help seeking (Kuhl, Jarkon-Horlick, & Morrissey, 1997) than do their male counterparts. Other researchers have also shown that regardless of age, nationality, race, ethnicity, or parents’ status, men tend to underutilize mental health services (Addis & Mahalik, 2003). Less is known, however, about the influence of parents’ gender on children’s mental health service utilization. It has been well documented that few developmental and pediatric studies include fathers’ perspectives (Phares, Lopez, Fields, Kamboukos, & Duhig, 2005). Consistently, the majority of the research on youth utilization of mental health services tends to focus on mothers’ reports, and fathers continue to be ignored. This is problematic, given that when mothers and fathers are studied, both appear to have tremendous influence on their children’s lives (Lamb, 2004). Fals-Stewart, Fincham, and Kelley (2004) found that substance-abusing fathers were less willing to allow their children to receive treatment than were substance-abusing moth-
ers. Furthermore, since women utilize mental health services more often than do men, it is reasonable to hypothesize that mothers might be more inclined than fathers to seek mental health services for their children.

Parents’ Psychopathology and Mental Health Service Utilization

A meta-analytic study by Connell and Goodman (2002) found that externalizing problems in children were related to psychopathology in both mothers and fathers to a comparable extent. On the other hand, internalizing behaviors were more closely related to psychopathology in mothers than in fathers. When the effects of parents’ depression were explored, children were at increased risk for emotional/behavioral problems regardless of whether the mother or the father was experiencing depression (Kane & Garber, 2004). These findings establish that parents’ psychopathology has an influence on children’s psychopathology.

In a review of factors influencing mental health care utilization, Pescosolido and Boyer (1999) stated that need for care was the best predictor of utilization. Just as individuals’ psychopathology has been shown to influence help-seeking behaviors, children’s psychopathology has been shown to influence parents’ decisions on seeking mental health services for their children. An epidemiological study conducted by Leaf and colleagues (1996) found that youths with psychiatric disorders and poor functioning were 6.8 times more likely to have seen a mental health professional than were youths with no psychiatric disorder and a higher level of functioning. However, Kazdin, Holland, and Crowley (1997) found that both the child’s psychopathology and the parents’ psychopathology influenced the child’s treatment. They found that parents’ psychopathology (specifically, history of antisocial behavior), severity of the child’s problem, and the child’s history of antisocial behavior significantly predicted dropping out of child-related treatment prematurely. Hence it appears that both the parents’ and children’s psychopathology influence children’s use of mental health services.

Defining race and ethnicity is common practice in research on minority issues (Cauce et al., 2002). As Cauce and colleagues (2002) summarized, race has been historically viewed as biologically based, while ethnicity has often been viewed as culturally based; however, there is no scientific basis for these definitional constructs. Despite the lack of scientific backing, race is still a convenient but significant way to examine important cultural differences among groups because identification with specific racial groups often shapes individuals’ experiences and therefore their culture. In this study, the racial groups that parents identified with were used to investigate differences and similarities in utilization of mental health services for themselves and their children.

The current study aimed to investigate simultaneously the relationship between parents’ barriers and attitudes when seeking services for themselves and parent-reported barriers and attitudes when seeking services for their children. This study examined the utilization of mental health services by children and their parents through exploration of both mothers’ and fathers’ race, gender, socioeconomic status, and psychopathology. It was hypothesized that mothers and Caucasians would have more positive attitudes toward treatment utilization than would fathers and African Americans. In addition, it was hypothesized that mothers and Caucasians would perceive fewer barriers to treatment utilization than would fathers and African Americans. A final hypothesis proposed that higher parental and child-related attitudes, lower parental and child-related barriers, and higher levels of the parents’ psychopathology would predict increased willingness to seek mental health services from professionals in the future. The focus of this hypothesis was on individuals’ seeking help from mental health professionals (psychiatrists, psychologists, social workers, or other mental health professionals), as research has shown that individuals were often willing to seek help from sources other than mental health professionals, such as pastors, physicians, family members, and friends (Boyd-Franklin & Lockwood, 1999).

Method

Participants

A total of 194 parents were included in this study: 51.5% African American (50 mothers and 50 fathers) and 48.5% Caucasian (48 mothers and 46 fathers). Parents ranged in age from 20 years to 62 years, with a mean age of 37.71 years (SD = 8.19), and they had from one to seven children per household (M = 2.31, SD = 1.17). A breakdown of additional demographic information by race and gender is provided in Table 1. Children who had used mental health services per household ranged in age from 5 to 23 years (M = 12.60, SD = 4.75). Information on the race of these children was not collected. The majority of parents (70.5%) were married, and 12.4% were single without a partner. 11.9% were divorced or separated, and 5.2% were single with a partner. A total of 10.8% of parents were receiving some kind of public assistance, and on the basis of Hollingshead (1975) criteria for SES, the social strata for the average participating parent represented medium businesses, minor professionals, and technical jobs (M = 48.98, SD = 10.06). A majority of parents had physical health care insurance for themselves (92.7%) and their children (97.4%). A lower percentage had mental health care insurance coverage for themselves (69.1%) and their children (69.3%).

Measures

Demographics questionnaire. The demographics measure assessed basic demographic information for both the participant and

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his/her spouse or partner (since mothers and fathers in the study were not necessarily dyads). SES was calculated with Hollingshead’s (1975) four-factor index of socioeconomic status, which takes into account gender, marital status, years of education, and occupation.

Utilization of Mental Health Services Questionnaire. Based on a utilization measure developed by Healy (1997), this questionnaire inquired about parents’ history of utilizing the mental health services of psychiatrists, psychologists, other mental health professionals, pastors, and primary care doctors. Parents answered these questions for themselves and for their children. Parents were asked if they or any of their children needed mental health services and to rate the likelihood of seeking treatment for themselves or their children from various professionals. Parents who had seen a professional for mental health services were asked about their referral reason, termination reason, number of sessions attended, and therapist’s race and gender. They were also asked to rate their satisfaction with the services they received.

Attitudes Toward Seeking Professional Psychological Help (ATSPPH; Fischer & Farina, 1995). This measure was used to assess parents’ attitudes toward seeking treatment for themselves and their children. The measure has 10 items and is unidimensional. The scale has a test–retest reliability of .80 (Fischer & Farina, 1995). The questionnaire has a Likert-type format in which participants answer statements about their attitudes toward seeking psychological help. Higher scores indicate a pro–help-seeking direction (i.e., more positive attitudes toward seeking help). Parents were given two separate questionnaires, one concerning their attitudes toward seeking services for themselves and the other concerning their attitudes toward seeking services for their children. In the current sample, internal consistency was strong for both the parent-related (α = .83) and the child-related (α = .88) measures.

Barriers to Treatment Utilization. This measure is based on work by Healy (1997), Parron (1982), and Kessler and colleagues (2001). Healy (1997) developed a questionnaire to measure barriers to treatment utilization for African Americans on the basis of findings that four main factors contribute to underutilization of mental health services among minorities (Parron, 1982). The four factors include accessibility (cost issues); availability (few choices of obtainable services); acceptability (specific factors influencing unique needs, values, and beliefs); and accountability (liability of service providers; Parron, 1982). Since the questionnaire was developed for use with African American participants, some of the questions were changed slightly to generalize to all races for the purposes of this study. Finally, six additional items based on a study by Kessler and colleagues (2001) were included. This measure included items based on more structural barriers (e.g., “I would have to travel too far to get these services” and “I am not aware of any available services for myself”) and on more attitudinal barriers (e.g., “I do not trust mental health professionals to help me” and “Going to therapy would be like admitting I am a weak person”). The accessibility and availability factors are structural barriers, whereas the acceptability and accountability factors are attitudinal barriers. This measure also had a Likert-type format, in which parents responded to statements about barriers to treatment. Lower scores indicated a pro–help-seeking direction (i.e., fewer perceived barriers toward service utilization). In the current sample, internal consistency was strong for the parent-related (α = .94) and child-related (α = .94) barriers measures.

Brief Symptom Inventory (BSI). This 53-item questionnaire is a measure of current psychological symptom status with well-established reliability and validity (Derogatis, 1993). Participants are asked how much they have been distressed by various symptoms over the past 7 days, and responses are given in a Likert-type format. Although there are nine symptom dimensions and three global indexes, only the global severity index (GSI) was used in the current study, in order to quantify participants’ level of overall psychological symptoms. Higher numbers represent more distress. The BSI has acceptable internal consistency, test–retest reliability, and concurrent validity (Peterson, 2004). In the current sample, internal consistency was strong for the BSI (α = .97).

Procedure

Parents were recruited to participate in the study through the use of flyers, advertisements, and direct invitation. Extra effort was made to recruit a wide variety of parents from varying SES ranges by placing flyers in well-off, moderate, and impoverished areas. The recruitment locations were similar for both African American and Caucasian parents. Waiver of written consent was granted by the university’s institutional review board, which approved the study. Efforts were made to recruit biological, step-, and/or adoptive parents who had a child between 2 and 17 years of age and at least monthly face-to-face contact with their child. In some cases, both the mother and father of the same child completed the measures. Because of the anonymity associated with completed measures, the number of instances in which this was the case cannot be determined. This also means that some parents were likely contributing independent data and others were not because they were from the same household. However, despite the possibility of dependence in their responses to questions specific to their child (such as utilization history), participants’ reports of barriers, attitudes, and psychopathology should not have been affected, as they were not specifically tied to their child but rather assessed opinions as a parent, which could have been varied within the household. There was a 39% participation rate, which is consistent with other adult survey research in the community (Krof & Blair, 2005). Each study packet was numbered; thus, the participation rate was determined on the basis of the total number of surveys returned per total number distributed. Interested participants were entered into a drawing to win one of six prizes. A referral list of mental health facilities in the community was also sent to all participants who provided contact information.

Results

Of the 194 parents included in the total sample, 36.3% had used mental health services for themselves in the past. Of the parents who had utilized services, 69.6% were mothers and 68.1% were Caucasian. A total of 19.4% of the children (71.0% of them boys) described in the total sample had used mental health services in the past. Furthermore, 67.6% of their parents had also used services in the past.

Scores on the ATSPPH measure have a potential range of 0–3, with higher scores indicating a pro–help-seeking direction. This sample had scores ranging from 0.50 to 2.90 (M = 1.73, SD =
0.47) for parents’ attitudes and 0.10 to 3.00 (M = 1.97, SD = 0.49) for child-related attitudes. Parents’ attitude scores were consistent with the normative sample (M = 1.75, SD = 0.60), which were generally normally distributed but slightly positively skewed (Fischer & Farina, 1995). On the Barriers to Treatment Utilization measure, scores have a range of 0–3, with higher scores indicating more perceived barriers to treatment utilization. The current sample had scores ranging from 0.00 to 1.89 (M = 0.98, SD = 0.46) for parents’ barriers and 0.00 to 1.91 (M = 0.91, SD = 0.43) for child-related barriers. The three most frequently endorsed parents’ barriers to seeking services were “I would want to solve the problem on my own,” “Mental health services are not in my budget,” and “I would be scared about being put into a hospital against my will” (44.8%, 41.5%, and 32.0%, respectively). The three most frequently endorsed child-related barriers to seeking services were “I would be scared about my child being put into a hospital against my will,” “I would want to solve my child’s problem on my own,” and “Mental health services are not in my budget for my child” (34.1%, 33.4%, and 27.9%, respectively). On the BSI, the GSI scores, represented by T scores, were used. In the current sample, fathers had GSI scores ranging from 0.00 to 1.83 (M = 0.34, SD = 0.45), representing an average T score of 57, while mothers had GSI scores ranging from 0.00 to 2.27 (M = 0.44, SD = 0.51), representing an average T score of 56.5 (Derogatis, 1993). This indicated that on average neither fathers nor mothers were experiencing significant levels of psychopathology.

Analyses of variance were conducted to determine if the groups (stratified by race and gender) were significantly different from each other on any of the major demographic variables and symptom severity. Results indicated that the main effect for age and SES was significant; however, when the analyses were run post hoc with these variables controlled, the results were the same with age controlled but were slightly different with SES controlled, which is discussed later. Additionally, only structural barriers were used in all barrier-related analyses, and attitudinal barriers were left out. This was necessary because Andersen and Newman’s (1973) model separates attitudinal barriers (i.e., feeling-related barriers) from structural barriers (i.e., access-related barriers). Furthermore, attitudes toward service utilization were examined separately. Thus, from this point on when barrier analyses are mentioned, they refer to structural barriers.

Hypothesis Testing

Initial correlation analyses were used to determine specific relationships between previous utilization, structural barriers, and attitudes for parent- and child-related services (see Table 2). Results indicated that parents’ barriers and attitudes were inversely related (r = −.32), and child-related barriers and attitudes were also inversely related (r = −.35). In addition, there was a strong positive relationship between parents’ barriers and child-related barriers (r = .85). There was also a strong positive relationship between parents’ attitudes and child-related attitudes (r = .76). Owing to the strong relationships between these variables, further post hoc analyses were conducted. A paired-samples T test indicated that parents’ barriers (M = 1.04, SD = 0.54) were significantly higher than were child-related barriers (M = 0.97, SD = 0.50), t(187) = 3.24, p < .01, d = 0.13. Another paired-samples T test indicated that parents had significantly less positive attitudes toward seeking mental health services for themselves (M = 1.74, SD = 0.48) than for their children (M = 1.97, SD = 0.49), t(179) = −9.02, p < .001, d = 0.47. Thus, although there were strong relationships between the parent and child-related variables, the mean differences suggested different levels of perceived barriers and attitudes for parents’ therapy than for child-related therapy.

Owing to the strong relationship between SES and race, the influence of SES on the sample was controlled in all relevant analyses in order to investigate the direct effect of race on the sample. Hollingshead’s (1975) SES measure—which takes into account marital status, years of education, and employment status—provided SES scores. Thus, the procedure was achieved by covarying out the influence of SES scores prior to each analysis. Note, however, that covarying SES is sometimes seen as a methodological limitation because it does not actually remove the socioeconomic differences but rather only statistically controls for their influence on the sample.

The first hypothesis stated that mothers and Caucasians would have more positive attitudes toward treatment utilization than would fathers and African Americans. This hypothesis was twofold, as it examined parents’ attitudes toward service use for both themselves and their children. A two-way analysis of covariance (ANCOVA) was conducted between parents’ attitudes and the independent variables of race (African American and Caucasian) and gender (male and female), covarying for the influence of SES. As expected, the main effect for gender was significant, F(1, 165) = 7.45, p < .01, d = 0.44, indicating that mothers (M = 1.83) had more positive attitudes toward seeking services than did fathers (M = 1.63). The main effect for race was also significant, F(1, 165) = 4.74, p < .05, d = 0.36, indicating that Caucasian parents (M = 1.81) had more positive attitudes toward seeking services for themselves than did African American parents (M = 1.65). However, the interaction effect was nonsignificant, F(1, 165) = 0.39, p = .53. Thus, consistent with the literature, mothers and Caucasians had more positive attitudes toward seeking services for themselves. In order to test the unique child-related portion of this hypothesis, we conducted a second two-way ANCOVA between child-related attitudes and parents’ race and gender, covarying for the influence of SES. The main effect for gender was significant, F(1, 162) = 6.19, p < .05, d = 0.38, showing that mothers (M = 2.06) had more positive attitudes toward seeking services for their children than did fathers (M = 1.88). However, neither the main effect of race, F(1, 162) = 1.95, towards

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Note. P = parents’; CR = child-related.

“p < .05. ***p < .001.
The second hypothesis stated that mothers and Caucasians would perceive fewer barriers to service utilization than would fathers and African Americans. This hypothesis was also twofold, as it examined parents’ barriers to service use for both themselves and their children. A two-way ANCOVA was conducted between parents’ barriers and the two levels of race (African American and Caucasian) and gender (male and female), with the covariate of SES. As expected, the results indicated a significant main effect of race, $F(1, 160) = 5.41, p < .05, d = 0.26$, such that African American parents ($M = 1.15$) perceived more barriers to service use for themselves than did Caucasian parents ($M = 0.96$). However, the main effect for gender was nonsignificant, $F(1, 160) = 0.36, p = .55$, as was the interaction effect, $F(1, 160) = 0.02, p = .89$. In order to test the child-related portion of this hypothesis, we conducted another two-way ANCOVA between child-related barriers and parents’ race and gender, covarying for SES. These results also indicated a significant main effect for race, $F(1, 161) = 9.85, p < .01, d = 0.35$, showing that African American parents ($M = 1.11$) perceived more child-related barriers to utilization than did Caucasian parents ($M = 0.87$). However, neither the main effect for gender, $F(1, 161) = 1.00, p = .32$, nor the interaction effect, $F(1, 161) = 0.05, p = .83$, was significant. These results are consistent with the literature indicating that parents’ perception of barriers for their children is significantly impacted by race, which is similar to their perception of service use for themselves. Additionally, however, these results contribute to the literature by indicating that both mothers and fathers perceive barriers equivalently for their own and their children’s service utilization.

Additional post hoc analyses were run without SES as a covariate, and the results were almost identical. The only difference was for child-related attitudes, where the main effect of race became significant, $F(1, 176) = 5.12, p < .05$, such that Caucasian parents ($M = 2.04$) had significantly more positive attitudes toward mental health services than did African American parents ($M = 1.88$). Since these results were not found when SES was controlled, it is likely that the race differences are actually related to socioeconomic differences.

The third hypothesis continued to focus on the unique aspects of this study by examining the relationship between parents’ willingness to seek help for themselves and their children and both mothers’ and fathers’ attitudes, barriers, and psychopathology. This hypothesis proposed that higher parental and child-related attitudes, lower parental and child-related barriers, and higher levels of the parents’ psychopathology would predict increased willingness to seek mental health services from professionals in the future. Again, this hypothesis was twofold, examining mothers’ and fathers’ willingness to seek services for themselves and for their children. In order to test this hypothesis, we performed a multiple regression with parents’ attitudes, parents’ structural barriers, and parents’ psychopathology to predict parents’ willingness to utilize mental health services from professionals in the future.

Owing to the potential confound between race and SES, the influence of SES was controlled statistically, and then the remaining variables were added to the model. This second model, with SES controlled, was significant, $F(4, 142) = 14.58, p < .001, R^2 = .29$. In addition, all the variables—including parents’ barriers, attitudes, and psychopathology—were significant predictors and accounted for significant amounts of variance in the model (see Table 3). These results suggested that fewer perceived barriers, more positive attitudes, and higher levels of psychopathology predicted increased willingness for mothers and fathers to seek mental health services for themselves in the future.

Another multiple regression was conducted to examine the second part of the third hypothesis, which was to predict—from child-related attitudes, child-related barriers, and parents’ psychopathology—parents’ willingness to seek professional mental health services for their children. The influence of SES was also controlled before the other variables were added to the model. This second model, with SES controlled, was significant, $F(4, 141) = 10.88, p < .001, R^2 = .24$. In addition, child-related attitudes and child-related barriers accounted for significant amounts of variance in the model (see Table 4). These results suggested that the fewer barriers and the more positive attitudes that mothers and fathers perceived toward child-related treatment, the more willing they were to seek mental health services for their children in the future.

**Discussion**

Overall, more mothers than fathers had utilized mental health services in the past; however, more boys than girls had utilized services. This pattern has been well established in the literature, which has determined that boys tend to receive services more often than do girls before adolescence and then young women take over in adolescence and adulthood (Pescosolido & Boyer, 1999). There were also racial differences in utilization patterns, such that Caucasian parents had used more services than had African American parents, another well-established pattern (DHHS, 2001). In addition, parents did not differ by race or gender in terms of current psychopathology, indicating yet another consistency with the literature (DHHS, 2001). Thus, in terms of previous utilization of mental health services and parents’ psychopathology, the current sample was comparable to those described in previous studies.

This study sought to investigate how mothers’ and fathers’ opinions about seeking mental health services for themselves and their children varied. Initial correlation analyses indicated an inverse relationship between parents’ perceived structural barriers

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**Table 3**

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic status</td>
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<td>0.06</td>
<td>.11</td>
</tr>
<tr>
<td>Parents’ attitudes</td>
<td>6.31</td>
<td>1.15</td>
<td>.41***</td>
</tr>
<tr>
<td>Parents’ barriers</td>
<td>−2.15</td>
<td>1.02</td>
<td>−.16*</td>
</tr>
<tr>
<td>Global severity index</td>
<td>3.33</td>
<td>1.19</td>
<td>.20**</td>
</tr>
</tbody>
</table>

*Note. $R^2 = .29$.  
*p < .05. **p < .01. ***p < .001.*
and attitudes and child-related barriers and attitudes. This finding that parents who perceived fewer barriers for themselves and their children had more positive attitudes toward mental health services for themselves and their children had not been previously examined specifically in the literature. No studies that investigated the specific relationship between barriers and attitudes were found. However, on the basis of well-established literature stating that fewer perceived barriers were associated with higher rates of service utilization and positive attitudes were also associated with higher rates of utilization, these results are consistent with the literature. Additional correlations indicated positive relationships between parents’ utilization and parents’ attitudes and children’s utilization and child-related attitudes. The finding that parents with more positive attitudes toward treatment for themselves and for their children had used more services in the past for themselves and for their children is also consistent with the literature. For example, Gustafson and colleagues (1994) found that parents were more likely to seek treatment for their children when they had positive attitudes toward seeking treatment. In contrast, parents’ and children’s previous service utilization was not significantly related to parental and child-related structural barriers. Thus, it appears that although parents endorsed various structural barriers for themselves and their children, their utilization history did not impact their perception of barriers.

The primary aim of this study was to simultaneously investigate the relationship between African American and Caucasian parents’ attitudes and barriers to treatment for themselves and their children. This is one of the unique aspects of this study, as it involved asking parents to report on their attitudes and barriers to seeking treatment for both themselves and their children. The second unique factor is that fathers, who are often neglected in developmental research (Phares et al., 2005), were included in this study.

Correlation analysis indicated a positive relationship between parents’ barriers and child-related barriers to treatment. This finding that parents who perceived barriers to mental health treatment for themselves also perceived barriers for their children was further investigated, and results indicated that parents perceived significantly more barriers for themselves than for their children. Thus, it appeared that parents were able to overcome certain barriers when seeking services for their children in contrast to seeking services for themselves. In fact, although parents reported similar types of barriers for themselves and their children, the most frequently endorsed barrier for parents (“I would want to solve the problem on my own”) was different from the most frequently endorsed barrier for child-related treatment (“I would be scared about my child being put into a hospital against my will”).

Correlation analysis also indicated a positive relationship between parents’ attitudes and child-related attitudes toward seeking services. The finding that parents with more positive attitudes toward seeking services for themselves also had more positive attitudes toward seeking services for their children was investigated further. The findings indicated that parents had significantly more positive attitudes toward seeking services for their children than for themselves. These results provide important information for developing programs geared toward increasing utilization of mental health services. Researchers interested in developing such programs might want to target different issues for treating parents versus treating children because it appears that the barriers influencing parents’ utilization differ from those influencing them when seeking services for their children (Bannon & McKay, 2005). Furthermore, since parents have more positive attitudes toward seeking services for their children, they might be more open to programs focused on increasing service utilization in their children first before attempts are made to increase their own use of mental health services.

The first hypothesis, which predicted that mothers and Caucasian parents would have more positive attitudes toward mental health services for themselves and their children than would fathers and African American parents, was mostly supported. Mothers and Caucasian parents had significantly more positive attitudes toward mental health services for themselves, and mothers also had more positive attitudes toward seeking services for their children. However, there were no racial differences in attitudes toward service utilization for children. The finding that gender had such a strong connection with attitudes for parents and their children’s mental health is consistent with the literature on adult service utilization (Mahalik et al., 2003). It is interesting to find that this relationship holds true when fathers and mothers are reporting on their attitudes toward service utilization for their children. Furthermore, the finding that African American individuals have less positive attitudes toward treatment has also been established. Diala and colleagues (2000) found that African Americans had more positive attitudes toward treatment prior to service use but had more negative perceptions after utilizing services. However, the fact that African American parents were not significantly different from Caucasian parents in child-related attitudes was unexpected. Again, it is likely that parents regardless of race will put aside their negative attitudes when considering service utilization for their children and try to do what is best for their children regardless of their own attitudes toward mental health. The fact that gender differences were found in child-related attitudes to treatment speaks to the strong effect of individuals’ gender on mental health service utilization. Thus, it appears that fathers tend to have less favorable attitudes toward treatment regardless of whether it is for themselves or their children.

The second hypothesis, which predicted that mothers and Caucasian parents would perceive fewer barriers to mental health utilization for themselves and their children than would fathers and African American parents, was also partially confirmed. Caucasian parents did perceive fewer barriers to treatment utilization for themselves and their children than did African American parents. However, there were no gender differences in parents’ perception of barriers for themselves or their children. The finding that African Americans perceive more barriers to mental health service

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic status</td>
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<td>0.06</td>
<td>.05</td>
</tr>
<tr>
<td>Child-related attitudes</td>
<td>6.16</td>
<td>1.30</td>
<td>.38***</td>
</tr>
<tr>
<td>Child-related barriers</td>
<td>-2.79</td>
<td>1.24</td>
<td>-.18*</td>
</tr>
<tr>
<td>Global severity index</td>
<td>1.34</td>
<td>1.37</td>
<td>.08</td>
</tr>
</tbody>
</table>

Note. $R^2 = .24$. *$p < .05$. ***$p < .001$. 

The findings of this study suggest that parents’ attitudes and barriers to treatment for themselves and their children are complex and influenced by both personal and environmental factors. The results provide important implications for the development and delivery of mental health services, particularly for African American parents. Future research could focus on understanding the specific factors that influence parents’ attitudes and barriers to seeking mental health services for both themselves and their children.
utilization has been found consistently in the adult literature (Snowden, 2001). Several ideas have been offered to explain this relationship. For example, Gary (2005) suggested that minorities were concerned about prejudice and discrimination and felt that they might suffer “double stigma” (p. 980) from being in a minority group and having a mental illness. Thompson and colleagues (2004) found that their sample of African American participants believed that psychologists would be insensitive to the “African American experience” (p. 19). However, the finding that African American mothers and fathers perceived more barriers than did Caucasian parents for their own and their children’s mental health treatment is novel. Thus, it seemed that the racial issues were so strong that they persevered even where parents’ utilization of services for their children was concerned. The lack of gender differences in perception of barriers was unexpected. This finding indicates that although men (fathers) use services less often than do women (mothers), their underutilization is not related to their perception of more barriers. This finding could be because men perceive similar barriers to treatment as do women, but other issues such as less positive attitudes toward mental health might prevent them from using services as often as women do. Mahalik et al. (2003) found that masculinity was associated with less help-seeking and negative attitudes toward mental health because help seeking would imply dependence and vulnerability.

Finally, the third hypothesis predicted that higher parental and child-related attitudes, lower parental and child-related barriers, and higher levels of the parents’ psychopathology would predict parents’ increased willingness to utilize professional mental health services in the future for themselves and their children. This hypothesis was mostly supported. As expected, the results indicated that all the variables (parents’ barriers, parents’ attitudes, and parents’ psychopathology) were significant predictors of parents’ willingness to utilize professional mental health services in the future and accounted for 29% of the variance. Additionally, the results indicated that child-related barriers and child-related attitudes were significant predictors of parents’ willingness to utilize professional mental health services for their children in the future and accounted for 24% of the variance. Parents’ psychopathology, however, was not a significant predictor of parents’ willingness to seek services for their children in the future. This finding was probably owing to the fact that children’s psychopathology rather than parents’ psychopathology might influence parents’ decision to seek services for their children. In fact, Gustafson and colleagues (1994) found that children’s problem severity and parents’ attitude toward treatment were positively related to seeking treatment for children. Overall, it is important to note that these findings of race and gender differences in barriers and attitudes were consistent regardless of prior history with service utilization. This pattern speaks to the importance of targeting ways to improve parents’ willingness to seek services among those who have and have not used services in the past.

**Limitations and Future Research**

There were several limitations to this study. First, data were collected on parents’ reports of willingness to seek mental health services in the future rather than actual future help-seeking patterns. Future research should not only investigate parents’ willingness to seek services but follow up with parents over time to determine if they actually used services. Second, parents were asked to report lifetime use of mental health services and might have exaggerated or underreported actual service use for themselves and their children. Research indicates that parents are fairly accurate in reporting whether their children used services or not, but the rate of false reporting increases when parents are asked to report on specific service providers or specific settings (Bean et al., 2000). Another limitation is that parents were the only informants used in this study; thus, it was not possible to confirm the information they reported, especially concerning utilization history. Future studies should attempt to collect information from the child and/or spouse/significant other, if one is available. However, researchers should be cognizant of the fact that recruiting only parent dyads for such studies would limit generalizability because a large percentage of African American children are being raised by their single mothers. Future studies could also verify parents’ reports of utilization by contacting their mental health providers; however, this option is more research intensive.

Although a strength of this study was the assessment of parents’ psychopathology, future research should also include measures of children’s psychopathology and other factors that may impact the parent–child relationship, such as parenting stress. It has been shown in previous research that children’s psychopathology influences parents’ decisions to seek mental health services for their children (Gustafson et al., 1994); thus, this variable is important to assess. Furthermore, details about factors influencing the parent–child relationship may provide supplementary insight into reasons why services are being underutilized by parents and children. Information about the racial and ethnic breakdown of children was not collected in this study; however, this information is important for future analyses, as are specific measures of cultural values. These variables may illuminate how race and ethnicity are related to underutilization of mental health services beyond what is already known.

Future researchers should develop help-seeking models that are geared toward the investigation of underutilization of services among minorities (Snowden & Yamada, 2005). Furthermore, examination of the role of gender and type or severity of psychopathology is warranted in future research to aid in understanding how parents make decisions about whether to seek mental health services for their children. Also important for future research is the investigation of differences and similarities in service utilization among single-parent (fathers and mothers) and dual-parent households. Research in this area will provide target points for these specific populations in intervention studies.

**Conclusions and Clinical Significance**

Overall, findings from this study can be instrumental in providing researchers with specific areas to target when developing programs to increase utilization of mental health services among parents and children. This information can be used to create tailored intervention programs to improve attitudes, decrease perception of barriers, and increase parents’ willingness to utilize mental health services in the future for themselves and their children.

Fathers and ethnic minorities utilize services the least, so researchers and clinicians should work on increasing utilization among these populations when the services are needed. Research-
ers creating such programs should focus on the various stages of help seeking, including recognizing the problem, deciding to seek help, and selecting where to get services (Cauce et al., 2002). Program developers should also target specific barriers to treatment utilization by reducing access barriers, being more flexible with mode of delivery of treatment, developing strategies to decrease premature dropout from treatment, matching interventions to families’ needs, and being culturally sensitive to clients (Phelps, Brown, & Power, 2002; Snell-Johns, Mendez, & Smith, 2004). Phares, Fields, and Bimitie (2006) described several strategies that can be used to engage fathers in treatment, including increasing family-related training in graduate programs, inviting fathers to participate in treatment and intervening when they are hesitant, creating a father-friendly environment, and being flexible in the structure of each session.

Special attention should also be paid to recruiting and retaining minorities in clinical outcome research, especially those of low SES. Developing treatments that are tailored to minority clients should improve treatment outcome and reduce premature dropout from treatment. This can be done by reaching out to “key informants” in the community (such as pasters), providing adequate training to research assistants, and being culturally sensitive to issues of ethnicity (Snowden & Yamada, 2005). As this study has shown, there are several areas that researchers and clinicians can consider when attempting to increase parents’ willingness to utilize mental health services for themselves and their children, and these strategies, once put into action, should in turn increase actual service utilization in the future.

References


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