

When is it time to seek help? New tools to measure parents' judgments about children's mental health

Ava T. Casados¹, Nancy Lu¹, Vanessa Sheriden²

¹ Yale University, ²University of New Haven

INTRODUCTION

Nearly one in every two Americans suffers from mental illness during their lifetimes, but most do not receive prompt psychological care. In a given year, up to 70% of those who could benefit from psychological treatment do not seek treatment (e.g., Kessler et al., 2005). The gap between symptom onset and treatment delivery is especially pronounced for children and adolescents (e.g., Kohn, Saxena, Levav, & Saraceno, 2004).

Without prompt care especially in childhood, mental illness symptoms are more likely to become exacerbated, result in comorbid diagnoses, and become increasingly problematic in adulthood (de Girolamo, Dagani, Purccell, Cocchi, & McGorry, 2012; Kessler et al., 2007).

In order to solve this problem, we must understand the barriers and facilitators to seeking treatment. One frequently cited barrier to seeking treatment is the inability to recognize when a mental illness is occurring (Mojtabai et al., 2011). Without recognition of a mental illness, the path to treatment cannot be started.

Because parents begin the treatment-seeking process for children, it is necessary that we learn how to best improve adults' ability to recognize when a child is in need of mental health services (Logan and King, 2006).

The Present Studies

Using a thorough literature review on existing assessment measures and barriers to care, focus groups and interviews with parents, and consultations with clinicians and researchers of children's mental health, we created two scales to determine when adults do or do not recognize mental health needs in children.

The scales cover two constructs:

- Judgments about whether a child has a psychological problem
- Judgments about whether a child needs treatment

The broad goals of these studies are to answer currently unanswered questions regarding psychological factors that may be maintaining low rates of treatment.

METHOD and RESULTS

Study 1: Scale Development

Phase I: A list of 93 items was generated via the use of:

- Literature review (e.g., Angold & Costello, 2000; Garralda & Bailey, 1998; Pescosolido et al., 2008)
- Focus groups and interviews with parents (N = 9)
- Consultation with experts in children's mental health (e.g., researchers and clinicians with expertise in child anxiety, child trauma, early psychosis, family therapy)

Phase II:

Sample: 158 parents of children ages 0-18 years, recruited through Amazon's Mechanical Turk **Procedure**: Participants were randomly assigned to read one of four vignettes (Emma, Emily, Michael, William) all describing an 8-year-old child with moderate mental illness. They were then asked to consider the child while responding to the preliminary list of 93 possible items.

Results: Principal Components Analysis (PCA) supported two distinct factors, with a criterion for inclusion set at factor loading ≥ .600.

Recognition of a Problem

Item-Remainder Correlation: .316 - .881 19 items loaded ≥ .600 on Factor 1 Cronbach's Alpha: .957

Recognition of the Need for Help

Item-Remainder Correlation: .265 - .914 54 items loaded ≥ .600 on Factor 2 Cronbach's Alpha: .989

No item loaded ≥ .600 on both factors Correlation between factors: .716

Study 2: Scale Psychometrics

Sample: 198 parents of children ages 0-18 years, recruited through Amazon's Mechanical Turk **Procedure**: Participants were randomly assigned to read one of the same four vignettes used in Study 1, all describing an 8-year-old child with moderate mental illness. Participants were then asked to consider the child while responding to the revised list of items from Scale A (Recognition of a Problem), and Scale B (Recognition of the Need for Professional Help), with order counterbalanced.

Results: Principal Components Analysis (PCA) again supported the same two factors, with a criterion for inclusion set at factor loading ≥ .400.



Recognition of a Problem

Item-Remainder Correlation: .134 - .827
Cronbach's Alpha: .953
Ex. "This child has a mental illness"
"This child has a serious problem"



Recognition of the Need for Help

Item-Remainder Correlation: .220 - .877
Cronbach's Alpha: .984
Ex. "This child needs professional help"
"This child needs psychotherapy"

Correlation between factors: .676

DISCUSSION

In these studies, we sought to produce scales that can be used to examine key steps in parents' decisions to seek psychological treatment for their children. As predicted, two factors emerged in Study 1: (a) Recognition of a problem, and (b) Recognition of the need for professional help.

This same factor structure was replicated in Study 2. The factors were found to be moderately correlated but not redundant. Recognition that a problem is occurring may be a pre-requisite for recognizing that treatment is needed.

Future Directions and Implications

In Study 3, we will continue the scale validation process by focusing on construct validity. Related constructs and moderators (e.g., mental illness stigma, parent empathy, symptom severity) will be examined.

Once validated, these new scales will help to expand our knowledge about parent's treatment-seeking decisions. These scales can be valuable tools for research on:

- barriers to treatment-use (i.e., how certain factors interfere with recognition of mental health needs)
- evaluations of the efficacy of mental health education programs
- disparities in treatment use (e.g., by exploring how gender, race, age, etc. influence the likelihood that a child's mental illness will be recognized as problematic and warranting treatment)

This information can ultimately help to improve earlier recognition of childhood mental illness, and reduce delays in treatment seeking.

Angold, A., & Costello, E. J. (2000). The child and adolescent psychiatric assessment (CAPA).

Journal of the American Academy of Child & Adolescent Psychiatry, 39, 39-48.

De Girolamo, G., Dagani, J., Purcell, R., Cocchi, A., & McGorry, P. D. (2012). Age of onset of mental disorders and use of mental health services: Needs, opportunities and obstacles.

Epidemiology and Psychiatric Science, 21, 47-57.

Garralda, M. E., & Bailey, D. (1988). Child and family factors associated with referral to child psychiatrists. *The British Journal of Psychiatry*, *153*, 81-89.

Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627.

Kessler, R. C., Angermeyer, M., Anthony, J. C., de Graaf, R., Demyttenaere, K., Gasquet, I., ...
Uestuen, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6 168-176

Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. Bulletin of the World Health Organization, 82, 858-866.

Logan, D. E., & King, C. A. (2001). Parental facilitation of adolescent mental health service utilization A conceptual and empirical review. *Clinical Psychology: Science and Practice*, *8*, 319-333. Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., . . . Kessler, R. C. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication. *Psychological Medicine*, *41*, 1751-1761. doi:10.1017/s0033291710002291

Pescosolido, B. A., Jensen, P. S., Martin, J. K., Perry, B. L., Olafsdottir, S., & Fettes, D. (2008). Public knowledge and assessment of child mental health problems: Findings from the National Stigma Study-Children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 339-349.

Contact: ava.casados@yale.edu