

Children's Adjustment and Child Mental Health Service Use: The Role of Parents' Attitudes and Personal Service Use in an Upper Middle Class Sample

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Abstract Forty-one parents and their children (20 girls and 21 boys, mean age = 4.33 years, SD = 1.30) participated in a study to examine how parents' personal use of mental health services related to their attitudes toward child mental health services as well as to their children's adjustment. Results indicated that parents' attitudes and personal use of services have implications for children's adjustment and mental health utilization. Parents who personally used mental health services reported more positive help-seeking attitudes, higher level of help-seeking intentions, and lower stigmatization of child mental health services. In addition, parents who used child services in the past reported higher levels of internalizing (not externalizing) behaviors in their children, and parents' previous experience predicted child mental health service use. Results have implications for fostering positive attitudes and reducing stigma about child mental health services that may prevent parents from seeking professional help for their children.

Keywords Children's mental health · Parental attitudes · Mental health utilization · Mental health disparities

Introduction

Mental health utilization or "help-seeking" has been studied since at least the 1960s (e.g., Fischer and Turner

1970; Vogel and Wester 2003). However, much remains unexplored about why some parents resist seeking mental health services for their children. Additionally, the literature has typically focused on ethnic or low socioeconomic status populations with little attention on upper middle class parents' personal experience with mental health services and their attitudes on their use of child mental health services. Yet, nearly or more than half of all outpatient child mental health services are for those with costly, private insurance (Ringel and Sturm 2001). While a substantial number of children and adolescents are exhibiting behavioral and emotional problems, only a small number of those children actually receive treatment (National Institute of Mental Health 2004; U.S. Public Health Service 2000). This lack of services use has significant implications considering that child psychopathology may be a risk factor for future problems such as substance abuse, involvement with the correctional system, academic difficulties, health problems, and adult psychopathology (e.g., American Psychological Association 2006; Hinshaw 1992; Hofstra et al. 2003).

In the mental health help-seeking literature, several models posit pathways to service use and allow for understanding parental factors in seeking services for their child (e.g., Cauce et al. 2002; Logan and King 2001; Srebnik and Cauce 1996). Yet, previous models generally neglect parental attitudes that may preclude or promote help-seeking. One theory that may be particularly relevant to help-seeking behavior for mental health services is the theory of planned behavior (TPB) (Ajzen 1985, 1991). For health behaviors, TPB has been applied to demonstrate the impact of attitudes (i.e., how favorably or unfavorably a person views the behavior), subjective norms (i.e., societal views on performing or not performing the behavior), and perceived behavioral control (i.e., how easy or difficult the

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person views performing the behavior will be) on an individuals' intention to engage in a health-related behavior (e.g., Godin et al. 1992; Schifter and Ajzen 1985). According to the TPB, one of the best predictors of an individual performing a behavior is their intention to do so. Furthermore, attitudes have been found to be one of the strongest predictors of mental health help-seeking among adults (e.g., Miller 2004; Smith et al. 2004). Thus, theories of help-seeking for children need to consider the role of parental attitudes.

Help-Seeking and Attitudes

Help-seeking attitudes have been one of the most consistent predictor of mental health utilization in adults (e.g., Mackenzie et al. 2006; Smith et al. 2004; Vogel et al. 2007). Across different ages and racial/ethnic groups, adults' attitudes influence whether they use mental health services when needed (e.g., Alvidrez 1999; Broman 1987; Smith et al. 2004). For child mental health services, parental negative attitudes have been shown to influence help-seeking (e.g., McKay et al. 2001; Dubow et al. 1990). For example, McKay et al. (2001) found that parents' attitudes were positively associated with attendance to a child's initial appointment but there was a 49% decrease in the odds of attending if parents were skeptical of the helpfulness of mental health services. Starr et al. (2002) also reported that parents living in a rural community were less likely to seek services due to negative perceptions or attitudes of mental health professionals (e.g., treatment acceptability, fears of self-disclosure). Additionally, parents who have negative attitudes of mental health services, have been found to have a preference to seek advice from family members, friends, media "experts," religious leaders, or from self-help books and resources (Harrison et al. 2004). For example, a parent may consult with a family member or read a book on how to deal with a child that is disruptive or disobedient. The present study aims to contribute to the literature by examining the role of upper middle class parents' personal experience with mental health services as well as their attitudes on their use of child mental health services. To date, no known study has examined parents' experience with mental health services and their decision to use services for their children.

An important limitation of previous research to understanding the role of parental attitudes on help-seeking is the lack of psychometrically sound measures of parental attitudes. Previous studies involving parental attitudes have typically relied on measures consisting of five or fewer items (e.g., single item). Such methodological limitations may be reflected in somewhat inconsistent or unreliable results regarding parental help-seeking. In the adult literature, the Attitudes Toward Seeking Professional

Psychological Help Scale (*ATSPPHS*; Fischer and Turner 1970) has become the standard for studying help-seeking attitudes. Research using the *ATSPPHS* has found that attitudes predict intentions to seek help for a variety of psychological concerns (Cepeda-Benito and Short 1998; Vogel and Wester 2003; Vogel et al. 2005). Recognizing the need for a psychometrically sound measure to study parental help-seeking, the Parental Attitudes Toward Psychological Services Inventory (*PATPSI*; Turner 2006) was developed by adapting the *ATSPPHS*. The present study aims to clarify such inconsistencies in the literature by demonstrating the utility of the *PATPSI* as a research instrument to study parental help-seeking attitudes.

Mental Health Stigma and Help-Seeking

Researchers are increasingly acknowledging the importance of mental health stigma on individuals' intentions to use mental health services (e.g., Vogel et al. 2007). For example, mental health stigma has been identified by the New Freedom Commission on Mental Health as a major obstacle to Americans who suffer from mental health concerns from getting quality mental health care (Hogan 2003) by impeding people from seeking services or adhering to treatments (Corrigan 2004a, b; Cauce et al. 2002). Corrigan has described two types of stigma (a) *public stigma*, the ways in which the public reacts to a group based on stigma about that group, and (b) *self-stigma*, the reactions that individuals turn against themselves because they are members of a stigmatized group. Because young children typically need assistance from their parents, "courtesy stigma" or stigma by association such as through kinship (see Goffman 1963) may be a particularly important type of stigma to consider in child mental health. Courtesy stigma has been specifically linked to individuals who have close relationships with individuals who have been diagnosed with psychological disorders such as a spouse, relative, or parent. Hinshaw (2005) states that "parents of a child with a mental disorder may be blamed, rebuffed, and stigmatized, particularly in light of the field's [historical] tendencies to blame parents directly for causing mental disturbances. It is possible that some parents derive a sense of self partly through their child. In such cases, parents with a child experiencing a mental health condition may experience courtesy stigma and low self-esteem (Hinshaw 2005). For parents who have young children who might be exhibiting early signs of internalizing or externalizing problems, the parents may be less likely to seek mental health services for fear or shame of being perceived as having poor parenting practices.

Another important component of mental health stigma and service use is the "labeling effect". For example, one reason parents may abstain from using mental health

services is to avoid their child being “labeled”. A number of researchers have found that labeling has negative influences on parents and children including negative parent–child interactions, peer rejection of the child, and parental guilt (see Hinshaw 2005). However, researchers have also found that parents of children diagnosed with ADHD felt empowered; it reduced parental blame and increased the likelihood of obtaining treatment (Klasen 2000). Considering the impact of mental health stigma on service use, the present study aims to add to the literature by examining the influence of mental health stigma on parental help-seeking. With the lack of service use by parents of children with diagnosable difficulties, it is important to better understand what steps can be taken to improve treatment seeking when necessary.

Child Variables and Parental Help-Seeking

In addition to the previously mentioned variables, child variables (e.g., type of psychological problem) have been hypothesized to influence parental help-seeking (e.g., Cho et al. 2007; Cohen et al. 1991; Zahner and Daskalakis 1997). For children who receive services or treatment, the most common and persistent forms of child and adolescent psychopathology have been categorized into internalizing problems (e.g., intropunitive emotions or moods) and externalizing problems such as harmful and disruptive behaviors to others (Olson et al. 2005; Pavuluri et al. 1996; Zahn-Waxler et al. 2000). When looking at the influence of types of psychological problems, externalizing behaviors tend to receive treatment more often than internalizing behaviors. For example, Weisz and Weiss (1991) found that child externalizing problems (e.g., ADHD, conduct disorder) were referred significantly more than internalizing problems (e.g., anxiety, depression). It is important to note, however, that there is substantial comorbidity between internalizing and externalizing problems (Oland and Shaw 2005). Studies have reported that when examining differences in help-seekers versus those who have not sought help, externalizing problems and having higher levels of symptoms are more common (e.g., Cho et al. 2007; Pavuluri et al. 1996). However, among children with diagnosable problems, a considerable number do not receive the needed treatment. Researchers have noted that some types of symptoms and behaviors are not always perceived as distressing not due or not requiring mental health treatment (Cuffel 1997), suggesting that there may be an attitudinal component to parental utilization of child mental health services. There are at least two possible reasons for such a relationship between parental service use and child symptoms. First, parents who are willing to self-disclose information about their own previous use of mental health services are likely more resistant to

experiencing “courtesy stigma” or the fear of “labeling effect” if their child exhibited emotional or behavioral problems. Second, children’s adjustment may be associated with parents’ mental health service use especially if parents sought services for serious personal or familial problems that could directly or indirectly compromise parenting, discipline, parent–child interactions, or general family functioning (Beardslee et al. 1996; Hendrick and Daly 2000; Rutter and Quinton 2000). In the present study, we hypothesize that parents who previously sought child mental health services for their children would report higher levels of externalizing and internalizing behaviors in their children perhaps because such parents would be willing to disclose if their children exhibited such behaviors.

The Present Study and Hypotheses

The purpose of this study was to examine how parents’ own previous use of psychological services influence their attitudes toward child mental health services, stigmatizing views, and help-seeking intentions. Given that the literature tends to focus less on this population (middle class, Caucasian parents) in regards to attitudes, stigma, and service use, this is an important contribution to the literature. Majority of past research may not have focused on this group because they are often viewed as less likely to underutilize services when difficulties exist. Building upon the literature, two primary research questions were examined: (a) parents with previous experience using mental health service will report significantly more positive help-seeking attitudes, lower level of mental health stigma, and higher level of help-seeking intentions than parents with no previous service use and (b) parents’ previous experience will predict parents previous use of child mental health services. As an exploratory research question, we examined whether child internalizing or externalizing behaviors differed depending on whether parents had previous experience using mental health services.

Methods

Participants

Participants were 41 parents (38 mothers, 3 fathers) and their children (20 girls and 21 boys, mean age = 4.33 - years, SD = 1.30) who were recruited from a university community in the Southwest United States. All participants were previously involved in a different study when the children were infants. Among the child participants, parents reported that 78% were Caucasian or Non-Hispanic White, 12% were Hispanic American, and 10% identified

Table 1 Comparison of parents in sample to state population

Variables	Sample (%)	State population (%)
Ethnicity/race		
Non-Hispanic White	81	52.4
Hispanic	12	32
Other	7	15.6
Education		
High school or below	12.5	49.2
College degree	40	20.8
Graduate degree	47.5	7

Data on the state population was obtained from the U.S. Census Bureau (2009)

as other. Among parents, 81% identified as Caucasian or Non-Hispanic White, 12% identified as Hispanic American, and 7% identified as other. In regard to education, 47.5% had a graduate (masters or doctoral) degree, 40% had bachelor's degree, and 12.5% had a middle or grade school education. When comparing the sample of participants to data from the U.S. Census Bureau (2009) on statistics of the state, the sample was slightly over represented by Non-Hispanic Whites, and those with a graduate degree. Refer to Table 1 for a comparison of the sample to the state demographics. In regard to annual household income, 31% earned \$100,000 or more, 31% earned between \$75,000 and \$100,000, 23% earned between \$50,000 and \$75,000, and 15% earned between \$25,000 and \$50,000. For this study, "middle class" was broadly defined on the basis of parental income and educational level. According to the U.S. Census Bureau (2007), the median household income was \$55,742 for the state where participants were recruited.

Procedures

Parents and children were invited to a university clinic to participate in research that was approved by the institutional ethnics and human research board. For this study, parents completed a series of questionnaires. In addition, parents and children participated in a series of observational assessments and measures that are not included as part of the present study. At the end of the sessions, parents were debriefed and both parents and children received complementary t-shirts for their participation.

Measures

Parents reported information on their children's internalizing and externalizing behaviors, attitudes toward child mental health, and experiences with mental health services.

Child internalizing and externalizing behaviors Parents reported on their children's internalizing and externalizing

behavior symptoms using the *Behavior Assessment System for Children-2* (BASC-2; Reynolds and Kamphaus 2004). The BASC-2 measures nine clinical scales and five adaptive behavior scales. The present study used age appropriate versions of the BASC-2 for each child (25 completed the preschool and 16 completed the child version). The internalizing and externalizing *T*-scores were used in the present study. The scale consists of 134 items, scored on a Likert-scale from 1 (never) to 4 (almost always). Alpha coefficients for the internalizing and externalizing scales have suggested good reliability. Reliabilities for the preschool and child version were .90, .87, and .92, .90, respectively (Reynolds and Kamphaus 2004).

Attitudes toward child mental health To assess parents' help-seeking attitudes toward child mental health services, the *Parental Attitudes Toward Psychological Services Inventory* (PATPSI) was used ($\alpha = .88$). Alpha coefficients of .80 are considered desirable and .60s and .70s are good or adequate (Clark and Watson 1995). The measure consists of 26 Likert-type items scored from 0 (strongly disagree) to 5 (strongly agree). Subscales of the PATPSI include: (a) *Help-Seeking Attitudes* (9 items, $\alpha = .68$), which reflects individuals recognizing that a psychological problems exists and they are open to the possibility of seeking professional help, (b) *Help-Seeking Intentions* (9 items, $\alpha = .78$), reflecting the extent to which individuals believe they are willing and able to seek professional psychological help, and (c) *Stigmatization* (8 items, $\alpha = .83$), reflecting the extent to which individuals are concerned about how others might think should they find out they were seeking professional help for psychological problems. Scores used in analyses were computed by averaging across items for each of the three subscales.

Experience with mental health services After completing the PATPSI, parents reported whether they personally had previous experience with mental health services at any point in their life and whether they had ever previously used mental health services for any of their children. Responses were coded as "yes" (1) or "no" (0).

Results

Data Analytic Procedures

Descriptive and preliminary analyses were first conducted, and differences in participants' demographic characteristics (i.e., children's age, gender and ethnicity, parents' ethnicity, and familial annual income) on the major variables (i.e., child internalizing, child externalizing, help-seeking intentions, help-seeking attitudes, stigmatization, parental past service use, child past service use) were examined. Correlational analyses were also conducted to

examine relationships among the major continuous variables. Primary analyses were then conducted using MANOVAs and ANOVAs to examine the proposed research questions.

Preliminary Analyses

Descriptive statistics were conducted and the means and standard deviations for the major continuous variables as well as the frequencies of previous experiences with mental health services for the total sample, girls and boys, are presented in Table 2. Major continuous variables were first screened for normality and outliers. None of the major continuous variables were skewed according to the cutoff values of 2 for skewness and 7 for kurtosis (West et al. 1995). Furthermore, no outliers were detected based on the frequencies and distribution of the major continuous variables (Barnett and Lewis 1994).

Relationships among Familial Background Variables and Major Variables

Potential relationships between demographic variables and major continuous variables (i.e., child symptoms, service use, attitudes, stigma, and help-seeking) were examined to reduce the likelihood that omitted third variables might account for results from this study. Because demographic variables are not the focus of the present study, we summarize significant relationships that were found between demographic and major variables rather than providing all the statistical findings. Excluding marginally significant findings, child's age was the only demographic variables that were significantly associated with the major continuous variables. For the dichotomous variables of parent's and child's past service use, we summarize demographic

information of participants with and without prior mental health service use in Table 3. Note that of the six children who have used mental health services, all were Caucasian.

Age and major variables To examine if age was associated with major continuous variables, zero-order correlations were conducted. Age was positively associated with stigmatization, $r(39) = .34, P < .05$.

Gender and major variables To examine if boys and girls differed on the major variables, single-factor (gender) multivariate analyses of variance (MANOVA) was conducted on the major continuous variables. Marginally significant gender differences were found on the major variables, Wilks's $F_s(5, 35) = 2.11, P < .10$. Univariate effects indicated that parents rated girls ($M = 57.95, SD = 8.74$) higher than boys ($M = 50.67, SD = 8.34$) on internalizing behaviors, $F(1, 39) = 7.46, P < .01$.

Ethnicity and major variables Ethnicity was coded as Caucasian or non-Hispanic white and Hispanic American or other. For mothers' and fathers' ethnicity, no differences on major variables were found. Marginally significant ethnic differences were found for children on the major variables, Wilks's $F_s(5, 35) = 2.19, P < .10$. Univariate effects indicated that parents of Caucasian or non-Hispanic white children ($M = 3.95, SD = .59$) reported marginally higher level of help-seeking intention than parents of Hispanic American/Other children ($M = 3.51, SD = .69$), $F(1, 39) = 3.66, P < .10$.

Familial income and major variables No differences on major variables were found across levels of familial annual income (coded as \$25,000 to \$75,000, \$75,000 to \$100,000, and \$100,000 or higher), Wilks's $F_s(10, 62) = 1.03, ns$.

Correlational Analyses

Controlling for child's age and gender, partial correlational analyses were conducted to examine relationships between measures of child adjustment (i.e., internalizing and externalizing behaviors) and parental attitudes toward child mental health (i.e., help-seeking attitudes, help-seeking intentions, and stigmatization). Because partial correlations are in Table 4, we highlight the general patterns. All three subscales of the *PATPSI* were significantly correlated with one another in the expected directions. Child internalizing and externalizing behaviors were significantly positively correlated with one another, but neither were related to parental attitudes toward child mental health.

Results of Major Research Questions

Do parental attitudes toward child mental health differ depending on parental experience with mental health

Table 2 Descriptive statistics for major variables

Variable	Total sample ($N = 41$)	Boys ($n = 21$)	Girls ($n = 20$)
Externalizing	51.29 (7.60)	51.24 (8.10)	51.35 (7.19)
Internalizing	54.22 (9.20)	50.67 (8.34)	57.95 (8.74)
HS intentions	3.85 (.63)	3.88 (.66)	3.82 (.62)
Stigmatization	3.70 (.67)	3.73 (.66)	3.66 (.69)
HS attitude	3.77 (.52)	3.68 (.53)	3.87 (.51)
Past service use	n (%)	n (%)	n (%)
Parent	18 (43.90)	7 (33.30)	11 (55.00)
Child	6 (14.60)	3 (14.30)	3 (15.00)

Externalizing and internalizing symptoms are reported in T -scores (scores higher than 70T = clinical range)

HS help-seeking

Table 3 Demographic information of parents and children based on past service use status

	Child's past service use		Parent's past service use	
	No (%)	Yes (%)	No (%)	Yes (%)
Child's age				
3 years	42.9	50	39.1	50
4 years	5.7	16.7	4.3	11.1
5 years	22.9	0	30.4	5.6
6 years	2.9	33.3	26.1	33.4
Child's gender				
Male	51.4	50	60.9	38.9
Female	48.6	50	39.1	61.1
Child's ethnicity				
Non-caucasian	25.7	0	21.7	22.2
Caucasian	74.3	100	78.3	77.8
Mother's ethnicity				
Non-caucasian	22.9	0	21.7	16.7
Caucasian	77.1	100	78.3	83.3
Father's ethnicity				
Non-caucasian	20	0	13	22.2
Caucasian	80	100	87	77.8
Income				
\$25,000 to 50,000	36.4	50	36.4	41.2
\$50,000 to \$75,000	33.3	16.7	31.8	29.4
\$75,000 or higher	30.3	33.3	31.8	29.4

services? A single-factor (previous experience) MANOVA was conducted on parental attitudes toward child mental health (i.e., help-seeking attitudes, help-seeking intentions, and stigmatization) and significant differences were found, Wilks's $F(3, 37) = 3.35, P < .05$. Univariate effects indicated that parents who had previous experience with mental health services reported more positive help-seeking attitudes, higher level of help-seeking intentions, and lower stigmatization than parents without previous experience with mental health services, $F_s(1,39) = 8.23, 6.47, \text{ and } 5.95, P < .05$, respectively.

Does parental experience with mental health services predict use of child mental health services? Simple linear regression was used with parental past experience as the predictor of child mental health service use. Regression

analyses indicated that parental past use of mental health services significantly predicted child use of mental health services, $F(1, 39) = 10.94, P = .002, R^2 = .22, \beta = .33$.

Do child internalizing or externalizing behaviors differ depending on parental experience with mental health services? A single-factor (previous experience) MANOVA was conducted on child internalizing and externalizing behaviors, and marginally significant differences were found, Wilks's $F(2, 38) = 3.07, P < .06$. Univariate effects indicated that parents who had previous experience with mental health services reported higher internalizing (but not externalizing) behaviors for their children than parents without previous experience with mental health services, $F_s(1, 39) = 6.30 \text{ and } 1.11, P < .05 \text{ and } ns$, respectively.

Table 4 Partial correlations controlling for child's age and gender among continuous variables

Variables	1	2	3	4	5
1. Externalizing	–	.46**	–.13	.05	–.23
2. Internalizing		–	–.04	.21	–.03
3. HS intentions			–	–.57***	.69***
4. Stigmatization				–	–.46**
5. HS attitudes					–

* $P < .05$, ** $P < .01$, *** $P < .001$

Discussion and Conclusions

The present study examined how parents' personal use of mental health services related to their attitudes toward child mental health services, stigmatization, and help-seeking, as well as, to their children's adjustment. Previous studies have reported the importance of parent's attitudes on intentions to use child mental health services (e.g., Diala et al. 2000; McKay et al. 2001). But, to our knowledge, this is the first study to examine how parents' personal

experience with mental health services related to service use for their children. Furthermore, results from the present study demonstrated that the *PATPSI* is a relatively reliable and useful measure in the study of parental attitudes on children's mental health services.

Measurement of Attitudes toward Child Mental Health

There has been a general lack of psychometrically sound measures in the study of parental attitudes on children's mental health services that may partly contribute to some inconsistent findings in this area of research (Link et al. 2004). In the present sample, the *PATPSI* was found to have adequate reliability. Additionally, the subscales of the *PATPSI* were all inter-related in the expect directions. Thus, the *PATPSI* was found to be a measure that adequately assessed parental intentions, attitudes toward child mental health services, and mental health stigma.

Parental Variables and Mental Health Services

In the present study, results were consistent with previous research showing that attitudes contribute to intentions to use mental health services (e.g., Fischer and Turner 1970; Smith et al. 2004). Specifically, results indicated that parents who had previous experience with mental health services reported more positive help-seeking attitudes, higher level of help-seeking intentions, and lower stigmatization than parents without previous experience with mental health services. Considering the rates of unmet need (i.e., lack of services use given diagnosable problems) for children, it is important to understand how help-seeking attitudes are associated with actual services use. In regard to mental health stigma, our findings are consistent with previous literature showing that adults with higher stigma have lower intentions to seek services (e.g., Vogel et al. 2007). Specifically, we found that parents who had previous experiences with mental health services reported lower levels of stigma toward child mental health services than parents with no previous experiences with mental health services. For parents who hold stigmatizing views towards seeking services, "courtesy stigma" or "labeling effects" could be one concern if their child were exhibiting early signs of internalizing or externalizing problems (Hinshaw 2005). However, in some circumstances having a child receive an actual diagnosis empowers the parent and reduces parental blame (Klasen 2000). Future research should explore what moderating variables might heighten or reduce parents' negative perceptions and feelings associated with their child's internalizing or externalizing symptoms.

Consistent with previous literature (e.g., Gonzales et al. 2005), the relationships between familial background

variables indicated that parents of girls reported marginally higher internalizing problems and non-Hispanic Caucasian parents reported marginally higher levels of help-seeking intentions than Hispanic parents. Studies typically report that non-Hispanic Caucasians report more positive attitudes toward mental health and higher help-seeking intentions (e.g., Gonzales et al. 2005; Yeh et al. 2003).

Parental Service Use and Child Symptoms

The present study also examined whether there were differences in children's emotional or behavioral symptoms based on parents' previous experience with mental health services. Although internalizing and externalizing behaviors were significantly positively related in this sample as is found in past research (Oland and Shaw 2005), our results indicated that parents who had, compared to those who never had, previous experience with mental health services reported higher internalizing (but not externalizing) behaviors. There are several potential explanations for this finding. First, internalizing, not externalizing, symptoms reached the level of diagnosable problems in the present sample, with only two children reaching that level (i.e., scoring above 70T on the internalizing subscale of the *BASC-2*). This is not surprising given that the present sample was normative or non-clinical. However, the distribution was not significantly skewed in any direction. Of interest is that descriptive analyses indicated that the two children who had clinically diagnosable internalizing symptoms were both girls. These results are consistent with the literature showing that internalizing problems are typically more common in females than males (Flannery-Schroeder et al. 1996). Secondly, it is unclear how parents' previous experience relates to children's emotional or behavioral symptoms. Although parents in the present study reported their experience with mental health services, information was not collected on why (e.g., for what types of presenting problems) they were seeking services. For example, parents may have sought services for a wide range of reasons including emotional problems (e.g., depression), family difficulties, marital problems, or personal improvement and some of these reasons could be associated with, or reflected in, more behavioral and adjustment problems in their children. Studies have found that marital difficulties and parenting stress are associated with more difficulties in children (e.g., Holden and Ritchie 1991; Mash and Johnston 1983; Webster-Stratton and Hammond 1999). Additionally, parenting styles or techniques have been found to influence emotional and behavioral problems in young children (e.g., Querido et al. 2002). Future studies should inquire what types of services these parents have used and for what reasons. Understanding the types of services that parents seek for their

own mental health needs might provide some information about the home environment and help contextualize children's behavioral problems if any were exhibited. Due to the present study using a non-clinical sample from a university community, it was not surprising that few preschool aged children had received previous services. It is possible that results may vary depending on the severity and type of children's symptoms. Interestingly, child age was positively correlated with stigmatization in the present sample. We are unsure why such relationships were found, but it is possible that age and gender differences in parental attitudes and child symptoms may emerge later in childhood. Further research is needed to explore gender and developmental differences in children's mental health service use.

Limitations and Future Directions

The present study confirmed that the *PATSPI* is a reliable and useful measure, and supported the view that parents' attitudes and personal use of mental health services have implications for children's adjustment and mental health. However, present results should be interpreted with several caveats in mind. First, all variables in this study were based on parents' reports. Future studies could include multi-reporter information on child's adjustment (e.g., non-parental caregiver or teacher report) or include observational measures of emotional and behavioral reactions that may be associated with child's adjustment. Secondly, the small sample size of this study may have reduced the statistical power to detect some meaningful (such as several marginally significant results that approached significance) findings. Albeit the small sample size, several significant findings were revealed. Additionally, this was a normative sample consisting of primarily upper middle-class non-Hispanic Caucasian families. Therefore, we are unsure whether our results may generalize to families from other ethnic/racial or socioeconomic groups. It is possible that some racial and regional differences may exist that this study was not able to explore. Importantly, previous studies on children's mental health services tend to focus on low income populations and generally find underutilization in low income families (e.g., Zimmerman 2005). Yet, few studies exist on middle or upper middle class families, perhaps because they are often viewed as less likely to underutilize services. To best serve the mental health needs of children, future studies should include larger and more diverse (including non-clinical and clinical) samples to identify similarities or differences in findings across communities of families.

Although our findings indicate that parents' positive attitudes are associated with personal experience with mental health services, our study was not designed to

address the issue of whether parents' attitudes precluded personal service use or child service use (e.g., attitude-behavior distinctions). Future studies should examine the directionality of attitudes and services use. Importantly, if attitudes and stigma are significantly related to the use of mental health services for children, interventions that target changes in attitudes or destigmatization may reduce barriers to service use. For example, Alvidrez et al. (2005) conducted a study to examine the effects of a brief 15-min psychoeducational intervention on medical patients referred for psychotherapy. Results were promising, indicating that a stigma psychoeducation intervention was effective in increasing attendance and entry to mental health providers for adults. Further research is needed to examine whether similar psychoeducational interventions may be useful to improve parents' attitudes and reduce stigma towards child mental health services across diverse communities of families.

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