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Predictors of Help Seeking Among Early Adolescents: Stages and Factors

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PREDICTORS OF HELP SEEKING AMONG EARLY ADOLESCENTS:

STAGES AND FACTORS

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ABSTRACT

The present study examined mental health help seeking among early adolescents. Drawing from past research (Andersen & Newman, 1973; Andersen, 1995; Srebnik, Cauce, & Baydar, 1996), help seeking was examined in the context of stages and factors. Help-seeking stages were: (1) problem recognition, (2) perceiving a need for professional help with problems, and (3) seeking professional help for problems. Factors believed to be related to help-seeking stages were predisposing factors (i.e., gender, age, prior professional help seeking), enabling/inhibiting factors (i.e., barriers to help seeking), and need factors (i.e., adolescent stress and psychological distress, parents' perceptions of adolescent stress, psychological distress, and impact of adolescent problems). Both adolescents and parents were surveyed to examine help seeking and relations between parent and adolescent reports.

Participants were 193 adolescents (60 males, 133 females) ranging in age from 11- to 15-years, and 110 parents. All participants completed measures assessing demographic variables, help-seeking behaviour, adolescent stress and psychological distress, and perceived barriers to help seeking. Parents also completed a measure assessing perceived impact of adolescent problems. Adolescent problem recognition was predicted by prior professional help seeking and psychological distress. Perceiving a need for professional help was predicted by prior professional help seeking, stress level, and the belief that nothing would help. Seeking professional help was predicted by perceived stigma. Parental problem recognition was predicted by greater impact of adolescent problems. Perceiving a need for professional help was predicted by prior professional help seeking and greater impact of adolescent problems. When considering

adolescent- and parent-reported factors simultaneously in predicting adolescent help-seeking stages, adolescent-reported stress was the most robust predictor.

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Finally, I dedicate this dissertation to my grandmother who, against all odds, stuck around to brag that her granddaughter is (finally!) a doctor.

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CHAPTER I

Introduction

Mental health problems represent the most significant health concerns facing Canadian youth today (Waddell, McEwan, Shepherd, Offord, & Hua, 2005). Recent epidemiological research indicates that 14% of Canadian youth (1.1 million; 4- to 17-years) demonstrate mental health disorders, including problems with anxiety, attention, behaviour, and mood (Waddell et al., 2005; Waddell, Offord, Shepherd, Hua, & McEwan, 2002). These statistics may represent an underestimation of actual prevalence rates as accurate identification of disorders may be obscured by ambiguity in diagnostic thresholds, comorbidities, and informants (Lin et al., 1996; Pagano, Cassidy, Little, Murphy, & Jellinek, 2000; Pescosolido et al., 2008). Mental health problems that have their onset in childhood and adolescence are associated with severe and long-lasting illness and high rates of recurrence in adulthood (Hofstra, van der Ende, & Verhulst, 2001; Roza, Hofstra, van der Ende, & Verhulst, 2003; The World Health Organization, 2001; Waddell et al., 2005). Researchers have documented that the presence of mental health issues is not a sufficient condition to merit seeking help as most youth do not seek help for psychological problems (Ezpeleta, Granero, de la Osa, Domenech, & Guillamon, 2002; Morrissey-Kane & Prinz, 1999; Verhulst & van der Ende, 1997; Wu et al., 2001). Likewise, most parents do not seek mental health help for adolescent psychological difficulties (Douma, Dekker, De Ruiter, Verhulst, & Koot, 2006; Raviv, Raviv, Edelstein-Dolev, & Silberstein, 2003; Sayal, 2006; Zwaanswijk et al., 2007). The purpose of the present study is to examine help seeking for mental health problems

among early adolescents and their parents, and the relations between predisposing, enabling/inhibiting, and need factors and help-seeking behaviour.

Help seeking refers to the act of seeking support or assistance (e.g., from mental health professionals) in an effort to manage stress or distress (Gourash, 1978; Srebnik, Cauce, & Baydar, 1996). Help seeking is generally considered a learned skill that is instrumental, adaptive, and associated with psychological well-being (DePaulo, 1983; Schonert-Reichl, 2003; Unrau & Grinnell, 2005). Recently, adolescent help seeking has been conceptualized as a multi-step process that is influenced by predisposing, enabling/inhibiting, and need factors (Bergeron, Poirier, Fournier, Roberge, & Barrette, 2005; Bussing, Zima, Gary, & Garvan, 2003; Cauce et al., 2002; Ezpeleta et al., 2002; Logan & King, 2001; Sears, 2004; Srebnik et al., 1996; Unrau & Grinnell, 2005; Zima, Bussing, Yang, & Belin, 2000). From this research, help seeking consists of three stages: (1) problem recognition, (2) perceiving a need for professional help, and (3) seeking professional help. These stages are not intended to be sequential or linear (Cauce et al., 2002; Srebnik et al., 1996).

Predisposing factors are defined as individual characteristics that influence the likelihood that a person will seek help, such as gender, age, and prior help seeking behaviour (Andersen & Newman, 1973; Andersen, 1995; Srebnik et al., 1996). Even though an individual may be predisposed to seek help, additional factors may enable or inhibit help seeking (Andersen & Newman, 1973; Andersen, 1995; Srebnik et al., 1996). Adolescents' perceived barriers to seeking help represent an important factor inhibiting help-seeking behaviour (Srebnik et al., 1996; Unrau & Grinnell, 2005; Zwaanswijk et al., 2007). Need factors refer to an individual's (i.e., adolescents' or parents') objective or

subjective determinants of need, including psychological symptoms and perceived burden of difficulties (Andersen & Newman, 1973; Bergeron et al., 2005; Srebnik et al., 1996). From the literature it appears that, for most youth the decision of whether or not to seek help is not a straightforward choice, but a complex decision-making process involving many factors.

Most research investigating adolescents' help-seeking behaviour has been conducted with older adolescents (i.e., 16- to 19-years of age) (Kuhl, Jarkon-Horlick, & Morrissey, 1997; Menna & Ruck, 2004; Rickwood & Braithwaite, 1994; Sheffield, Fiorenza, & Sofronoff, 2004; Stanhope, Menna, & Newby-Clark, 2003; Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003). There is a paucity of research examining help-seeking behaviour among early adolescents (i.e., 11- to 14 years). Past studies have frequently included early adolescents within child samples and have assessed help seeking through parent-report (Angold et al., 1998; Cuffe et al., 1995; Farmer, Stangl, Burns, Costello, & Angold, 1999; Kazdin, Holland, Crowley, & Breton, 1997).

Early adolescence is a developmental period that merits greater consideration in the help-seeking literature for several reasons. First, during early adolescence youth are developing increased decision-making around health-related behaviours (Spear & Kulbok, 2004; Steinberg, 2001). Second, early adolescents encounter increased opportunities for help seeking given the multiple changes in relationships, education, social, emotional and physical development (Petersen, Leffert, Graham, Alwin, & Ding, 1997; Wenz-Gross, Siperstein, Untch, & Widaman, 1997). These multiple, concurrent life transitions in early adolescence have been associated with increased risk of negative consequences for self-esteem, academic performance, and psychological adjustment

(DuBois et al., 1992; Ge, Lorenz, Conger, Elder, & Simons, 1994; Larson & Ham, 1993). Third, many mental health problems have their onset in early adolescence and half of all life-long mental disorders have their onset before age 14 (Centre for Addiction and Mental Health, 2004; Ge et al., 1994; Kessler et al., 2007; Kessler et al., 2005; Lewinsohn, Rohde, & Seely, 1998; Roza et al., 2003; Seiffge-Krenke & Stemmler, 2002). Lastly, it is during early adolescence that gender differences emerge in rates of reported problems whereby females are more likely to exhibit emotional problems and males are more likely to exhibit behavioural problems (Centre for Addiction and Mental Health, 2004; Galambos, Leadbeater, & Barker, 2004; Ge et al., 1994; Laitinen-Krispijn, Van der Ende, Wierdsma, & Verhulst, 1999; Nolen-Hoeksema & Girgus, 1994). In sum, early adolescence is an ideal developmental stage in which to study help seeking given the significance of this developmental period from a mental health perspective.

The purpose of the present study is to examine mental health help seeking among early adolescents. Three stages of adolescent help seeking (i.e., problem recognition, perceiving a need for professional help, and seeking professional help) are examined with respect to specific predisposing factors (i.e., gender, age, prior professional help seeking), enabling/inhibiting factors (i.e., barriers to help seeking), and need factors (i.e., adolescent stress and psychological distress, parents' perceptions of adolescent stress, psychological distress, and impact of adolescent problems). Given that early adolescents' mental health help seeking is most often parent-mediated, both adolescents and parents are surveyed to examine help seeking and relations between parent and adolescent report.

Adolescent Help Seeking

Mental health help seeking generally refers to efforts made by adolescents, or their parents, to seek help from formal resources (e.g., psychologists, social workers, psychiatrists) in dealing with psychological issues (Cauce & Srebnik, 2003). Estimates of adolescents who access mental health services typically range from about one-fourth to one-half of teenagers (Bergeron et al., 2005; Unrau & Grinnell, 2005; Verhulst & van der Ende, 1997; Zwaanswijk et al., 2007). In a study of young Canadians (15- 24-years), Bergeron et al. (2005) reported that 25% of youth had accessed mental health services. In a study of 114 Dutch adolescents (12- to 17-years), Zwaanswijk et al. (2007) reported that 16.5% of adolescents had utilized mental health services. From prior research, it is generally understood that adolescents do not readily seek mental health help.

The extant literature has revealed a general reluctance among adolescents to utilize formal help-seeking resources in favour of informal resources, particularly peers and parents (Boldero & Fallon, 1995; Kalafat, 2003; Offer, Howard, Schonert, & Ostrov, 1991; Rickwood, Deane, Wilson, & Ciarrochi, 2005; Rickwood & Braithwaite, 1994; Rickwood , Deane, & Wilson, 2007; Sheffield et al., 2004). For instance, Boldero and Fallon (1995) asked 1,013 Australian junior high and high school students from whom they sought help in dealing with a personal problem in the last six months. Response options included friends, teachers, parents, counsellor, or doctor. Their findings revealed that adolescents most often sought help from friends (40%), parents (36%), professionals (12%), and teachers (11%). In a similar study, Dubow, Lovko, and Kausch (1990) assessed 1,384 American junior high and high school students' utilization of 27 potential help-seeking resources (e.g., family, friends, school personnel, physicians, mental health

resources) in response to a health-related problem or concern. Findings revealed that most adolescents asked friends (89%) and family (81%) for help. Less than 10% of adolescents consulted agencies specializing in mental health, substance abuse, and sexual health difficulties. More than half of adolescents in this sample reported being unaware of many available mental health resources (e.g., mental health agency, psychologist/ psychiatrist, crisis hotline). Stanhope (2002) examined adolescent help seeking for stressful problems in a sample of 451 Canadian high school students (ages 14-to 18-years). Adolescents who reported having sought help for their most stressful problem in the last six months (n = 285) were asked to indicate from whom they had sought help from a list of 25 help-seeking resources. Adolescents most often sought help from their best friend (66%), mother (60%), or friend (54%). The least frequently sought resources were telephone help-line (1%) and psychologist (1%). Overall, past research suggests that adolescents seek help from informal resources more often than from formal resources.

Predisposing Factors to Help-Seeking

Predisposing factors refer to individual characteristics that influence one's likelihood to seek help (Andersen & Newman, 1973; Andersen, 1995; Srebnik et al., 1996). Predisposing factors are generally present before the onset of difficulties and are related to a person's propensity to seek help, though they are not directly responsible for service use (Andersen & Newman, 1973; Bergeron et al., 2005). Past researchers have identified a number of factors believed to influence help seeking, such as gender, age, ethnicity, socioeconomic status, and prior professional help seeking (Andersen & Newman, 1973; Andersen, 1995; Bergeron et al., 2005; Cauce et al., 2002; Rickwood et

al., 2005; Srebnik et al., 1996; Zima et al., 2000). Few studies have examined these factors in the context of an established conceptual help-seeking framework. Several predisposing factors pertinent to the present investigation of mental health help seeking among early adolescents are reviewed below.

Gender

Among the factors examined in the help-seeking literature, gender is the factor that seems to differentiate between those adolescents who do seek help, and those who do not. Past studies, using both adult and adolescent samples, have found that females are more likely than males to seek help from mental health professionals (Adlaf, Paglia-Boak, Beitchman, & Wolfe, 2004; Bland, Newman, & Orn, 1997; Farrand, Parker, & Lee, 2007; Gasquet, Chavance, Ledoux, & Choquet, 1997; Kessler, Brown, & Broman, 1981; Lin et al., 1996; Rickwood et al., 2005; Schonert-Reichl & Muller, 1996). For example, Schonert-Reichl and Muller (1996) examined factors associated with seeking help for emotional problems amongst 221 adolescents between the ages of 13- to 18-years. They assessed adolescents' help seeking from friends, mothers, fathers, and professionals (e.g., social worker, psychologist, psychiatrist). Their findings revealed that females more often sought help from mothers, friends, and professionals as compared to males. More recently, Rickwood et al. (2005) summarized findings from a large-scale research study examining factors influencing mental health help seeking amongst 2,721 Australian adolescents (ages 14- to 24-years). The authors reported that, compared to males, females were more likely to intend to seek help and to actually seek help from friends, family, and formal resources (e.g., mental health professionals).

Gender differences have also been reported in studies examining adolescents' reluctance to seek help. For instance, Kuhl et al. (1997) examined factors underlying high school students' (N = 280) reluctance to seek help from mental health professionals. Kuhl et al. found that females were less reluctant than males to seek help from mental health professionals. Stanhope, Menna, and Newby-Clarke (2003) also assessed high school students' reluctance to seek professional help (N = 451) and reported that females were less reluctant than males to seek help from both informal resources (e.g., parents, peers, teachers) and formal resources (e.g., mental health profession).

A number of explanations have been suggested to account for gender differences in adolescent help-seeking behaviour. Some authors have attributed gender differences to differential socialization. These authors suggest that males are taught that seeking help is incongruent with masculine norms, whereas females are encouraged to discuss problems (Benenson & Koulnazarian, 2008; Davies et al., 2000; Moller-Leimkuhler, 2002; Timlin-Scalera et al., 2003). Other authors have attributed gender differences to females reporting greater levels of psychological distress relative to males (Kessler et al., 1981; McMullen & Gross, 1983; Nolen-Hoeksema & Girgus, 1994). A related theory pertains to females' greater willingness to disclose personal problems and psychological problems (Cuffe et al., 1995; Gasquet et al., 1997; Kessler et al., 1981; Saunders, Resnick, Hoberman, & Blum, 1994) compared to males.

Age

Studies have identified age as a predisposing factor with respect to adolescent help seeking. Some researchers (e.g., Gasquet et al., 1997; Schonert-Reichl & Muller, 1996; Sears, 2004) have reported that older adolescents more often seek help than

younger adolescents. For instance, Schonert-Reichl and Muller (1996) examined help seeking from parents, friends, and professionals in a sample of 13- to 14-years and 15- to 18-years. Findings revealed that the older adolescents reported seeking help from mothers, fathers, friends, and professionals more often than younger adolescents. Sears (2004) investigated stages of adolescent help seeking in a sample of 644 adolescents (12- to 19-years). The findings revealed that adolescents who sought professional help were more likely to be in senior high than junior high school.

Several explanations have been put forward to account for these age differences. Some researchers have suggested that early adolescents' developing sense of autonomy precludes seeking help from others (Schonert-Reichl & Muller, 1996). Researchers have also suggested that older adolescents' greater propensity to seek help may reflect better developed decision-making and social skills relative to younger adolescents (Schonert-Reichl & Muller, 1996; Windle, Miller-Tutzauer, Barnes, & Welte, 1991).

Other researchers have reported that early adolescents exhibit more positive attitudes toward help seeking than middle and late adolescents (Ciarrochi, Wilson, Deane, & Rickwood, 2003; Cohen & Hesselbart, 1993; Farrand et al., 2007; Garland & Zigler, 1994; Schonert-Reichl, Offer, & Howard, 1995). For instance, Garland and Zigler (1994) investigated attitudes toward seeking help for psychosocial problems from school-based adults in a sample of 97 early (10– to 13-years) and middle to late adolescents (14- to -19-years). Their findings revealed that the 10- to 13-year-old adolescents reported more positive help-seeking attitudes than the 14- to 19-year old adolescents.

Ciarrochi, Wilson, Deane, and Rickwood (2003) examined the role of age in predicting adolescents' intentions to seek help for personal-emotional problems and

suicidal thoughts (*N* = 217; Grades 8 to 11). Correlation analyses revealed that older adolescents reported lower intentions of seeking help from parents for both personal-emotional problems and suicidal ideation as compared to early adolescents. The reason most often purported to account for this age difference in help seeking pertains to late adolescents' greater autonomy relative to early adolescents (Ciarrochi et al., 2003; Garland & Zigler, 1994).

Other studies have reported no age differences in adolescent help seeking (Boldero & Fallon, 1995; Fallon & Bowles, 1999; Saunders et al., 1994). For instance, Fallon and Bowles (1999) investigated help seeking for major and minor problems among 1,022 students (11- to 18-years). Help seeking was evaluated across school level: junior school (Grades 7 and 8; mean age = 12.22 years), middle school (Grades 9 and 10; mean age = 14.23 years), and senior school (Grades 11 and 12; mean age = 16.29 years). No significant differences were found for seeking help for major or minor problems across school level. The authors suggest that the absence of age differences may indicate that patterns of help-seeking behaviour are established prior to secondary school.

In sum, a review of past research reveals some inconsistent findings in describing the relation between age and adolescent help seeking. Bergeron et al. (2005) suggest that these inconsistencies may be a consequence of different sample characteristics, such as age, nationality, or setting (e.g., clinical vs. community).

Prior Professional Help Seeking

Few studies have investigated the role of prior mental health help seeking on future mental health help seeking among adolescents. Carleton and Deane (2000) assessed both past and future help-seeking behaviour in 221 high school students by

asking: (a) if they had ever received help from a professional psychologist or counsellor for any personal or emotional problems, and (b) how likely they would be to seek professional psychological help from a psychologist or counsellor. The authors found that adolescents who had received professional help in the past reported greater intentions to seek professional help in the future.

Raviv, Raviv, Vago-Gefen, and Fink (2009) examined the factors influencing high school students' willingness to seek help from psychologists for emotional problems (N = 622; Grades 10 and 12). In particular, the authors examined the relation between prior professional help seeking from a psychologist and willingness to seek help from a psychologist in the future. The authors reported a positive correlation between past and future help seeking from a psychologist. Adolescents who had sought help from a psychologist previously were likely to seek help from a psychologist in the future.

No known studies have considered prior professional help seeking as a predisposing factor in the context of a conceptual framework of adolescent help seeking. Given that there is some empirical evidence to suggest that prior professional help seeking may predict future professional help seeking, the present study examines whether this factor may predispose mental health help seeking among early adolescents.

Enabling/Inhibiting Factors of Help Seeking

A number of factors may enable or inhibit seeking help from mental health services (Andersen & Newman, 1973; Andersen, 1995; Srebnik et al., 1996). Studies examining enabling/inhibiting factors in the context of help seeking have typically focused on factors that make mental health service utilization more affordable and accessible, such as financial (e.g., income), service (e.g., availability of routine care), and

community (e.g., rural vs. urban) factors (Bergeron et al., 2005; Bussing et al., 2003; Vanheusden et al., 2008). However, a few studies have defined enabling/inhibiting factors as also including social network factors (e.g., degree of support, size and cohesion of network) and beliefs and attitudes about seeking professional help (Abe-Kim, Takeuchi, & Hwang, 2002; Eiraldi, Mazzuca, Clarke, & Power, 2006; Srebnik et al., 1996).

Srebnik, Cauce, and Baydar (1996) formulated a model of help seeking specific to children and adolescents. In their model, enabling/inhibiting factors were defined as potential barriers to and/or facilitators of help seeking. Examples of barriers and facilitators included characteristics of community and social networks (e.g., knowledge about and awareness of services), economic factors (e.g., health insurance), service characteristics (e.g., availability of services), and political factors (e.g., local health care policy). Srebnik et al. proposed that barriers and facilitators influence a person's decision to seek help as well as their choice of help provider (i.e., informal vs. formal resources). Given that children rarely seek help on their own, Srebnik et al. described enabling/inhibiting factors as also including parents' perceived barriers to mental health help seeking.

Adolescents' and parents' perceived barriers may inhibit mental health help seeking. Barriers to help seeking, refers to beliefs or reasons that inhibit an individual from requesting assistance for mental health difficulties (Kuhl et al., 1997). Adolescents and parents who perceive greater barriers to help seeking would be expected to engage in help seeking behaviour less often whereas adolescents and parents who perceive fewer barriers would be expected to be more amenable to seeking mental health help.

Adolescent Barriers

Past research suggests that as many as 60 to 80 percent of adolescents do not seek help for mental health difficulties (Burns et al., 1995; Gould, Munfakh, Lubell, Kleinman, & Parker, 2002; Schonert-Reichl, 2003). In her review of adolescent help-seeking literature, Schonert-Reichl (2003) reported that, of the 7.5 million American youth that suffer from (one or more) mental disorders, more than 7 out of 10 do not receive mental health help. Bergeron et al. (2005) reported similar statistics in a Canadian sample, with 75% of young Canadians with mental health problems not receiving mental health help. These research findings suggest that there may be barriers that inhibit adolescents from seeking help for their problems.

Lindsey and Kalafat (1998) conducted focus groups with 41 ninth grade students to investigate positive and negative characteristics of school-based adults (e.g., teachers, counsellors) from whom students could seek help for a personal problem. Thematic analysis of the focus group transcripts revealed a number of negative characteristics of school-based adults, which represented reported barriers to seeking help from these individuals. Many barriers reported by students pertained to personal characteristics of school personnel, such as negativity, indifference, and being judgemental. Other barriers included concerns such as confidentiality breaches, dual roles, and school personnel being "out of touch" with teens. These barriers were presented as important factors that may inhibit students' help seeking from school-based adults.

Kuhl, Jarkon-Horlick, and Morrissey (1997) constructed and piloted the Barriers to Adolescent Seeking Help (BASH) questionnaire which measures adolescents' barriers to seeking help from mental health professionals. The measure was administered to 280

high school students (Grades 9 through 12). By summing responses to the items, this measure yields a total score indicating general resistance to seeking help from formal resources. The measure represents reported barriers for why adolescents might not seek help from formal resources (i.e., affordability, confidentiality, self-sufficiency, stigma). Kuhl et al. found that adolescents endorsed several barriers to not seeking help. The most often reported barriers for not seeking professional help were a reliance on themselves, their family, and their friends for assistance. The least important barriers to help seeking were stigma, confidentiality, and affordability.

Stanhope, Menna, and Newby-Clark (2003) investigated barriers to adolescent help seeking in a sample of 451 Canadian high school students (14- to 19-years). The Barriers to Adolescents Seeking Help (BASH; Kuhl et al., 1997) was modified to measure barriers with respect to a recent stressful problem, barriers for informal resources (i.e., parents, peers, teachers), and barriers for formal resources (i.e., mental health professionals). Adolescents' primary barrier to seeking help (from anyone) for a stressful problem was the belief that the problem should be handled on one's own. The most salient barrier to seeking help from informal resources related to feelings of alienation (i.e., the belief that adults cannot understand the problems that adolescents have). Like Kuhl et al. (1997) the most significant barriers to formal help seeking for these high school students pertained to a reliance on self, family, and their peers for assistance.

Wilson, Rickwood, Ciarrochi, and Deane (2002) examined the relations between barriers to professional help seeking, intentions to seek professional help for personal-emotional problems, suicidal thoughts, hopelessness, and quality of prior professional help in a sample of 608 Australian high school students (ages 12- to 21-years). Help-

seeking intentions and prior help were measured by the General Help-Seeking Questionnaire (GHSQ; Deane, Wilson, & Ciarrochi, 2001). Barriers to professional help seeking were measured by a brief version of the Barriers to Adolescents Seeking Help (BASH-B; Kuhl et al., 1997). The BASH-B contains 11 items representing barriers relating to self-sufficiency, embarrassment, time and money constraints, not wanting family to know, the belief that nothing will help, confidentiality breaches, and coercion. Like Kuhl et al. (1997) and Stanhope et al. (2003), the belief that one should handle problems on their own (i.e., self-sufficiency) was the most often reported barrier to adolescents seeking professional help. Correlational analyses revealed that each barrier item was significantly related to professional help-seeking intentions for personal-emotional and suicidal problems, and quality of prior professional help. The findings indicate that the more barriers to professional help-seeking, the lower the intentions to seek professional help and the poorer the reported quality of prior professional help. The authors reported that 24% of the variance in professional help-seeking intentions was explained by the independent variables included in the study, thereby indicating that there may be other barriers impeding adolescent help-seeking behaviour.

Timlin-Scalera, Ponterotto, Blumberg and Jackson (2003) conducted semi-structured interviews with 22 White male high school students (14- to 18-years) to examine the factors influencing decisions to seek help, or not, for mental health problems. Interview data focused on six primary topics: demographic information, mental health issues of the population, mental health issues of the individual, motivators for seeking formal help, barriers to seeking formal help, and ways to improve access to formal resources. Qualitative data analysis revealed that social pressures (i.e., self-image,

need to "fit in") best predicted the decision to seek help for mental health stressors. Primary barriers to seeking help were self-sufficiency and little awareness or knowledge of available helping resources. Help seeking was perceived by many participants as a weakness and as a failing to deal with problems. The authors concluded that there exists gender-linked stigma (i.e., social, cultural) in regard to males' help-seeking behaviours.

Previous research, conducted with high school students, has identified a number of barriers that may inhibit adolescents from professional seeking help. However, little is known about how these barriers impact different stages of help-seeking (i.e., problem recognition, perceiving a need for professional help, seeking professional help). Also, there is a paucity of research about perceived barriers to help seeking in early adolescence.

Parent Reported Barriers

A parent's role in early adolescents' help seeking may range from the identification and recognition of difficulties, facilitating adolescents' help-seeking behaviour, or directly referring distressed youth for appropriate services (Bussing, Koro-Ljungberg, Gary, Mason, & Garvan, 2005; Logan & King, 2001; Wu et al., 2001; Zahner, Pawelkiewicz, DeFrancesco, & Adnopoz, 1992). Despite the important role that parents play in adolescent help seeking, studies have found that many parents do not recognize significant adolescent emotional and behavioural problems (Lewinsohn et al., 1998; Rutter, Graham, Chadwick, & Yule, 1976; Sayal, Goodman, & Ford, 2006; Stiffman, Pescosolido, & Cabassa, 2004; Zwaanswijk et al., 2007). Parents' beliefs and perceived barriers regarding mental health may be related to adolescent help-seeking behaviour.

Previous studies have investigated parents' reported barriers to children's mental health service utilization (Kazdin et al., 1997; Kerkorian, McKay, & Bannon, 2006; Raviv et al., 2003; Sayal, 2006) and parents' reported barriers to engagement and participation in treatment (Kazdin & Wassell, 2000; Morrissey-Kane & Prinz, 1999; Moskos, Olson, Halbern, & Gray, 2007). Research regarding parents' reported barriers to mental health help seeking with respect to adolescents is scant.

Owens et al. (2002) examined parents' reported barriers to mental health help seeking amongst 116 parents of seventh grade students who reported a need for help in the previous year. Parents participated in a structured interview designed to assess children's past and present mental health service utilization, perceived need for services, and barriers to receipt of services. Barriers were assessed using a list of 15 barriers reflecting structural barriers (e.g., affordability, availability of services, wait times) and barriers related to perceptions about mental health problems and services (e.g., self-sufficiency, stigma, perceived helpfulness of services). Thirty-five percent of parents reported at least one barrier to mental health services. Approximately 21% of parents reported structural barriers, 23% reported barriers regarding perceptions about mental health problems, and 26% reported barriers regarding perceptions about mental health services. A limitation of this study pertains to sample characteristics in that only parents who identified a need for child mental health services were interviewed. This methodology necessarily assumes that parents are adept at recognizing and reporting child mental health need. However, prior research suggests that parents frequently under-report child mental health need (Feehan, Stanton, McGee, & Silva, 1990; Morrissey-Kane & Prinz, 1999; Raviv et al., 2003; Sayal et al., 2006).

Findings from studies of parents' reported barriers to help seeking for children's' mental health difficulties may help to inform a better understanding of parents' mental health help seeking for adolescents. Bussing, Zima, Gary, and Garvan (2003) examined mental health help seeking among parents whose children met criteria for ADHD and who had not sought treatment in the past 12 months (N = 91; 5- to 11-years). Parents completed a 20-item measure reflecting specific barriers to help seeking. Individual barrier items were assigned to one of five barrier categories, including stigma (e.g., concerns about what others would think), perceptions of need (e.g., problem resolved by itself), negative expectations (e.g., helpfulness of treatment), financial barriers (e.g., affordability), and system barriers (e.g., availability of services). The study findings revealed that parents' most frequently reported barrier to mental help seeking was perceptions of need (66%). In addition, two-thirds of parents whose children met criteria for a diagnosis of ADHD did not perceive a need for treatment for their children.

Parents have been implicated as being responsible for the service gap in adolescent mental health service utilization (Raviv et al., 2003). Parents' reported barriers to seeking help for adolescent problems may represent important enabling/inhibiting factors in adolescent mental health help seeking. The present study examines the role of parents' perceived barriers to mental health help seeking with respect to stages of adolescent help seeking.

Need Factors

Need factors refer to both clinically assessed need and subjective perceptions of need in relation to help seeking (Andersen & Newman, 1973; Srebnik et al., 1996). In general, clinical symptoms are associated with greater mental health help seeking and

service utilization (Cohen & Hesselbart, 1993; Saunders et al., 1994; Wu et al., 2001). However, many adolescents with clinical symptoms do not come to the attention of mental health professionals. The adolescent help-seeking literature discusses adolescents' and parents' perceptions of adolescent stress and psychological distress as need factors in the context of adolescent mental health help seeking.

Adolescent Reported Stress and Psychological Distress

Researchers have found that adolescents who report greater levels of stress and psychological distress are more willing to engage in mental health help seeking (Rickwood & Braithwaite, 1994; Schonert-Reichl & Muller, 1996; Sheffield et al., 2004; Zwaanswijk, Verhaak, Bensing, van der Ende, & Verhulst, 2003). For instance, Sheffield, Fiorenza, and Sofronoff (2004) surveyed 254 students, between 15-17 years of age, to examine factors that promote and prevent adolescents from seeking psychological help from formal resources (e.g., school counsellor, psychologist, psychiatrist) and informal resources (e.g., parents, friends). Students completed self-report measures assessing willingness to seek help, attitudes and knowledge of mental illness, and demographic and psychological variables. Sheffield et al. reported that adolescents reporting higher psychological distress (i.e., depression, anxiety, and stress) were more willing to seek help from both formal and informal resources for mental problems.

Other researchers have reported an inverse relation between psychological distress and mental health help seeking whereby adolescents with greater psychological distress report more negative attitudes toward seeking help (Carlton & Deane, 2000; Garland & Zigler, 1994). Carlton and Deane (2000) examined mental health help seeking amongst 221 Australian high school students (14- to 18-years). Students completed questionnaires

assessing attitudes toward seeking and participating in psychological help, prior professional help seeking, psychological distress, and suicidal ideation. As well, help-seeking intentions were measured by asking adolescents if they would seek professional help for a personal-emotional problem or for suicidal thoughts. Intentions to seek help for a personal-emotional problem were predicted by attitudes toward help seeking, with more favourable attitudes being related to greater intentions. Intentions to seek help for suicidal thoughts were predicted by prior professional help seeking, attitudes toward help seeking, and suicidal ideation. Specifically, greater help-seeking intention for suicidal thoughts was related to having received prior professional help, and more favourable attitudes toward help seeking. Suicidal ideation was negatively correlated with help-seeking intentions; that is, as suicidal ideation increased, help-seeking intentions decreased. Therefore, the most distressed adolescents (i.e., those reporting suicidal ideation) were the least likely to intend to seek professional help. Other studies have reported similar relations between suicidal ideation and a decreased tendency to seek professional help (Gould et al., 2004; Husky, McGuire, Flynn, Chrostowski, & Olfson, 2009; Rickwood et al., 2005). In summary, past research suggests that adolescent stress and psychological distress may represent important factors in adolescent mental health help seeking. The present study examines the role of adolescent reported stress and distress with respect to stages of help seeking in an early adolescent sample.

Parents Perceptions of Adolescent Stress and Psychological Distress

Past research has studied adolescent and parent help seeking separately (Power, Eiraldi, Clarke, Mazzuca, & Krain, 2005). However, researchers have come to recognize the role of parents in adolescent help seeking, both as role models and as referents of

adolescent difficulties (Logan & King, 2001; Menna & Ruck, 2004; Wu et al., 2001; Zahner et al., 1992). In particular, parents' perceptions of need, such as levels of adolescent stress, psychological distress, and impact of adolescent problems, may represent important factors in adolescent help seeking (Angold et al., 1998; Ezpeleta et al., 2002; Morrissey-Kane & Prinz, 1999; Teagle, 2002).

Teagle (2002) examined correlates of parental problem recognition with respect to child mental health service use in a large rural US sample of 1,420 youth-parent pairs (9, 11, and 13 years). Parental problem recognition was defined as encompassing two components: parental problem perception (i.e., problem recognition and perceived need for help) and family impact (i.e., parent perception of the burden caused to others). Child mental health service use was classified according to three service settings; speciality mental health (i.e., hospital-based mental health services), general medical (i.e., general physician, emergency department), and school (i.e., school psychologist, guidance counsellor, social worker, special classroom). Child psychopathology and impairment, parental problem recognition, and child mental health service use were assessed through structured psychiatric interview. The authors found that higher levels of child psychopathology were positively associated with parental problem perception and family impact. Parents of younger children were more likely to perceive problems than parents of older children whereas parents of older children were more likely to perceive family impact than parents of younger children. The strongest correlates of specialty mental health service use were parental problem perception and history of psychopathology. A limitation of this study is that parental problem recognition and perceived need for help were combined to represent a single variable (i.e., problem perception). Based on the

reviewed research, it is arguable that a parent's perception that his or her child has a problem may not be analogous to whether or not the parents perceive a need for help with that problem. Examining the unique contributions of problem recognition, perceiving a need for help, and family impact could provide further insight into parents' help-seeking behaviours.

It has been suggested that it is not the presence of psychopathology per se but the perceived burden or impact of psychopathology on parents or families that is related to parental help seeking (Angold et al., 1998; Farmer et al., 1999; Morrissey-Kane & Prinz, 1999; Zwaanswijk et al., 2003). Much of the literature to date on family burden or impact has focused on families reporting severe youth mental health difficulties and, therefore, relatively extensive service use histories (Farmer, Burns, Angold, & Costello, 1997). The terms *burden* and *impact* have been used somewhat interchangeably in the literature to describe "the effect the patient has upon the family, or the impact that living with the patient has on the family's daily routines and, possibly, health" (Angold et al., 1998, p. 75). Farmer at al. (1997) argued that *burden* is most aptly applied to families coping with severe and persistent problems, whereas *impact* best suits families whose children have less severe problems or who are just accessing services. Parental impact may involve objective impact (e.g., transportation, assisting the patient with daily tasks, restriction of personal or family activities) and/or subjective impact (e.g., worrying, impact on parental well being, stigma).

Morrissey-Kane and Prinz (1999) conducted an extensive review of the literature concerning parental engagement in child and adolescent treatment, with a particular emphasis on parental beliefs, perceptions, and expectations regarding mental health

treatment. Based on their review of all factors reported to predict parental help seeking, the authors reported that the strongest predictor was parents' perceived burden. Angold et al. (1998) examined perceived parental burden and mental health service use for child and adolescent psychiatric disorders in a rural American sample of 1,015 youth (9, 11, and 13 years). The researchers found that perceived parental burden was related to youths' type of symptomology (internalizing disorders were less burdensome than other disorders), level of symptomology, and level of impairment. Moreover, none of these factors had a significant direct effect on mental health service use when parental burden was accounted for. Taken together, these studies suggest that parents' perceived impact of their adolescents' problems may be an important predictor of mental health help seeking for adolescent difficulties.

Limitations of Past Research

Despite considerable advancements in recent years, a significant limitation of help-seeking research to date is the scarcity of empirically supported explanations of the help-seeking process. Much of the adolescent help-seeking research has conceptualized help seeking as a single event (i.e., sought help – yes/no) and identified factors associated with this outcome, such as gender, age, prior help seeking, and psychological difficulties (e.g., Boldero & Fallon, 1995; Offer et al., 1991; Rickwood, 1995; Rickwood & Braithwaite, 1994; Schonert-Reichl & Muller, 1996). These studies have contributed to our understanding of which adolescents are most likely to seek help. However, in classifying help seeking as a single, dichotomous outcome, the research provides limited information about how adolescents decide whether or not to seek help. There is a paucity of empirical research delineating the pathways underlying adolescents' help seeking. It is

only in recent years that researchers have come to view help seeking as a process with stages and decision points which may or may not culminate in seeking professional help (Sears, 2004; Srebnik et al., 1996; Zwaanswijk et al., 2007). This present study draws from existing models of help seeking.

Help-Seeking Models

The help-seeking literature is somewhat diverse, including seeking assistance for medical health, educational issues, grief, and abuse. Mental health help seeking makes up a small proportion of the help-seeking literature. Most models of mental health help seeking have evolved from the medical help-seeking literature, also termed *health-seeking* or *care-seeking* (Gross & McMullen, 1983). An adult-based model, the Behavioural Model of Health Care (Andersen & Newman, 1973), has been particularly influential in the study of help-seeking behaviour.

The Behavioral Model of Health Care

The "Behavioral Model of Health Care" or "the Andersen Model" is acknowledged as one of the most well-known and influential models of access to health care (Eiraldi et al., 2006; Goldsmith, 2002; Stiffman et al., 2004). The Andersen Model represents a theoretical framework for understanding the factors that facilitate or impede formal health service utilization (e.g., ambulatory care, hospital and physician inpatient services, dental care) (Andersen & Newman, 1973; Andersen, 1995). The model proposes that a sequence of three factors influence an individual's service use: (1) predisposing factors (i.e., gender, age, social structure); (2) enabling/inhibiting factors (i.e., family and community barriers); and (3) illness or need factors (i.e., symptomology, diagnosis). The most notable contribution of the Andersen Model is the

conceptualization of help seeking as a process. Moreover, this model contributes specific measurable factors in which to describe how people seek help. The Andersen model has informed research across many areas of health care utilization and help seeking (e.g., Bussing et al., 2003; Cauce et al., 2002; D'Amico, 2005; Goldstein, Olfson, Wickramaratne, & Wolk, 2006; Goodwin & Andersen, 2002; Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

D'Amico (2005) applied components of Andersen's behavioural model of health services to examine factors associated with middle school students' intentions to use alcohol-related prevention services. Participants included 1,506 students, ages 11- to 14-years, who completed surveys assessing their intentions and beliefs about alcohol-related services, previous use of services, and substance use. Predisposing factors included individual characteristics such as gender, age, ethnicity, and grade point average, and beliefs about provider characteristics, program process, and service convenience. Need factors were current alcohol use, alcohol-related problems, current cigarette and marijuana use, and previous service use. The study findings revealed that students who reported more positive beliefs about services reported greater intentions to use services. Greater intention to use services was associated with being female, younger, and Caucasian. As well, adolescents who reported frequent use of alcohol or cigarettes were less likely to intend to use services.

Goldstein, Olfson, Wickramaratne, and Wolk (2006) examined the relation of childhood diagnosis on outpatient mental health service use into adulthood. This 10- to 15-year longitudinal study, conducted between 1991 and 1997, included children diagnosed with major depressive disorders (n = 146) and anxiety disorders without major

depression (n = 47) originally assessed between 1977 and 1985. A "no diagnosis" control group was also followed (n = 122). Predisposing factors were gender, age, ethnicity, marital status, pubertal status (postpubertal vs. prepubertal), and educational attainment. Enabling/inhibiting factors were past-year personal and household income. Need factors were childhood diagnosis, onsets of comorbid psychiatric disorders (i.e., mood, anxiety, substance dependence, antisocial personality), and lifetime Global Assessment of Functioning (GAF) score. In addition to these factors, the authors also assessed length of follow-up, as this was believed to be strongly associated with childhood diagnosis. Amongst predisposing factors, the strongest predictor of service use was being White. Childhood diagnosis was the need factor most strongly associated with service use. Compared to the "no diagnosis" control group, a diagnosis of depression conferred a 13-fold increased odds of service use whereas a diagnosis of anxiety conferred a 6-fold increase odds of service use. As well, onsets of mood disorder episodes and lower lifetime GAF score were also associated with greater service use. The application of the Andersen model assisted the authors in identifying high and persistent rates of service use for childhood depression and anxiety.

Youth Help Seeking and Service Utilization Model

Srebnik et al. (1996) draw upon Andersen's Model to address the gap in the literature for a theoretical framework of child and adolescent mental health help seeking. Srebnik et al. developed the "Youth Help Seeking and Service Utilization Model" to describe help seeking. The model consists of three stages (1) problem recognition, (2) decision to seek help, and (3) support network and service utilization patterns. Srebnik et al. suggest each stage in the help-seeking pathway is influenced by level of need,

predisposing factors, and barriers to and facilitators of care. Srebnik et al.'s model represents the first known attempt to present a model of youth mental health help seeking. Adolescent help seeking is conceptualized as dynamic and highly individual. "Rather than being a carefully planned process where one step neatly follows another, mental health help-seeking plays itself out against the backdrop of complicated and ever-changing social networks" (Cauce & Srebnik, 2003, p. 7).

According to Srebnik et al. (1996), problem recognition is defined as youths' and/or parents' initial identification of emotional or behavioural problems. Srebnik et al. suggest that problem recognition is directly influenced by clinically assessed level of need (e.g., symptoms, diagnosis, and impairment) and subjectively assessed level of need (i.e., perceived need for help). As well, the authors suggest that family characteristics, such as family size, structure, and organization, necessarily influence the recognition and reporting of youth problems. After having recognized a problem, individuals move to the second stage in the help–seeking model, deciding to seek help. Srebnik et al. suggest that this stage, deciding to seek help is directly influenced by predisposing factors and barriers/facilitators. Predisposing factors refer to demographic characteristics (e.g., gender, age) and values and beliefs about health and illness that may predispose the decision to seek help. Barriers and facilitators are described as social and environmental factors, for instance one's community and social networks, economic situation, service availability, and health-care policies. The third stage in Srebnik et al.'s help-seeking model involves seeking help from one's support network and service utilization. This third stage is purported to be directly influenced by predisposing factors as well as

barriers and facilitators, and indirectly influenced (through the preceding two stages) by one's level of need.

Bussing et al. (2003) adapted the help-seeking model formulated by Srebnik et al. (1996) to examine parents' help seeking for children demonstrating symptoms of an attention-deficit/hyperactivity disorder (ADHD). Participants included parents of 389 children deemed to be at high-risk for an ADHD. Help seeking was conceptualized as involving four steps: (1) problem recognition, (2) seeking a professional evaluation, (3) obtaining a professional diagnosis, and (4) securing ADHD treatment. Predisposing factors examined included gender, race, age, and socioeconomic status. Enabling/ inhibiting factors examined were health insurance coverage, routine paediatric care, and receiving special education services. Need factors pertained to parents' and teachers' ratings of behaviour problem severity. Bussing et al. also examined parents' barriers to service use among a subsample of parents (n = 91) who had not sought professional help for their children's symptoms of ADHD. The most commonly reported barriers pertained to parents not perceiving a need for professional help (66%).

Eighty-eight percent of the children were recognized by their parents as having problems, 39% had received a professional evaluation, 32% had received a diagnosis, and 23% were receiving treatment. Logistic regression analyses were performed to examine predictors of help-seeking steps. Parents more often recognized problems in children who were older and who demonstrated more severe behaviour problems. Children who received a professional evaluation were most likely to be boys, Caucasian, and receiving routine paediatric care. Children who received a diagnosis were most likely to be boys, Caucasian, and demonstrating more severe behavioural problems. Children receiving

ADHD treatment were most likely to be boys, Caucasian, nonpoor (i.e., not receiving subsidized lunch), and receiving special education services.

Although a number of researchers have applied Andersen's (1973; 1995) and Srebnik et al.'s (1996) models of help seeking (e.g., Bussing et al., 2005; Eiraldi et al., 2006; Sears, 2004; Unrau & Grinnell, 2005), no known studies have empirically tested the model with adolescents and their parents. The present study examines help-seeking stages, as well as predisposing, enabling/inhibiting, and need factors, in exploring help seeking among early adolescents and their parents.

Empirical Evidence of Help-Seeking Stages

The earliest known study to empirically evaluate mental health help seeking using a stage-like process approach was conducted by Kessler, Brown, and Broman (1981). Kessler et al. examined sex differences in psychiatric help seeking using data from four large-scale epidemiological surveys of adults. These authors hypothesized that high rates of psychiatric treatment for women were not solely reflective of higher rates of illness, but rather a greater propensity among women to seek professional help. To test this hypothesis, they developed a measure to categorize respondents into three help-seeking stages: (1) recognizing an emotional problem, (2) perceiving a need for psychiatric help to handle the problem, and (3) seeking psychiatric help. Factors believed to predispose help seeking included gender and psychiatric problems. The findings revealed that women reported higher rates of problems and a greater tendency to seek psychiatric help than men. However, closer examination revealed that this sex difference was largely attributable to the fact that women were significantly more likely than men to consciously recognize having problems. Kessler et al. concluded that the well-documented sex

differences in psychiatric help seeking could no longer be wholly attributable to true psychiatric morbidity, but instead to sex differences in problem recognition.

Saunders, Resnick, Hoberman, and Blum (1994) adopted Kessler et al.'s (1981) stage model to examine the formal help-seeking behaviour of 17,193 students (Grades 7 through 12) from a metropolitan area of Minnesota. Self-report data was collected regarding a wide range of factors, including gender, age, emotional functioning, suicidal ideation, physical health, prior health care utilization, informal help-seeking behaviour, and social functioning. To assess formal help-seeking behaviour, adolescents were asked, "Have you had any serious personal, emotional, behavioural, or mental health problems that you felt you needed help with (during the past year)?" Responses included: "I have had few or no personal problems"; "I have had (or have now) severe problems but have not felt I needed professional help; "Yes, but I did not seek professional help"; and "Yes, and I did seek professional help". Two sets of comparisons were made. First, among adolescents who reported having problems, those who felt that they needed professional help were compared to those who did not. Second, among adolescents who reported problems for which they felt that they needed professional help, those who sought professional help were compared to those who did not.

Approximately 50 percent of the adolescents who reported serious problems indicated that they needed professional help. Predictors of perceiving a need for professional help were: a history of abuse, poor physical health, severe suicidal ideation, and being female. About 46 percent of adolescents who perceived a need for professional help actually sought professional help. Predictors of seeking professional help were: having a recent medical check-up, having unmarried parent(s), using informal support,

being non-white and of lower socioeconomic status (an interaction effect), and suicidal ideation. It is noteworthy that although suicidal ideation was significantly associated with seeking professional help, it was in the opposite direction than anticipated; adolescents reporting high suicidal ideation were significantly less likely to seek professional help as compared to adolescents reporting less severe or no suicidal ideation.

Saunders et al.'s (1994) methodology represents a significant advancement toward identifying the process underlying adolescent mental health help seeking. In particular, this study provided support for a process model of help seeking that distinguished between identifying a need for professional help and actually obtaining professional help. More recently, Sears (2004) adapted and expanded upon Saunders et al.'s (1994) methodology to examine mental health help seeking amongst 644 rural Canadian students in grades 7-12. Sears employed Saunders et al.'s help-seeking measure and response options to identify adolescents at different stages of the help-seeking process: (1) recognizing problems, (2) perceiving a need for professional help, and (3) seeking professional help. However, unlike Saunders et al., Sears created three sets of comparisons between adolescents identifying themselves as being at different stages of help seeking. Adolescents were compared across help-seeking stages and predisposing factors (i.e., sex, age, grade, living arrangement, parents' education and employment), use of informal helpers (family or friends), and emotional (i.e., depression, anxiety, self-esteem) and behavioural (i.e., alcohol and drug use, school misconduct, antisocial behaviour) adjustment.

Sears findings revealed that 47% of adolescents reported having at least one serious problem (emotional, behavioural, or physical) in the last year, 15% reported a

perceived need for professional help with their problem(s), and 7% reported having sought professional help for their problem(s). Adolescents who recognized having serious problems in the last year were compared with adolescents who recognized few or no problems (stage 1: problem recognition). Recognizing serious problems was associated with being female and living with someone other than their parent, a low likelihood of seeking family support for problems, and experiencing greater levels of emotional and behavioural maladjustment.

In order to examine stage 2 of the help-seeking process (perceiving a need for professional help), Sears compared adolescents who perceived a need for professional help with their serious problems with adolescents who did not perceive a need for professional help with their problems. Perceiving a need for professional help with problems was associated with higher levels of depressive symptoms and anxious symptoms, lower levels of self-esteem, and more frequent involvement in substance use, school misconduct, and antisocial behaviour.

For stage 3 of the help-seeking process (seeking professional help), adolescents who sought professional help for their serious problems were compared to adolescents who did not seek professional help. Adolescents who sought professional help were more likely to be older, less likely to talk to informal helpers about their problems, and reported lower levels of anxious symptoms (Sears, 2004).

Sears' (2004) study represents a significant contribution to the adolescent help-seeking literature. By conceptualizing and comparing adolescents' help-seeking behaviour in the context of stages, Sears was able to examine demographic factors, use of

informal helpers, and emotional and behavioural adjustment across stages of help seeking.

The present study extends prior research in several ways. First, adolescents' perceived barriers to help seeking will be examined to enhance our understanding of the adolescent help-seeking process. Second, although adolescents' self-report is important, prior research suggests that data from multiple informants would add to our understanding of adolescent help seeking (Ederer, 1998; van der Ende & Verhulst, 2005; Verhulst, Dekker, & van der Ende, 1997). Parent-report data would be particularly salient for younger adolescents given that research suggests that parents may play an important role in enabling or inhibiting adolescent help seeking (Morrissey-Kane & Prinz, 1999; Raviv et al., 2003; Raviv, Raviv, Propper, & Fink, 2003; Wu et al., 1999).

Parents' Help Seeking for Adolescents

Zwaanswijk, van der Ende, Verhaak, Bensing, and Verhulst (2005) formulated a theoretical model to explain parents' help seeking for children between ages 4– to 11-years with emotional and behavioural problems. In formulating this model, the researchers integrated components from prior help-seeking models (e.g., Andersen's Model) and research regarding predisposing factors (i.e., child chronic physical problems, family functioning, single parenthood). The initial theoretical model included three stages: (1) recognition of child problems, (2) perceived need for help, and (3) seeking help. The first stage in the model involves parents' recognition and reporting of child emotional and/or behavioural problems. This stage is hypothesized to be influenced by family mental health service utilization history. The second stage, parents' perceived need for help, is operationalized as parent-reported levels of child psychopathology and

associated functional impairment. Based on prior research, the authors suggest that perceived need for help would be related to child chronic physical problems, family functioning, changes in family structure, single parenthood, the presence of siblings, and the teachers' perception of child psychopathology. The third help-seeking stage involves seeking help from both formal (e.g., general practitioners, mental health service providers) and informal (e.g., friends, relatives, teachers) resources. This third stage (help seeking) is hypothesized as being related to predisposing factors such as a child's gender and age, academic problems, family functioning, changes in family structure, single parenthood, and mental health service use by a relative.

Zwaanswijk et al. (2005) tested the model with a sample of 180 parents. Study recruitment involved a two-stage procedure: (1) a random sampling of general medical practices from a national survey, and (2) a selection of parents of children scoring in the clinically significant range on measures of child psychopathology. Parents selected for participation in the second stage were administered a standardized psychiatric interview and asked about their formal and informal help-seeking behaviour in the previous 12 months. As well, a number of child and family sociodemographic variables were also surveyed.

Of the 180 parents who reported the presence of clinically significant internalizing and/or externalizing problems in their child, 33% reported a perceived need for help with their child's problems, and 21% sought mental health help for their children. Several predisposing factors were related to parental help-seeking. The presence of chronic child physical problems was associated with greater perceived need for help. With respect to predisposing family factors (i.e., presence of siblings, single parenthood, changes in

family structure, family functioning, mental health service use by a relative), several findings were reported. Changes in family structure were related to greater parental mental health help seeking. Unhealthy family functioning was associated with greater perceived need for help, but not actual mental health help seeking. Prior family mental health service utilization was related to increased parent problem recognition, but not perceived need for help. Teacher's problem recognition was almost as strongly related to parents' perceived need for help as was parents' own problem recognition. Limitations to this study included small sample sizes across help-seeking stages, reliance on single-informants (i.e., parents), and underrepresentation of single-parents and less-educated parents in the sample.

In 2007, Zwaanswijk et al. modified their model to examine help seeking for adolescent psychopathology. Given that gender differences exist in the prevalence of psychopathology, the researchers investigated the applicability of their model across gender. As well, screening measures were completed by parents, adolescents, and teachers in order to best assess for adolescent psychopathology. Similar study recruitment and data collection procedures were implemented. Adolescents with clinically significant scores on any of the screening measures were selected for participation in the second stage of the study, which involved standardized psychiatric interview of the adolescent and primary caregiver. Data were collected from 96 adolescents (ages 12 to 17 years) and 110 parents.

In general, findings revealed a lack of agreement between parents' and adolescents' problem recognition and perceived need for help. Interestingly, findings revealed that adolescent females' and males' help seeking was almost identical, despite

differential psychopathology across gender (more behavioural disorders in males; more emotional disorders in females). In contrast to the earlier study, which described teachers as playing a role in help-seeking for child psychopathology, teachers' perceptions did not impact help seeking for adolescent psychopathology. Given the limited sample size, the researchers were not able to examine the role of predisposing and enabling/inhibiting factors on help seeking.

The reviewed findings provide evidence that parents appear to play an important role in adolescent help seeking (Raviv, Sills, Raviv, & Wilansky, 2000; Rickwood et al., 2007; Zwaanswijk et al., 2007). Moreover, because adolescents and parents are likely to place greater importance on different factors at different stages of help seeking, it is essential to elicit information from parents to provide the most complete description of help seeking among adolescents. Findings to date describing help seeking have been described as generic, seldom empirically tested, and as focusing upon parents or adolescents in isolation from one another (Power et al., 2005). Therefore, the inclusion of multiple informants, both adolescents and parents, in this study of help seeking represents a unique and important contribution to the adolescent help-seeking literature.

The Present Study

Based on the reviewed literature, the present study defines adolescent help seeking as a multi-step process involving three stages: (1) problem recognition, (2) perceiving a need for professional help, and (3) seeking professional help. These stages are not meant to imply a sequential or hierarchical process, but instead a framework toward explaining the help-seeking process. The first stage consists of recognizing a problem (also referred to as problem reporting) and involves the initial identification that

an individual's functioning is problematic. This stage generally involves a comparison of one's current situation or functioning with that of others' (e.g., same-age peers) and with one's previous situation or functioning (Wills, 1983). Problem recognition is determined, in part, by an adolescent's understanding of what is considered "typical", or their "problem threshold" (Florell, 2001; Power et al., 2005). It follows that problem recognition is quite subjective. Although problem recognition is often associated with counts of stressors or symptoms, Gross and McMullen (1983) suggest that the subjective quality of problem recognition counters the assumption that symptoms and problems are the primary determinants of help-seeking behaviours. Problem recognition may be heavily influenced by other factors such as an adolescent's family context. Family members, such as parents, are more likely to recognize a problem if it impacts them in some way (Power et al., 2005).

The second stage consists of perceiving a need for help with the problem. Past research has not directly considered the role of this stage in help seeking (Florell, 2001). After having identified a problem, the adolescent determines whether he/she is willing and/or able to manage the problem on his/her own, or whether he/she needs to seek help from others. Perceiving a need for help is also quite subjective as it implies that there is a threshold by which adolescents or parents decide whether they need help. By including this stage, it is implied that problem recognition alone is insufficient to motivate help seeking as it is one's perceived need for help with that problem that determines whether help will indeed be sought (Gross & McMullen, 1983).

The third stage consists of the actual seeking of help. This stage involves choosing and applying strategies for getting help to resolve the problem. While problem

recognition and perceiving a need for help may increase the probability of adolescent help seeking, this outcome is by no means a foregone conclusion.

Andersen's behavioural model of health service is used as an organizing framework to examine predisposing, enabling/inhibiting, and need factors with respect to professional help seeking in early adolescence (Andersen & Newman, 1973; Andersen, 1995). Past research suggests that important predisposing factors may include gender, age, prior professional help seeking (Sears, 2004; Sheffield et al., 2004; Zwaanswijk et al., 2007). Prior research also suggests that adolescents' and parents' perceived barriers to mental health help seeking may represent important enabling/inhibiting factors (Abe-Kim et al., 2002; Sayal et al., 2006; Srebnik et al., 1996). Need factors, such as adolescents' and parents' perceptions of adolescent stress, psychological distress, and perceived impact of adolescent problems, may also play an important role in the adolescent help-seeking process (e.g., Morrissey-Kane & Prinz, 1999; Teagle, 2002). The research objectives for this study are presented in the context of this past research.

Research Objectives and Hypotheses

The first research objective for the present study is to examine stages of adolescent help seeking with respect to adolescent predisposing factors (i.e., gender, age, prior professional help seeking), enabling/inhibiting factors (i.e., perceived barriers to professional help seeking), and need factors (i.e., stress, psychological distress). Research on older adolescents and adults has indicated that gender may predispose individuals to seek help in that females are generally more likely than males both to intend to seek help and to actually seek help (Bayer & Peay, 1997; Boldero & Fallon, 1995; Rickwood & Braithwaite, 1994; Schonert-Reichl & Muller, 1996). Past research

has implicated age as an important factor predisposing adolescent help seeking, although the findings have been mixed (Dubow et al., 1990; Garland & Zigler, 1994; Gasquet et al., 1997; Schonert-Reichl et al., 1995). No known studies have examined the relevance of prior professional help seeking in early adolescence despite findings that this may predispose current and future professional help seeking behaviour in older adolescents (Carlton & Deane, 2000; Deane & Todd, 1996; Wilson et al., 2005). Studies conducted with older adolescents suggest that perceived barriers (i.e., self-sufficiency, locus of control, stigma) may represent an important enabling/inhibiting factor in adolescent help seeking (Boyd et al., 2007; Kuhl et al., 1997; Moskos et al., 2007). No known studies have investigated the role of barriers to professional help seeking in early adolescence. Finally, adolescent stress and distress have been recognized as factors that may prompt adolescents to seek professional help. Although one might anticipate a positive relation between adolescent difficulties and help seeking, higher levels of stress and distress have been associated with lower levels of problem reporting and help seeking and more reported barriers (Ostrov, Offer, & Hartlage, 1984; Saunders et al., 1994).

Based on the review of the literature, the following hypotheses are suggested to examine predisposing, enabling/inhibiting, and need factors in early adolescent help seeking:

*Hypothesis 1*a*:* Males will be less likely than females to recognize problems, perceive a need for professional help with problems, and seek professional help for problems.

Hypothesis 1b: Past research suggests that age may predispose adolescent help seeking, however, findings have been mixed regarding age differences. The present

study will explore whether age may predispose adolescents' problem recognition, perceived need for professional help with problems, and seeking professional help for problems. No specific predictions are made regarding this relation.

Hypothesis1c: Adolescents that report having sought professional help in the past will be more likely than adolescents who have not before sought professional help to recognize problems, perceive a need for professional help with problems, and seek professional help for problems.

Hypothesis1d: Adolescents who recognize problems, perceive a need for professional help with problems, and who seek professional help for problems will report more perceived barriers to professional help seeking than adolescents who do not.

Hypothesis 1e: Adolescents who recognize problems, perceive a need for professional help with problems, and who seek professional help for problems will report greater levels of stress and psychological distress than adolescents who do not.

The second objective for this study is to examine stages of parents' professional help seeking for adolescent problems with respect to predisposing factors (i.e., prior professional help seeking for adolescent problems), enabling/inhibiting factors (i.e., perceived barriers to professional help seeking), and need factors (i.e., reports of adolescent stress and psychological distress, perceived impact of adolescent problems). At the present time, no known studies have examined the role of parents' prior professional help seeking for adolescent problems in predicting later professional help seeking for adolescent problems. There is evidence to suggest that parents may perceive barriers to professional help seeking for adolescent problems. Findings to date suggest that not perceiving a need for help may represent a significant barrier to parental help

seeking for adolescent problems (Bussing et al., 2003; Douma et al., 2006; Moskos et al., 2007; Pavuluri, Luk, & McGee, 1996). Past research suggests that many parents fail to recognize adolescent stress and psychological distress (Lewinsohn et al., 1998; Rutter et al., 1976; Teagle, 2002). Therefore, it is important to understand factors associated with parents' recognition and referral of adolescent problems. One factor that has recently emerged in the literature as enabling/inhibiting parents' help-seeking behaviour is the perceived impact or burden of adolescent problems, whereby more burdensome problems are more often recognized by parents (Angold et al., 1998; Farmer et al., 1999; Morrissey-Kane & Prinz, 1999; Zwaanswijk et al., 2003).

The following hypotheses are proposed to examine the role of predisposing, enabling/inhibiting, and need factors in parents' help seeking for adolescent problems:

Hypothesis 2a: Parents who report prior professional help seeking for adolescent problems will be more likely than parents who have not before sought professional help to recognize adolescent problems, perceive a need for professional help with adolescent problems, and seek professional help for adolescent problems.

Hypothesis 2b: Parents' who recognize adolescent problems, perceive a need for professional help with adolescent problems, and who seek professional help for adolescent problems will report fewer barriers to seeking professional help than parents who do not.

Hypothesis 2c: Parents who recognize adolescent problems, perceive a need for professional help with adolescent problems, and seek professional help for adolescent problems will report greater adolescent stress and psychological distress, and greater perceived impact of adolescent problems, than those parents who do not.

The third objective of this study is to examine whether parent predisposing (i.e., prior professional help seeking), enabling/inhibiting (i.e., perceived barriers to professional help seeking), and need factors (i.e., reports of adolescent stress and psychological distress, perceived impact of adolescent problems) influence adolescents' help seeking stages. Presently no known studies have investigated the role of parent factors on early adolescent help-seeking behaviour. Studies describing adolescent and parent help seeking have, instead, focused upon parents or adolescents in isolation from one another (Power et al., 2005). However, findings from studies examining parents' mental health help seeking for child and adolescent problems imply that parents may play an important role in adolescent help seeking (Raviv et al., 2000; Rickwood et al., 2007; Zwaanswijk et al., 2007). For instance, there is evidence to suggest that mental health service utilization is more strongly related to parents' perceived need for help than youth's perceived need for help (Teagle, 2002). As well, there is growing evidence that parents' perceived impact of adolescent problems is correlated with mental health service utilization (Angold et al., 1998; Farmer et al., 1999; Morrissey-Kane & Prinz, 1999; Zwaanswijk et al., 2003). These findings suggest that specific parent factors may play a role in early adolescent help seeking. Based on findings extrapolated from adolescent and parent help-seeking literature, the following hypotheses are suggested:

Hypothesis 3a: Parents' prior professional help seeking will be associated with adolescent help-seeking stages. Specifically, adolescents who recognize problems, perceive a need for professional help, and seek professional help will be more likely to have parents who report having previously sought professional help for adolescent problems.

Hypothesis 3b: Parents' total barriers to professional help seeking will be associated with adolescent help-seeking stages. Specifically, adolescents who recognize problems, perceive a need for professional help, and seek professional help will have parents who report fewer perceived barriers to professional help seeking.

Hypothesis 3c: Parents' reports of adolescent stress and psychological distress, and impact of adolescent problems will be related to adolescent help-seeking stages. Specifically, adolescents who recognize problems, perceive a need for professional help, and seek professional help will have parents who report greater levels of adolescent stress and psychological distress, as well as greater perceived impact of adolescent problems.

CHAPTER II

Method

Participants

Participants were 193 adolescents (M = 13.80, SD = .78) and 110 parents/ caregivers[1] (97 mothers, 12 fathers, 1 aunt). Of the 193 adolescents and 110 parents who participated in this study, 51 adolescent-parent dyads were identified. All participants were recruited from schools in the rural Annapolis Valley, Nova Scotia, Canada. The sample was predominantly Caucasian, which is consistent with population statistics for this rural area of Nova Scotia (Statistics Canada, 2006). Additional demographic data indicated that most parents were married, between 35 and 45 years of age, and college or university graduates. Parents reported a wide range of occupations, including health care, sales and service, and homemaker. Categorical demographic data for the adolescent, parent, and dyad samples presented in Tables 1, 2, and 3.

Procedure

Permission to conduct this research study was obtained from the University of Windsor Research Ethics Board (REB). Applications were submitted to three Nova Scotia school boards to conduct this research project; one school board accepted the application, the Annapolis Valley Regional School Board (AVRSB). Of the 45 schools in the AVRSB, 16 schools contained at least one of the target grades (i.e., Grades 7, 8, and 9). The composition of the 16 schools varied, including five elementary schools (i.e., Grade Primary to Grade 8 or 9), four middle schools (i.e., Grade 6 to 8 or Grade 7 to 9), three high schools (i.e., Grade 9 to 12), and four combined middle/high schools (i.e., Grade 6 or 7 to 12). All 16 eligible schools were approached to request permission to

[1] From here forward, the term "parents" will be used to describe all caregivers

recruit students and parents for this study. Twelve schools agreed to permit participant recruitment.

The researcher visited individual classrooms in participating schools to briefly describe the study and distribute the Letter of Information and Consent form (Appendix A). The Letter of Introduction provided students and parents with information about the study, including details about the research and the researchers, benefits and risks, and participants' rights. The Consent Form served two purposes. First, if a student was interested in participating in the study, he/she was asked to (a) provide contact information (e-mail address or mailing address) and (b) have their parents sign the consent form. Second, if a parent was also interested in participating in the study, he/she was also asked to provide contact information (e-mail address or mailing address). Students were asked to return their signed consent forms to their classroom teacher(s) approximately two weeks following the date of distribution. E-mail addresses were elicited in which to later forward confidential usernames and passwords to access the online study. For potential participants who did not have an active e-mail account, there was an alternative option of having a paper-based version of the questionnaire mailed to them. Letters of Information and Consent Forms were distributed to all students who indicated an interest in participating in the study during the recruitment visits. In total, 775 Letters of Information and Consent forms were distributed.

Data collection for this study took place over the course of four months. Signed consent forms were returned for 334 adolescents and 212 parents. Thirty-eight participants requested to have paper-based questionnaires mailed to them; 30 questionnaire packages were completed and returned (12 mothers, 7 male adolescents and

11 female adolescents). Using the information obtained from the written consent form, the researcher assigned each participant a unique username and password. All eligible online participants were then e-mailed their usernames and passwords. Also at this time, questionnaire packages were mailed out to all offline participants.

Online data collection was facilitated by the Informational Technology (IT) Services at the University of Windsor. Online participants were able to complete the online questionnaires from any computer with internet access including, but not limited to, home computers, school computers, computers at local public and/or university libraries, and Community Access Program (CAP) sites. Participants were assigned a deadline, approximately four weeks from the date that the usernames and passwords were issued, in which to complete the questionnaires. Reminder e-mails were sent to participants on three occasions. All study participants, both online and offline, were permitted to withdraw from the online study at any time during their participation. As well, all participants received study debriefing (Appendix E).

A number of safeguards were implemented to maintain confidentiality and anonymity of online participants. First, participants' Internet Protocol (IP) addresses were not recorded at any time during study participation. Second, participants were limited in the number of times they were permitted to log-in to participate in the study. Third, a time-out feature was employed whereby if the survey was left idle for a period of time, a participant would be required to log-in again. Fourth, once participants completed the online survey, they were instructed to close their web browser to prevent others from accessing their responses.

Table 1

Demographic Characteristics of Adolescent Sample

Characteristic	*N* = 193	
	N	Percent
Gender		
Male	60	31.1
Female	133	68.9
Ethnicity		
Caucasian	188	97.4
African-Canadian	3	1.6
Asian-Canadian	2	1.0
Parents' Marital Status		
Married	125	64.8
Divorced/Separated	44	22.8
Living Together (but not married)	10	5.2
Living Apart (never married)	12	6.2
Other[a]	2	1.0

[a]Both adopted.

Table 2

Demographic Characteristics of Parent Sample

Characteristic	*N* = 110	
	N	Percent
Gender		
Male	12	10.9
Female	98	89.1
Age Group		
25-34	9	8.2
35-45	81	73.6
46+	20	18.2
Ethnicity		
Caucasian	108	98.2
African-Canadian	2	1.8
Education		
Less than Grade 12	7	6.4
High School or Equivalent	16	14.5
Some College or University	18	16.4
College or University Graduate	69	62.7
Occupational Classification		
Management	5	4.5
Business, Finance, Administration	13	11.8
Natural and Applied Sciences	3	2.7
Health	17	15.5
Social Science, Education, Govt, & Religion	18	16.4
Art, Culture, Recreation, Sport	1	0.9
Sales and Service	13	11.8
Trades, Transport, and Equipment	4	3.6
Processing, Manufacturing, and Utilities	3	2.7
Homemaker	12	10.9
Not indicated/unknown/unemployed	21	19.1
Relation to Adolescent		
Mother	97	88.2
Father	12	10.9
Other (aunt)	1	0.9

Table 3

Demographic Characteristics of Adolescent-Parent Dyads

Characteristic	Adolescents (*n* = 51)		Parents (*n* = 51)	
	Freq	%	Freq	%
Gender				
Male	16	31.4	6	11.8
Female	35	68.6	45	88.2
Age – *Parent*				
25-34 years	---	---	4	7.8
35-45 years	---	---	41	80.4
46+ years	---	---	6	11.8
Ethnicity				
Caucasian	51	100.0	50	98.0
African-Canadian	0	0.0	1	2.0
Parents' Education				
Less than Grade 12	---	---	4	7.8
High School or Equivalent	---	---	7	13.7
Some College or University	---	---	9	17.6
College or University Graduate	---	---	31	60.8
Occupational Classification				
Management	---	---	2	3.9
Business, Finance, Administration	---	---	5	9.8
Natural and Applied Sciences	---	---	1	2.0
Health	---	---	8	15.7
Social Science, Education, Govt, & Religion	---	---	7	13.7
Art, Culture, Recreation, Sport	---	---	0	0.0
Sales and Service	---	---	8	15.7
Trades, Transport, and Equipment	---	---	4	7.8
Processing, Manufacturing, and Utilities	---	---	0	0.0
Homemaker	---	---	7	13.7
Not indicated/unknown/unemployed	---	---	9	17.6
Relation to Adolescent				
Mother	---	---	45	88.2
Father	---	---	6	11.8
Other (aunt)	---	---	0	0.0

Measures

Background information. An adolescent and parent background information questionnaire was created for the purpose of the present study. Adolescents reported their birth date, gender, grade, and ethnic background. They also reported their (biological) parents' marital status. Parents reported their gender, age, relation to the adolescent, ethnic background, level of education, and occupation. Adolescents were also asked whether or not they had ever sought help from a mental health professional (e.g., psychologist, psychiatrist, social worker, counsellor). Parents were also asked whether or not they had ever sought help from a mental health professional for their adolescent.

Help-Seeking Behaviour. In order to assess adolescents' help-seeking behaviour, the Help-Seeking Item measure adapted from Saunders et al. (1994) and Sears (2004) was administered to adolescent and parent participants. The one item used to assess adolescents' help-seeking behaviour was: Have <u>you</u> had <u>any</u> stressful or serious problems in the last three months? The four response options were: (1) I have had few or no problems; (2) I have had some problems but I did not feel I needed professional help; (3) I have had some problems but I did not seek professional help although I thought I needed it; or (4) I have had some problems and I did seek professional help. Item responses were used to create three sets of comparisons between adolescents who identify themselves as being at different stages of the help-seeking process (i.e., problem recognition, perceived need for professional help, professional help seeking). The three month time frame was chosen for the present study as the adolescent mental health

literature suggests that recall for reporting help seeking is most accurate within this time frame (Bean et al., 2000; Srebnik et al., 1996).

A corresponding item was used to assess parents' help-seeking behavior. Has your son/daughter had any stressful or serious problems in the last three months? The four response options were: (1) He/she has had few or no problems; (2) He/she has had some problems but I did not feel he/she needed professional help; (3) He/she has had some problems, but did not seek professional help although I thought he/she needed it; or (4) He/she has had some problems and did seek professional help.

The help-seeking item was found to be correlated with measures of adolescent stress ($r = .44$, $p < .001$) and psychological distress ($r = .50$, $p < .001$) thereby indicating adequate validity.

Adolescent Stress. Adolescents and parents both completed a modified version of the Adolescent Life Change Event Scale (ALCES; Yeaworth, McNamee, & Pozehl, 1992; Yeaworth, York, Hussey, Ingle, & Goodwin, 1980) to assess cumulative adolescent stress. Adolescents indicated (i.e., yes or no), to a list of 37-events, whether or not each life event (e.g., breaking up with a girlfriend/boyfriend, fighting with parents, failing one or more subjects in school) had happened to them in the last three months. Parents completed an identical version of this measure by indicating (yes, no, or unsure) whether each life event had happened to their adolescent son or daughter in the last three months. Items were summed to yield an overall score indicative of adolescent-reported and parent-reported cumulative adolescent stress.

The ALCES is a 31-item self-report measure that assesses cumulative stress in adolescents between 11 and 18 years of age. This measure was modified for the present

study. The wording of several items was changed to reflect more current wording. *Hassling with parents* and *Hassling with brother or sister* were modified to read, *Fighting with parents* and *Fighting with brother or sister*. *Flunking a grade in school* was changed to read, *Failing a grade in school*. As well, seven items were added to this measure, based on a review of the literature (Coddington, 1972; Kohn & Milrose, 1993; Yeaworth et al., 1992). The additional items were, not getting selected for an activity (e.g., sports team, club), getting grounded, problems with another student (or students), being gossiped about, suspension from school, marriage of parent to stepparent, and money problems in family.

In their review of 25 studies utilizing the ALCES, involving a total of 4,024 adolescents, Yeaworth et al. (1992) reported acceptable reliability and validity. Reliability analyses for the current study revealed Cronbach's alpha to be .81 and .67 for the adolescent and parent report checklists, respectively.

Adolescent Psychological Distress. In order to assess adolescent psychological distress (i.e., behavioural and emotional problems), the Pediatric Symptom Checklist - Youth Report (Y-PSC, Pagano et al., 2000) and the parent version, Pediatric Symptom Checklist (PSC, Jellinek et al., 1988), were administered. These brief screening questionnaires are freely accessible from the authors' website. Adolescents reported on their psychological distress in the last three months (e.g., have trouble sleeping, distracted easily, spend more time alone). Parents reported on their son's/daughter's psychological distress in the last three months (e.g., has trouble sleeping, distracted easily, spends more time alone). The 35-item Y-PSC and PSC item scores were summed (Never = 0, Sometimes = 1, Often = 2) yielding a total score indicative of psychological distress. The

measure can be used with children ages 6 to 16 years. Lower scores indicate less distress whereas higher scores indicate greater distress.

Analyses of reliability for the PSC have indicated strong internal consistency (Cronbach's alpha = .91). Validity, as assessed by comparing clinicians' ratings to PSC scores (cut-off of 28), has been reported in terms of specificity (0.68) and sensitivity (0.95) (Jellinek et al., 1988; Murphy, Jellinek, & Milinsky, 1989). The present study established strong internal consistency (Cronbach's alpha = .93) for both the youth- and parent-report versions of this measure.

Impact of Adolescent Problems. Parents completed the Caregiver Strain Questionnaire (CGSQ; Brannon, Heflinger, & Bickman, 1997) to assess the impact of adolescent stress and distress. The CGSQ is a 21-item parent-report measure of the level of disruption, strain, or other form of stress resulting from caring for a child or adolescent (younger than 18 years) with emotional or behavioural problems. For each item, parents were asked to indicate on a 5-point Likert scale (0 = *not at all* to 5 = *very much a problem)* how much of a problem each occurrence or feeling (e.g., missing work or neglecting duties, disruption of family relationships, felt embarrassed) was in the previous three months as a consequence of their child's emotional or behavioural problems. The CGSQ generates a total score indicative of cumulative strain or impact reported by parents caring for youth with emotional or behavioural problems.

Brannan et al. (1997) examined the reliability and validity of the CGSQ using data collected from 984 families. The alpha coefficient for the entire scale was reported as being .93, which is comparable to that of the current study (Cronbach's alpha = .92). As well, convergent validity was established by assessing the relation between the CGSQ

and other measures of family functioning and caregiver distress, including the McMaster Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) and the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983).

Barriers to Seeking Professional Help. The Barriers to Adolescent Help Seeking –Brief (BASH-B; Wilson, Deane, Ciarrochi, & Rickwood, 2005) was used to assess adolescents' barriers to seeking professional help for problems. This 11-item questionnaire presents reasons why adolescents might not seek professional help. Items include: *I would solve the problem myself; I think that I should work out my own problems; I'd be too embarrassed to talk to a counsellor; Adults can't understand adolescent problems; Even if I wanted to, I wouldn't have time to see a counsellor; A counsellor might make me do what I don't want to; I wouldn't want my family to know I was seeing a counsellor; I couldn't afford counselling; Nothing will change the problems I have; If I go to counselling, I might find out I'm crazy; If I went for help, the counsellor would not keep my secret.* For the present study, items were reworded to reflect barriers to seeking professional help, as opposed to seeking help from a counsellor. Adolescents were asked to choose the response that best reflects their feelings about each reason (1 = *Strongly disagree* to 5 = *Strongly agree*). Higher scores indicate greater barriers to seeking help from a mental health professional. In addition to calculating a total barrier score, individual barrier items were investigated with respect to study variables.

The original Barriers to Adolescent Seeking Help (BASH; Kuhl et al., 1997) was developed to measure barriers to adolescent help seeking and identify factors that most strongly inhibit help-seeking behaviour. This 37-item measure was developed and piloted using a sample of 280 high school students (grades 9 to 12) and was reported to

demonstrate acceptable reliability (Cronbach's alpha = .91) and validity (distinguished between students with a history of treatment versus those who had never been in treatment). In 2005, Wilson et al. created a brief version of the BASH in their study of Australian high school students' help-seeking intentions (N = 218). According to the authors, the 37-item BASH "had satisfactory reliability and validity, but a high Cronbach alpha for the full measure (α = .91) suggested that there might be item redundancy" (p. 21). They created a brief version of the BASH, called the BASH-B, consisting of the 11 items most strongly endorsed by high school students in their study. The BASH-B reportedly had Cronbach's alpha of .83. Cronbach's alpha level for the present study was .82.

To assess parents' barriers to seeking professional help, the 11 items from the BASH-B were reworded to represent reasons why parents might not seek help from a mental health professional for their adolescent's problems. Items included: *If my child had a problem I would solve it myself; Even if I wanted to, I wouldn't have time to get professional help for my child's problem(s); If I got professional help for my child's problem, the problem would not be kept secret; If I got for professional help for my child's problem, I may have to do or say something that I don't want to; I'd never want my family to know I was getting professional help for my child's problem(s); Adults really can't understand the problems that kids have; Even if my child had a problem, I'd be too embarrassed to get professional help for it; I could not afford to get professional help for my child's problem(s) even if I wanted to; No matter what I do it will not change the problem(s) my child has; If I got professional help for my child's problem(s), I might find out I was crazy;* and *I think that I should work out my child's problem(s) on my own.*

Like the adolescent-report measure, parents indicated their relative agreement with each statement (5-point Likert scale; 1 = *Strongly disagree* to 5 = *Strongly agree*). Scores were summed to represent parents' perceived barriers to seeking help from a mental health professional for adolescent problems. For this study, Cronbach's alpha level for the parent-report version of the BASH-B was .80.

CHAPTER III

Results

Examination of Data

Descriptive statistics, z-scores, histograms, and boxplots were examined to quantify the shape of the distributions and detect unusual cases. Isolated missing data points were replaced with the mean value for that scale. Univariate outliers were identified as cases with standardized scores in excess of 3.29 ($p < .001$, two-tailed; Field, 2005; Tabachnick & Fidell, 2001). Outliers were winsorized so as to avoid reducing the size of the sample. Total scores on the Caregiver Strain Questionnaire (CSQ) were found to be highly skewed; therefore a logarithmic transformation was performed. In preparation for multivariate analyses, the data were examined to determine whether test assumptions were met, including assessing for multicollinearity (i.e., correlations between IVs > .80) and conducting residual and influence analyses.

Planned Analyses

All statistical analyses for this study were performed using SPSS Statistics 17.0 and IBM SPSS Statistics 18.0 for Windows. Analyses were conducted separately for the adolescent, parent, and adolescent-parent dyad data. All tests of statistical significance were two-tailed. To correct for the large number of comparisons in this study, a more conservative level of significance was applied for analyses, as indicated.

Using the approaches of Saunders et al. (1994) and Sears (2004), the Help-Seeking Item was used to create three sets of comparisons for adolescents and parents identifying themselves or son/daughter as being at different stages of the help-seeking process. For the first stage (Problem Recognition), all adolescents who reported having

stressful or serious problems in the last three months were compared (options 2, 3, and 4) with adolescents reporting few or no problems in the last three months (option 1). For the second stage (Perceiving a Need for Professional Help), among adolescents who reported having problems, those who perceived a need for professional help (options 3 and 4) were compared to those who did not perceive a need for professional help (option 2). For the third stage (Seeking Professional Help), among adolescents who reported having problems and who reported a need for professional help, those adolescents who sought professional help (option 4) were compared with those who did not seek professional help (option 3).

Similarly, three sets of comparisons were made for parents identifying themselves as being at three different stages of the help-seeking process. For the first help-seeking stage (Problem Recognition), all parents who reported that their son/daughter had stressful or serious problems in the last three months (options 2, 3, and 4) were compared to those parents reporting few or no problems (option 1). For the second help-seeking stage (Perceiving a Need for Professional Help), among parents who reported that their son/daughter had stressful or serious problems, those parents who reported a need for professional help (option 3 and 4) were compared to those parents who did not report a need for professional help (option 2). For the third help-seeking stage (Seeking Professional Help), among parents who reported that their son/daughter had problems and who indicated they needed professional help, those parents who sought professional help for their son's/daughter's problem (option 4) were compared to those parents who did not seek professional help (option 3).

Correlation analyses (Pearson and Point-Biserial) were performed to examine relations amongst all study variables. Chi-square analyses were used to examine relations between categorical dependent variables (i.e., help-seeking stages) and categorical independent variables (i.e., gender, age, prior professional help seeking). Univariate analyses of variance (ANOVAs) and multivariate analyses of variance (MANOVAs) were used to examine mean differences (i.e., gender, age, prior professional help seeking, help-seeking stages) amongst continuous study variables (e.g., barriers to professional help seeking, levels of adolescent stress and psychological distress, perceived impact of adolescent problems). Violations of Levene's Test of Equality of Error Variances and Box's Test of Equality of Covariance Matrices are reported, where applicable. Stepwise logistic regression analyses were performed to examine adolescent and parent factors that best predicted adolescent help-seeking stages.

Adolescents

Preliminary Analyses

Means, standard deviations, and ranges for adolescent measures are presented in Table 4. Barrier items are listed in order of endorsement, from higher to lower levels of agreement. Frequencies and percentages for adolescent help-seeking stages are presented in Table 5. Of the 193 adolescents who participated in this study, 109 adolescents (56.5%) reported having stressful or serious problems, 41 adolescents (37.6%) perceived a need for professional help with their problems, and 16 adolescents (39.0%) sought professional help.

Table 4

Means, Standard Deviations, and Ranges for Adolescent Stress, Psychological Distress, and Barriers to Seeking Professional Help

Measure	*M*	*SD*	*Range*
Adolescent Life Change Event Checklist (*N* = 193)	6.57	4.31	0 – 18
Pediatric Symptom Checklist (*N* = 192)	22.63	12.53	0 – 56
Total Barriers to Adolescent Seeking Help (*N* = 187)	21.81	7.42	5 – 39
If I had a problem I would solve it myself	2.70	.86	0 – 4
Even if I wanted to, I wouldn't have time to get professional help	1.79	1.14	0 – 4
If I got professional help for a problem, my problem would not be kept secret	1.90	1.27	0 – 4
If I got professional help, I may have to do or say something that I don't want to do	2.27	1.12	0 – 4
I'd never want my family to know I was getting professional help	1.82	1.30	0 – 4
Adults really can't understand the problems that kids have	2.19	1.30	0 – 4
Even if I had a problem, I'd be too embarrassed to get professional help for it	2.00	1.12	0 – 4
I could not afford to get professional help even if I wanted to	1.49	1.08	0 – 4
No matter what I do it will not change the problems I have	1.57	1.12	0 – 4
If I got professional help, I might find out I was crazy	1.45	1.16	0 – 4
I think I should work out my own problems	2.64	.91	0 – 4

Table 5

Frequencies and Percentages for Adolescent Help-Seeking Stages

	Adolescent		
	N	% within stage	% within sample
Stage 1: Problem Recognition (*n* = 193)			
Few or no problems (a)	84	43.5	43.5
Stressful or serious problems (b, c, & d)	109	56.5	56.5
Stage 2: Perceived Need for Help (*n* = 109)			
No perceived need for help (b)	68	62.4	35.2
Perceived need for help (c & d)	41	37.6	21.2
Stage 3: Professional Help Seeking (*n* = 41)			
Did not seek professional help (c)	25	61.0	13.0
Sought professional help (d)	16	39.0	8.3

Note: Help-seeking stages are derived from the Help-Seeking item where response options included: (a) I have had few or no problems; (b) I have had some problems but I did not feel I needed professional help (c) I have had some problems, but I did not seek professional help although I thought I needed it; and (d) I have had some problems and I did seek professional help.

Correlations among adolescent study variables are presented in Table 6. Problem recognition was positively associated with prior professional help seeking, gender, adolescent stress and psychological distress, and total perceived barriers to seeking professional help. Perceiving a need for professional help was positively associated with prior professional help seeking, adolescent stress and psychological distress, and total perceived barriers to professional help seeking. No significant correlations were found for seeking professional help.

Research Objective 1

Predisposing factors

Hypothesis 1a: Gender. It was hypothesized that males would be less likely than females to report problems, perceive a need for professional help, and seek professional help. Chi-square analysis revealed a significant association for gender and problem recognition. Of the 109 adolescents who reported serious problems, 76.1% were females and 23.9% were males. Among males, 43.3% reported having serious problems and 56.6% reported having few or no serious problems. Among females, 62.4% reported having serious problems and 37.6% reported having few or no problems. Contrary to study hypotheses, no significant associations were found for gender and perceived need for professional help or seeking professional help. Due to cell frequencies with expected counts less than five, Fisher's Exact Test is reported for professional help seeking.

Hypothesis 1b: Age. No specific predictions were made for the relation between age and adolescent help-seeking stages. Correlational analyses revealed no significant associations for age and problem recognition, perceived need for professional help, or seeking professional help (Table 6).

Table 6

Correlations Among Adolescent Variables

Variables	Gender	Age	Prior HS	Prob. Recog.	Perc. Need	Sought Help	ALCES	Y-PSC	BASH-B
Gender									
Age	-.11								
Prior HS	.15*	.03							
Prob. Recog.	.18*	-.01	.24**						
Perc. Need	.17	.09	.45**	*n/a*					
Sought Help	.19	-.00	.19	*n/a*	*n/a*				
ALCES	.20**	.01	.27**	.36**	.37**	-.10			
Y- PSC	.17*	.03	.29**	.43**	.37**	.14	.62**		
BASH-B	.12	-.01	.17*	.19*	.23*	-.27	.33**	.45**	

Note: Prior HS = Prior Professional Help Seeking; Prob. Recog. = Problem Recognition; Perc. Need = Perceived Need for Professional Help; Sought Help = Sought Professional Help; ALCES = Adolescent Life Change Event Scale; Y-PSC = Pediatric Symptom Checklist – Youth Report; BASH-B = Barriers to Adolescent Seeking Help – Brief

*$p < .05$. **$p < .01$, two-tailed.

Table 7

Chi-Square Analyses for Gender and Help-Seeking Stages

Variables	Males[a]	Females[b]	*df*	χ^2
Stage 1: Problem Recognition (*n* = 193)				
Few or no problems	34	50	1	6.12*
Stressful or serious problems	26	83		
Stage 2: Perceived Need for Help (*n* = 109)				
No perceived need for help	20	48	1	3.08
Perceived need for help	6	35		
Stage 3: Professional Help Seeking (*n* = 41)				
Did not seek professional help	5	20	---	0.38
Sought professional help	1	15		

[a]*n* = 60. [b]*n* = 133.

* $p < .01$.

Hypothesis 1c: Prior professional help seeking. It was hypothesized that adolescents who had sought professional help in the past would be more likely to report problems, perceive a need for professional help, and seek professional help. Chi-square analysis revealed significant associations for prior professional help seeking and problem recognition (see Table 8). Of the 51 adolescents who had sought professional help in the past, more than three-quarters (76.5%) reported having serious problems in the last three months. Of the 142 adolescents who never before sought professional help, approximately half (49.3%) reported having serious problems in the last three months.

Chi-square analysis also revealed significant associations for prior professional help seeking and perceiving a need for professional help (see Table 8). Among adolescents who reported having serious problems (n = 109), 39 adolescents sought professional help previously and 70 adolescents never before sought professional help. Closer examination of the 39 adolescents who had sought professional help previously indicated that 66.7% perceived a need for professional help with their current problems. Of the 70 adolescents who had never before sought professional help, 21.4% perceived a need for professional help with their current problems.

Chi-square analysis examining associations between prior professional help seeking and seeking professional help revealed no significant associations. Therefore, adolescents' prior history of seeking professional help was not found to be associated with whether or not they sought professional help for serious problems.

Table 8

Chi-Square Analyses for Prior Professional Help Seeking and Help-Seeking Stages

	Sought help previously[a]	Never before sought help[b]	*df*	χ^2
Stage 1: Problem Recognition (*n* = 193)				
Few or no problems	12	72	1	11.27*
Stressful or serious problems	39	70		
Stage 2: Perceived Need for Help (*n* = 109)				
No perceived need for help	13	55	1	21.84*
Perceived need for help	26	15		
Stage 3: Professional help seeking (*n* = 41)				
Did not seek professional help	14	11	1	1.52
Sought professional help	12	4		

[a]*n* = 51. [b]*n* = 142.

* $p < .001$.

Enabling/inhibiting factors.

Hypothesis 1d: Barriers. It was hypothesized that adolescents who recognize problems, perceive a need for professional help with problems, and who seek professional help for problems would report more perceived barriers to professional help seeking than adolescents who do not. Correlations between help-seeking stages and total barriers scores (i.e., BASH-B) are found in Table 6. Significant associations ($p < .05$) were found for total barriers scores and problem recognition and perceived need for professional help, but not for professional help seeking. Analyses of variance were performed to further investigate these significant correlations. Prior professional help seeking was included as a covariate in the analysis given its correlation with the variables involved (see Table 6).

An ANOVA investigating mean differences in total barriers scores for adolescents who reported problems compared to adolescents who did not report problems revealed no significant main ($F(1,183) = .002$, $p = ns$, $\eta^2 = .001$) or interaction effects ($F(1, 183) = .162$, $p = ns$, $\eta^2 = .000$). An ANOVA examining mean differences in total barriers scores for adolescents who perceived a need for professional help compared to adolescents who did not perceive a need for professional help revealed no significant main ($F(1,103) = .370$, $p = ns$, $\eta^2 = .004$) or interaction ($F(1, 103) = 1.683$, $p = ns$, $\eta^2 = .016$) effects.

Correlations between help-seeking stages and barrier items are presented in Table 9. Problem recognition was positively associated with reflecting a fear of not being understood (*Adults really can't understand the problems that kids have*), money

constraints (*I could not afford to get professional help even if I wanted to*), and the belief that nothing would help (*No matter what I do it will not change the problems I have*).

Perceived need for professional help was positively associated with items reflecting fears of coercion (*If I got professional help, I may have to do or say something that I don't want to do*), stigma (*I'd never want my family to know I was getting professional help*), the belief that nothing would help (*No matter what I do it will not change the problems I have),* and fear of being found to be crazy (*If I got professional help, I might find out I was crazy).* Seeking professional help was negatively associated with the barrier item reflecting stigma (*I'd never want my family to know I was getting professional help*). Analyses of variance were performed to further investigate mean differences in individual barrier items found to be significant in the correlation analyses.

As compared to adolescents reporting few or no problems, adolescents who reported serious problems were significantly more likely to report barriers reflecting fears of not being understood ($F(1, 186) = 6.46$; $p < .05$), money constraints ($F(1, 186) = 5.45$, $p < .05$), and the belief that nothing will help ($F(1, 186) = 11.81$, $p < .001$). When compared to adolescents who did not perceive a need for professional help, adolescents who perceived a need for professional help were significantly more likely to report barrier items reflecting fears of coercion ($F(1, 186) = 6.12$, $p < .05$), stigma ($F(1, 186) = 9.29$, $p < .01$), the belief that nothing will help ($F(1, 186) = 13.45$, $p < .001$), and fears of being found to be crazy ($F(1, 186) = 6.36$, $p < .05$). When compared to adolescents who did not seek professional help for serious problems, adolescents who sought professional help were significantly less likely to identify with a barrier item reflecting a fear of stigma ($F(1, 39) = 7.55$, $p < .01$).

Table 9

Correlations Among Adolescent Help-Seeking Stages and Barriers to Professional Help Seeking

Barrier Items	Problem Recognition	Perceived Need for Professional Help	Sought Professional Help
If I had a problem I would solve it myself	-.01	.08	-.16
Even if I wanted to, I wouldn't have time to get professional help	.11	.00	-.26
If I got professional help for a problem, my problem would not be kept secret	.01	.13	-.07
If I got professional help, I may have to do or say something that I don't want to do	.11	.24*	-.15
I'd never want my family to know I was getting professional help	.14	.29**	-.41**
Adults really can't understand the problems that kids have	.18*	.15	-.11
Even if I had a problem, I'd be too embarrassed to get professional help for it	.11	-.00	-.18
I could not afford to get professional help even if I wanted to	.17*	.09	-.22
No matter what I do it will not change the problems I have	.25**	.34**	.05
If I got professional help, I might find out I was crazy	.11	.24*	-.09
I think I should work out my own problems	.03	-.10	-.24

*$p < .05$. **$p < .01$. two-tailed.

Need factors.

Hypothesis 1e: Stress and psychological distress. It was hypothesized that adolescents who reported problems, perceived a need for professional help, and who sought professional help would report greater levels of stress and psychological distress. MANOVAs were performed to investigate this hypothesis (see Tables 10, 11, and 12).

Gender and prior professional help seeking were included in the analysis as covariates. As presented in Table 10, the analyses revealed that when compared to adolescents reporting few or no problems, adolescents who reported having serious problems reported higher levels of stress and psychological distress. A significant interaction effect was observed for problem recognition and prior professional help seeking. Among adolescents who reported having serious problems, those who had sought professional help previously reported significantly greater levels of psychological distress (M = 33.43, SD = 11.49) than adolescents who had never before sought professional help (M = 23.84, SD = 10.72) ($F(2, 185) = 5.92$, $p = .00$, $\eta^2 = .006$).

Prior professional help seeking was included as a covariate in the analysis examining perceived need for professional help and levels of adolescent stress and psychological distress. The analyses revealed that adolescents who perceived a need for professional help reported higher levels of stress and psychological distress compared to adolescents who did not perceive a need for professional help.

The MANOVA to examine professional help seeking with respect to levels of stress and psychological distress was not significant, $F(2, 38) = .83$, $p = ns$, $\eta^2 = .042$.

Table 10

MANOVA for Problem Recognition and Adolescent Stress and Psychological Distress

	Help-Seeking Stage 1: Problem Recognition (n = 192)			
	Few or no problems (n = 83)	Stressful or serious problems (n = 109)		
Variables	$M(SD)$	$M(SD)$	$F(df)$	η^2
			5.92*(2, 185)	.056
Stress	4.82(3.35)	7.94(4.49)	4.31*	.023
Distress	16.51(10.64)	27.27(11.88)	10.89**	.055

Note: Higher scores indicate higher levels of the variable.

* $p < .05$. ** $p < .01$

Table 11

MANOVA for Perceived Need for Professional Help and Adolescent Stress and Psychological Distress

	Help-Seeking Stage 2: Perceived Need for Professional Help (n = 109)			
Variables	No perceived need for professional help (n = 68) $M(SD)$	Perceived need for professional help (n = 41) $M(SD)$	$F(df)$	η^2
			4.51**(2,104)	
Stress	6.65(4.20)	10.07(4.20)	6.95*	.062
Distress	23.87(10.54)	32.93(11.95)	6.02*	.054

Note: Higher scores indicate higher levels of the variable.

* $p < .05$.

Table 12

MANOVA for Seeking Professional Help and Adolescent Stress and Psychological Distress

	Help-Seeking Stage 3: Seeking Professional Help (n = 41)			
	Did not seek professional help (n = 25)	Sought professional help (n = 16)		
Variables	*M*(*SD*)	*M*(*SD*)	*F*(*df*)	η^2
			.83(2, 38)	.042
Stress	10.40(4.05)	9.56(4.50)	.38	.010
Distress	31.64(12.53)	34.94(11.08)	.74	.019

Note: Higher scores indicate higher levels of the variable.

Predicting Adolescent Help-Seeking Stages

Forward stepwise logistic regression analyses were conducted to determine predictors of adolescent problem recognition, perceived need for professional help, and professional help seeking. Independent variables (IVs) significantly associated with each help-seeking stage ($p < .01$) in the bivariate analyses were included in the logistic regression analyses (see Table 6 on Page 63 and Table 9 on Page 69).

Help-seeking stage 1: Problem recognition. Factors significantly associated with problem recognition ($p < .01$) were prior professional help seeking, a barrier item reflecting the belief that nothing will help, and adolescent stress and psychological distress. Variables were entered in the model as per the likelihood-ratio (LR) test, with significance set at .05.

The stepwise procedure ended after Step 2, without including stress and the barrier item as they did not contribute significantly to predicting problem recognition in the model (see Table 13). The first step of the stepwise logistic regression was significant ($\chi^2(1, N = 187) = 37.81, p < .001$), accounting for approximately 24.6% of the variance in problem reporting. The second step was also significant ($\chi^2(1, N = 187) = 5.35, p < .05$), as was the model ($\chi^2(2, N = 187) = 43.16, p < .001$), accounting for an additional 3.1% of the variance. The odds of reporting problems increased by a factor of 1.09 for each one-unit increase in psychological distress, when controlling for other variables in the model. Prior professional help seeking increased by 2.61 times the odds of adolescents' reporting a problem. In sum, significant predictors of adolescent problem reporting were levels of psychological distress and prior professional help seeking.

Table 13

Logistic Regression to Predict Adolescent Problem Recognition

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Step 1						
Psychological Distress	0.08	0.02	.000**	1.055	1.087	1.121
Step 2						
Prior Professional Help Seeking	0.96	0.43	.025*	1.040	1.129	6.055
Psychological Distress	0.08	0.02	.000**	1.049	1.082	1.117

Note: $R^2_N = .246$ for Step1; $R^2_N = .277$ for Step 2.

* $p < .05$. ** $p < .001$.

Help-seeking stage 2: Perceived need for professional help. Independent variables significantly associated with perceived need for professional help ($p < .01$) in the bivariate analyses were prior professional help seeking, barrier items reflecting fears of stigma and the belief that nothing would help, and stress level and psychological distress (see Table 6 on Page 63 and Table 9 or Page 69). Variables were entered in the model as per the likelihood-ratio (LR) test, with significance set at .05.

The stepwise procedure ended after Step 3, without including two of the independent variables (i.e., psychological distress and the barrier item relating to stigma) as they did not contribute significantly to the model predicting perceived need for professional help (see Table 14). The first step of the stepwise logistic regression was significant ($\chi^2(1, N = 105) = 22.76, p < .001$), accounting for approximately 27% of the variance in perceived need for professional help. The second step was also significant ($\chi^2(1, N = 105) = 10.84, p < .001$), as was the model ($\chi^2(2, N = 105) = 33.60, p < .001$), accounting for an additional 10% of the variance in perceived need for professional help. The third and final step was significant ($\chi^2(1, N = 105) = 5.77, p < .05$), as was the model ($\chi^2(3, N = 105) = 39.37, p < .001$), contributing an additional 5% of the variance. Prior professional help seeking increased by 6.39 times the odds of perceiving a need for professional help while controlling for other variables in the model. The odds of perceiving a need for professional help increased by a factor of 1.16 for each one-unit increase in stress, controlling for other variables in the model. The odds of perceiving a need for professional help increased by a factor of 1.65 for each one-unit increase in the barrier item reflecting the belief that nothing would help when controlling for other variables in the model.

Table 14

Logistic Regression to Predict Adolescents' Perceived Need for Professional Help

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Step 1						
Prior Prof. Help Seeking	2.08	0.46	.000***	3.250	8.036	19.867
Step 2						
Prior Prof. Help Seeking	1.86	0.49	.000***	2.452	6.395	16.681
Stress	0.18	0.06	.002**	1.071	1.201	1.347
Step 3						
Prior Prof. Help Seeking	1.86	0.51	.000***	2.353	6.391	17.356
Stress	0.15	0.06	.018*	1.026	1.157	1.305
Barrier item # 9 reflecting the belief that nothing would help	0.50	0.22	.021*	1.079	1.654	2.000

Note: R^2_N = .266 for Step1; R^2_N = .374 for Step 2; R^2_N = .427 for Step 3.

* $p < .05$. ** $p < .01$. ***$p < .001$.

Help-seeking stage 3: Professional help seeking. One independent variable was found to be significantly associated with seeking professional help ($p < .01$) in the bivariate analyses (see Table 6 on Page 63 and Table 9 on Page 69), specifically a barrier item reflecting a fear of stigma. A logistic regression analysis was conducted to determine how well this barrier item may explain seeking professional help. The logistic regression was significant ($\chi^2(1, N = 40) = 6.86, p = .009$), and accounted for approximately 21.5% of the variance in professional help seeking (Table 15). The odds of not seeking professional help increased by a factor of .49 for each one-unit increase in fear of stigma.

Table 15

Logistic Regression to Predict Adolescents' Professional Help Seeking

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Barrier item #5 reflecting fear of stigma	-.713	0.30	.016*	.275	.490	.874

Note: $R^2_N = .215$.

* $p < .05$.

Parents

Preliminary Analyses

Means, standard deviations, and ranges for parents' perceptions of adolescent stress, psychological distress, perceived impact of adolescent problems, and barriers to professional help seeking are presented in Table 16. Frequencies and percentages across parental help-seeking stages are presented in Table 17. Of the 110 parents who participated in this study, 53.6% of parents reported adolescent stressful or serious problems in the last three months (Stage 1: Problem Recognition), 20.9% reported a perceived need for professional help with these problems (Stage 2: Perceived Need for Professional Help), and 15.5% sought professional help (Stage 3: Sought Professional Help).

Correlations amongst parent study variables are presented in Table 18. No significant associations were found for gender or age. Prior professional help seeking was positively associated with all help-seeking stages (i.e., problem recognition, perceiving a need for professional help, seeking professional help) as well as reports of adolescent stress, psychological distress, and impact of adolescent problems. Problem recognition and perceived need for professional help were both positively associated with reports of adolescent stress and psychological distress. Impact of adolescent problems was negatively associated with problem recognition and positively associated with perceived need for professional help. Reports of adolescent stress, psychological distress, and impact of adolescent problems were all positively associated with one another.

Table 16

Means, Standard Deviations, and Ranges for Parent Measures

Measure	*M*	*SD*	*Range*
Adolescent Life Change Event Checklist	4.11	3.04	0 – 12
Pediatric Symptom Checklist	15.32	10.70	0 – 44
(log) Caregiver Strain Questionnaire	.69	.50	0 – 1.51
Total Barriers to Professional Help Seeking	11.47	5.46	
If my child had a problem I would solve it myself	2.07	1.01	0 – 4
Even if I wanted to, I wouldn't have time to get professional help for my child's problem(s)	.55	.62	0 – 4
If I got professional help for my child's problem(s), the problem would not be kept secret	1.20	1.05	0 – 4
If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do	1.21	1.02	0 – 4
I'd never want my family to know I was getting professional help for my child's problem(s)	1.15	.91	0 – 3
Adults really can't understand the problems that kids have	1.25	.97	0 – 3
Even if my child had a problem, I'd be too embarrassed to get professional help for it	.39	.51	0 – 2
I could not afford to get professional help for my child's problem(s) even if I wanted to	1.04	1.04	0 – 4
No matter what I do it will not change the problem(s) my child has	.70	.63	0 – 2
If I got professional help for my child's problem(s), I might find out I was crazy	.57	.62	0 – 2
I think I should work out my child's problem(s) on my own	1.35	.85	0 – 3

Table 17

Frequencies and Percentages for Parents' Help-Seeking Stages

	Parent		
	Freq.	% within stage	% within sample
Stage 1: Problem Recognition (*n* = 110)			
Few or no problems (a)	59	53.6	53.6
Stressful or serious problems (b, c, & d)	51	46.4	46.4
Stage 2: Perceived Need for Help (*n* = 51)			
No perceived need for help (b)	28	54.9	25.5
Perceived need for help (c & d)	23	45.1	20.9
Stage 3: Professional Help Seeking (*n* = 23)			
Did not seek professional help (c)	6	26.1	9.5
Sought professional help (d)	17	73.9	15.5

Note: Help-seeking stages are derived from the Help-Seeking item where response options included: (a) He/she has had few or no problems; (b) He/she has had some problems but I did not feel he/she needed professional help (c) He/she has had some problems, but did not seek professional help although I thought he/she needed it; and (d) He/she has had some problems and did seek professional help.

Table 18

Correlations Among Parent Variables

Variables	Gender	Age	Prior HS	Prob. Recog.	Perc. Need	Sought Help	ALCES	PSC	(log) CSQ	BASH-B
Gender										
Age	-.10									
Prior HS	.05	-.13								
Prob. Recog.	-.03	-.00	.40**							
Perc. Need	-.04	.06	.65**	*n/a*						
Sought Help	.06	-.23	.65**	*n/a*	*n/a*					
ALCES	.11	-.12	.48**	.43**	.40**	.04				
PSC	-.04	-.03	.45**	.47**	.41**	-.10	.67**			
(log) CSQ	.01	-.15	.60**	-.63**	.56**	-.27	.58**	.75**		
BASH-B	-.17	-.05	-.08	-.09	-.03	-.41	.07	.16	.13	

Note: Prior HS = Prior Professional Help Seeking; Prob. Recog. = Problem Recognition; Perc. Need = Perceived Need for Professional Help; Sought Help = Sought Professional Help; ALCES = Adolescent Life Change Event Scale; PSC = Pediatric Symptom Checklist; logCSQ = (log) Caregiver Strain Questionnaire; BASH-B = Barriers to Adolescent Seeking Help – Brief.

*$p < .05$. **$p < .01$, two-tailed

Research Objective 2

Predisposing factors.

Hypothesis 2a: Prior professional help seeking for adolescent problems. It was hypothesized that parents who sought professional help for adolescent problems in the past would be more likely to report adolescent problems, perceive a need for professional help with adolescent problems, and seek professional help for adolescent problems. The analyses support this hypothesis.

As shown in Table 19, chi-square analyses revealed significant findings for prior professional help seeking and problem recognition. Specifically, of the parents who reported adolescent problems, 51.0% reported having sought professional help previously and 49% reported having never sought professional help. Of the parents who did not report adolescent problems, 13.6% reported prior professional help seeking and 86.4% reported no prior professional help seeking.

Chi-square analyses also revealed a significant association for prior professional help seeking and perceived need for professional help. For those parents who reported adolescent problems for which they perceived a need for professional help, 87% of parents reported having sought professional help previously (as compared to 13% of parents who had never before sought professional help).

Due to two cell frequencies with expected counts less than five, Fisher's Exact Test is reported for prior professional help seeking and seeking professional help. Prior professional help seeking was significantly associated with professional help seeking (Fishers' Exact Test, $p = .01$). Eighty-five percent of parents who sought professional help in the past reported seeking professional help for their adolescent's problems.

Table 19

Chi-Square Analyses for Parents' Prior Professional Help Seeking and Help-Seeking Stages

	Prior Professional Help Seeking[a]	No Prior Professional Help Seeking[b]	*Df*	χ^2
Problem Recognition (*n = 110*)				
Few or no problems	8	51	1	17.94**
Stressful or serious problems	26	25		
Perceived Need for Help (*n = 51*)				
No perceived need for help	6	22	1	21.70**
Perceived need for help	20	3		
Professional Help Seeking (*n = 23*)				
Did not seek professional help	3	3	1	9.78*
Sought professional help	17	0		

* $p < .01$. ** $p < .001$

Enabling/inhibiting factors.

Hypothesis 2b: Barriers. It was hypothesized that parents who recognize problems, perceive a need for professional help with problems, and who seek professional help for problems would report fewer perceived barriers to professional help seeking than parents who do not. Correlation analyses for parents' help-seeking stages and total barriers scores revealed no significant associations (see Table 18).

Correlation analyses for parent help-seeking stages and barrier items are found in Table 20. Parental problem recognition was negatively associated with a barrier items reflecting a fear of coercion (*If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do*). Parents' perceived need for professional help was not significantly associated with any barrier items. Parents' professional help seeking was negatively associated with barriers items reflecting fear of coercion (*If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do*), money constraints (*I could not afford to get professional help for my child's problem(s) even if I wanted to*), and the belief that nothing will help (*No matter what I do it will not change the problem(s) my child has*). Analyses of variance were performed to further investigate the significant correlations.

Parents who reported few or no serious problems reported fear of coercion significantly more often than parents who reported serious adolescent problems ($F(1, 106) = 4.46$, $p < .05$). Parents who did not seek professional help reported fear of coercion ($F(1,20) = 4.55$, $p < .05$), money constraints ($F(1, 20) = 4.48$, $p < .05$), and the belief that nothing will help ($F(1, 20) = 8.44$, $p < .01$) significantly more often than parents who did seek professional help for serious adolescent problems.

Table 20

Correlations Among Parent Help-Seeking Stages and Barriers to Professional Help Seeking

Barrier Items	Problem Recognition	Perceived Need for Professional Help	Sought Professional Help
If my child had a problem I would solve it myself	-.06	-.28	-.08
Even if I wanted to, I wouldn't have time to get professional help for my child's problem(s)	-.14	-.05	-.16
If I got professional help for my child's problem(s), the problem would not be kept secret	-.10	.05	-.12
If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do	-.20*	.10	-.44*
I'd never want my family to know I was getting professional help for my child's problem(s)	-.15	.00	-.27
Adults really can't understand the problems that kids have	.06	-.06	.02
Even if my child had a problem, I'd be too embarrassed to get professional help for it	-.18	-.10	-.21
I could not afford to get professional help for my child's problem(s) even if I wanted to	.17	.01	-.44*
No matter what I do it will not change the problem(s) my child has	.13	.21	-.55**
If I got professional help for my child's problem(s), I might find out I was crazy	-.16	.16	-.03
I think I should work out my child's problem(s) on my own	-.01	-.13	-.38

*$p < .05$. **$p < .01$.

Need factors.

Hypothesis 2c: Perceptions of adolescent stress, psychological distress, and perceived impact of adolescent problems. It was hypothesized that parents who reported adolescent problems, perceived a need for professional help with adolescent problems, and sought professional help for adolescent problems would report greater adolescent stress and psychological distress, and greater perceived impact of adolescent problems. MANOVAs were performed to investigate these hypotheses. Given small, uneven sample sizes multivariate analyses were not applicable to the final stage of help seeking, therefore, correlation analyses are reported. Prior professional help seeking was included as a covariate in all MANOVAs as it was highly correlated with all variables (see Table 18). In general, the hypothesis was not supported, few significant findings were found.

The MANOVA for parental problem recognition with respect to perceptions of adolescent stress, psychological distress, and perceived impact of adolescent problems indicated a significant main effect for prior professional help seeking ($F(3, 102) = 13.87$, $p = .000$, $\eta^2 = .290$), but not for problem recognition ($F(3, 102) = .673$, $p = ns$, $\eta^2 = .019$) or the interaction ($F(3, 102) = 1.11$, $p = ns$, $\eta^2 = .032$) (Table 21). Parents who reported having sought professional help previously reported significantly greater levels of adolescent stress and psychological distress when compared to parents who did not seek professional help previously. Parents who reported having sought professional help previously also reported significantly greater perceived impact of adolescent problems compared to parents who did not report prior professional help seeking.

Table 21

MANOVA for Parent Problem Recognition and Perceptions of Adolescent Stress, Psychological Distress, and Impact of Adolescent Problems

	Help-Seeking Stage 1: Parent Problem Recognition			
Variables	Few or no problems *M*(*SD*)	Stressful or serious problems *M*(*SD*)	*F*(*df*)	η^2
			.673(3, 102)	.019
Stress	2.90(2.43)	5.49(3.12)	.194(1, 104)	.008
Distress	10.68(7.81)	21.06(11.18)	.823(1, 104)	.008
Impact	.41(.41)	1.04(.36)	.501(1, 104)	.005

Note: Higher scores indicate higher levels of the variable.

A MANOVA was also performed to examine parents' perceived need for professional help with adolescent problems in relation to parents' perceptions of adolescent stress, psychological distress, and perceived impact of adolescent problems The findings are presented in Table 22. The multivariate test for the main effects of perceived need for professional help ($F(3, 43) = .2.711$, $p = ns$, $\eta^2 = .159$) and prior professional help seeking ($F(3, 43) = .1.163$, $p = ns$, $\eta^2 = .075$) were both not significant, whereas the interaction was significant ($F(3, 43) = 3.044$, $p < .05$, $\eta^2 = .175$). Examination of the univariate ANOVAs for the interaction were not significant. The univariate ANOVA for perceived need for professional help revealed a significant finding for parent-reported adolescent stress. Parents who perceived a need for professional help with adolescent problems reported higher levels of adolescent stress as compared to parents who did not perceive a need for professional help.

As shown in Table 18 (Page 83), no significant associations were found for parents' professional help seeking and perceptions of adolescent stress, psychological distress, and perceive impact of adolescent problems.

Predicting Parent Help-Seeking Stages

Correlations between parent study variables are presented in Tables 18 and 20. Independent variables (IVs) significantly associated with parent help-seeking stages ($p <$ .01) in the bivariate analyses were identified for inclusion in multivariate analyses. Forward stepwise logistic regression analyses were conducted to explore which independent variables best predicted parent help-seeking stages. Due to small sample

Table 22

MANOVA for Parents' Perceived Need for Professional Help and Perceptions of Adolescent Stress, Psychological Distress, and Impact of Adolescent Problems

	Help-Seeking Stage 2: Parents' Perceived Need for Professional Help with Adolescent Problems			
Variables	No Perceived Need for Professional Help *M*(*SD*)	Perceived Need for Professional Help *M*(*SD*)	*F*(*df*)	η^2
			2.711(3, 43)	.159
Stress	4.41(2.24)	6.68(3.57)	4.87*(1, 45)	.098
Distress	16.89(9.95)	26.18(10.64)	.001(1, 45)	.000
Impact	.86(.37)	1.26(.19)	.858(1, 45)	.019

Note: Higher scores indicate higher levels of the variable.

*$p < .05$

sizes, logistic regression analyses were not feasible for the final parent help-seeking stage, professional help seeking.

Variables significantly associated with parental problem recognition ($p < .01$) in the bivariate analyses were prior professional help seeking, reports of adolescent stress and psychological distress, and perceived impact of adolescent problems. Variables were entered in the model as per the likelihood-ratio (LR) test, with significance set at .05. As seen in Table 23, the stepwise procedure ended after one step, thereby excluding three independent variables (i.e., prior professional help seeking and perceptions of adolescent stress and psychological distress). The model at Step 1 was significant ($\chi^2(1, N = 108) = 50.31, p < .001$) and accounted for approximately 50% of the variance in parent problem reporting. The odds of parent problem reporting, increased by a factor of 34.46 for each one-unit increase in impact of adolescent problems. The greater the reported impact of adolescent problems the greater the likelihood of parents' reporting serious adolescent problems.

Variables significantly associated with parental perceived need ($p < .01$) in the bivariate analyses were prior professional help seeking and reports of adolescent stress and psychological distress, and impact of adolescent problems (Table 24). The stepwise procedure ended after two steps, thereby excluding parents' reports of adolescent stress and psychological distress as they did not contribute significantly to the model. The model at Step 1 was significant ($\chi^2(1, N = 49) = 24.51, p < .001$) and accounted for approximately 53% of the variance in parents' perceived need for professional help. The second step was also significant ($\chi^2(1, N = 49) = 5.71, p < .05$), as was the model ($\chi^2(2, N = 49) = 30.21, p < .001$), accounting for an additional 10% of the variance in parents'

perceived need for professional help. The odds of parents perceiving a need for professional help, increased by a factor of 44.06 for each one-unit increase in parent reported perceived impact of adolescent problems. As well, prior professional help seeking increased by 13.73 times the odds of parents perceiving a need for professional help with adolescent problems.

Table 23

Logistic Regression to Predict Parents' Problem Recognition

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Step 1						
Impact of Adolescent Problems	3.540	0.644	.000*	9.763	34.462	121.652

R^2_N = .498 for Step1.

*$p < .001$.

Table 24

Logistic Regression to Predict Parents' Perceived Need for Professional Help with Adolescent Problems

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Step 1						
Prior Prof. Help Seeking	3.33	0.80	.000***	5.871	27.867	132.271
Step 2						
Prior Prof. Help Seeking	2.62	0.85	.002**	2.574	13.733	73.271
Impact of Adolescent Problems	3.79	1.77	.03*	1.363	44.056	1423.923

R^2_N = .527 for Step 1; R^2_N = .616 for Step 2.

*p < .05. **p < .01. ***p < .001.

Adolescent/Parent Dyads

Preliminary Analyses

From the sample of 193 adolescents and 110 parents, a total of 51 adolescent and parent dyads were identified (n = 102). Preliminary analyses were conducted to investigate associations between adolescent and parent help-seeking stages, reports of adolescent stress and psychological distress, and perceived barriers to professional help seeking. Analyses examining proposed hypotheses follow.

Means, standard deviations, and ranges for adolescents' and parents' perceptions of adolescent stress, psychological distress, and barriers to professional help seeking are presented in Table 25. A one-way MANOVA was performed to examine whether adolescents and their parents differed significantly in their reports of adolescent stress, psychological distress, or perceived barriers to professional help seeking. The multivariate test was significant ($F(3, 96) = 19.45$, $p = .00$, $\eta^2 = .378$). Univariate ANOVAs revealed significant differences for reports of adolescent distress and total perceived barriers to professional help seeking, but not for reports of adolescent stress. Adolescents' reports of psychological distress were significantly higher than those of their parents. Adolescents' reports of total perceived barriers to professional help seeking significantly exceeded those of their parents. Adolescents' reports of stress did not differ significantly from those of their parents.

A one-way MANOVA was performed to investigate whether adolescents and parents differed in their perceptions of individual barriers items. The multivariate test was significant ($F(11, 88) = .60$, $p = .00$, $\eta^2 = .596$). Box's Test of Equality of Covariance Matrices and many Levene's Test of Equality of Error Variances were

significant ($p < .001$), thereby indicating assumption violations. In view of the violations of multivariate analysis assumptions, multiple one-way ANOVAs (Welch's F) were performed using a Bonferroni adjusted alpha level of $p < .005$. Findings are presented in Table 25. Adolescents reported significantly higher scores than parents on all but two (i.e., confidentiality, affordability) barriers assessed.

Frequencies and percentages across adolescent and parent help-seeking stages are summarized in Table 26. Chi-square analyses were performed to examine associations between adolescents' and parents' reports of help-seeking stages. No significant findings were found for adolescents' and parents' problem recognition and perceived need for professional help. Adolescents and parents reported comparable rates of problem recognition, with 49% of adolescents and 43.1% of parents reporting problems. About 36% of adolescents reported a perceived need for professional help as compared to 54.5% of parents. In contrast, 33% of adolescents sought professional help for adolescent problems as compared to 91.7% of parents who sought professional help for adolescent problems.

Correlations between adolescent and parent variables are presented in Table 27. No parent factors were significantly associated with adolescent problem recognition. Adolescents' perceived need for professional help was negatively associated with parents' reports of adolescent stress and impact of adolescent problems. Adolescents' professional help seeking was positively associated with a barrier item reflecting parents' belief of self-sufficiency.

Table 25

Comparing Adolescent and Parent Perceptions of Adolescent Stress, Psychological Distress, and Barriers to Seeking Professional Help

Measure (parent version in brackets)	*Adolescents*		*Parents*					
	M	*SD*	*M*	*SD*	*df*	*F*	η^2	*p*
Stress	5.72	3.92	4.44	3.52	(1, 98)	2.95	.029	.089
Psychological Distress	22.19	12.97	15.24	12.09	(1, 98)	7.69	.073	.007*
Total Barriers	21.46	7.28	12.00	5.12	(1, 98)	56.50	.366	.000**
If I had a problem I (my child) would solve it myself	2.66	.80	2.08	.99	(1, 98)	10.45	.096	.002**
Even if I wanted to, I wouldn't have time to get professional help (for my child's problem(s))	2.02	1.11	.66	.90	(1, 98)	45.23	.316	.000**
If I got professional help for a (my child's) problem, the problem would not be kept secret	1.92	1.16	1.40	1.05	(1, 98)	5.54	.053	.021
If I got professional help (for my child's problem(s)), I may have to do or say something that I don't want to do	2.14	1.09	1.18	.94	(1, 98)	22.27	.185	.000**
I'd never want my family to know I was getting professional help (for my child's problem)	1.48	1.18	.92	.70	(1, 79.27)	8.34	.078	.005**
Adults really can't understand the problems that kids have	2.26	1.37	1.38	1.00	(1, 90.11)	13.42	.120	.000**
Even if I (my child) had a problem, I'd be too embarrassed to get professional help for it	1.98	1.10	.44	1.05	(1, 68.62)	81.49	.454	.000**
I could not afford to get professional help (for my child's problem) even if I wanted to	1.42	1.05	1.12	.94	(1, 98)	2.26	.023	.136
No matter what I do it will not change the problems I (my child) have	1.42	1.01	.78	.65	(1, 83.41)	14.18	.126	.000**
If I got professional help (for my child's problem), I might find out I was crazy	1.44	1.16	.66	.69	(1, 79.57)	16.65	.145	.000**
I think I should work out my own (child's) problems	2.72	.95	1.38	.83	(1, 98)	56.50	.366	.000**

* $p < .01$. ** $p < .005$, Bonferroni adjusted alpha level.

Table 26

Frequencies and Percentages of Help-Seeking Behaviour for Adolescent-Parent Dyads

	Adolescent (n = 51)		Parent (n = 51)	
	Freq.	% within stage	Freq.	% within stage
Problem Recognition	n = 25		n = 22	
Few or no problems	26	51.0	29	56.9
Stressful or serious problems	25	49.0	22	43.1
Perceived Need for Help	n = 9		n = 12	
No perceived need for help	16	64.0	10	45.5
Perceived need for help	9	36.0	12	54.5
Professional Help Seeking	n = 3		n = 11	
Did not seek professional help	6	66.7	1	8.3
Sought professional help	3	33.3	11	91.7

Table 27

Correlations Among Adolescent Help-Seeking Stages and Parental Perceptions

	Adolescent Help-Seeking Stages		
Parent Factors	Adolescent Problem Recognition[a]	Adolescent Perceived Need for Prof. Help[b]	Adolescent Prof. Help Seeking[c]
Prior Professional Help Seeking	.14	-.22	-.38
Adolescent Stress	.20	-.54**	-.58
Adolescent Psychological Distress	.20	-.29	.42
Impact of Adolescent Problems	.07	-.42*	-.19
Barriers to Professional Help Seeking	-.05	.01	.20
If my child had a problem I would solve it myself	.04	.09	.76*
Even if I wanted to, I wouldn't have time to get professional help for my child's problem(s)	-.22	-.17	.00
If I got professional help for my child's problem(s), the problem would not be kept secret	.13	-.14	.22
If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do	-.01	.14	.00
I'd never want my family to know I was getting professional help for my child's problem	.11	.12	-.14
Adults really can't understand the problems that kids have	.04	.11	.33
Even if my child had a problem, I'd be too embarrassed to get professional help for it	-.13	-.07	.00
I could not afford to get professional help for my child's problem(s) even if I wanted to	.09	-.26	.43
No matter what I do it will not change the problem(s) my child has	-.17	.00	-.35
If I got professional help for my child's problem(s) I might find out I was crazy	-.17	.19	.00
I think that I would work out my child's problem(s) on my own	-.15	.09	.00

[a] $n = 51$. [b] $n = 25$. [c] $n = 9$.
*$p < .05$. **$p < .01$.

Research Objective 3

Predisposing factors.

Hypothesis3a: Parents' prior professional help seeking. It was hypothesized that adolescents who report problems, perceive a need for professional help, and seek professional help will have parents who report having previously sought professional help for adolescent problems. Correlation analyses (point-biserial) revealed no significant associations between parents' prior professional help seeking and adolescent problem recognition, adolescent perceived need for professional help, or adolescent professional help seeking (see Table 27).

Enabling/inhibiting factors.

Hypothesis 3b: Parents' Perceived Barriers to Professional Help Seeking. It was hypothesized that adolescents who report problems, perceive a need for professional help, and seek professional help will have parents who report fewer perceived barriers to professional help seeking. Parents' total barriers to professional help seeking were not found to be related to adolescent help-seeking stages. With respect to specific barriers, adolescents' professional help seeking was significantly associated with a barrier item reflecting parents' beliefs of self-sufficiency (i.e., *If my child had a problem I would solve it myself*). Adolescents who were most likely to seek professional help for serious problems were more likely to have parents who reported managing adolescent difficulties on their own (without professional help). This finding should be interpreted with caution due to small sample size (n = 9).

Need factors.

Hypothesis 3c: Parents' reports of adolescent stress, psychological distress, and perceived impact of adolescent problems. It was hypothesized that adolescents who report problems, perceive a need for professional help, and seek professional help will have parents who report higher levels of adolescent stress, psychological distress, and perceived impact of adolescent problems. No significant relations were found for adolescent problem recognition or adolescent professional help seeking and parent factors (see Table 27). Adolescents' perceived need for professional help was significantly associated with parents' reports of adolescent stress and parents' perceived impact of adolescent problems. Specifically, adolescents' who perceived a need for professional help were likely to have parents' who reported lower levels of adolescent stress and fewer burdensome adolescent problems.

Predicting Adolescent Help Seeking: Adolescent and Parent Factors

Logistic regression analyses were planned in which to examine the relations of both adolescent factors and parent factors in predicting adolescent help-seeking stages. However, logistic regression analyses were not feasible for all help-seeking stages given the lack of significant parent factors (from bivariate analyses) and small, unequal sample sizes. As such, regression results are presented for adolescents' perceived need for help.

A forward stepwise logistic regression analysis was performed to examine adolescent factors and/or parent factors as predictors of adolescents' perceived need for professional help. As presented in Table 28, adolescent factors significantly associated with adolescent perceived need for professional help were prior professional help seeking and stress. Parent-reported adolescent stress was significantly associated with adolescent

perceived need. Adolescent factors and the parent factors were entered in separate blocks.

The first block resulted in the removal of adolescent prior professional help seeking, as it was not found to contribute significantly to predicting adolescent perceived need for professional help. With adolescent stress included, the model was found to be significant ($\chi^2(1, N = 51) = 9.62, p < .01$) and accounted for approximately 44% of the variance in adolescents' perceived need for professional help. The second block included parent-reported adolescent stress, and was also found to be significant ($\chi^2(1, N = 49) = 8.37, p < .01$), as was the model ($\chi^2(2, N = 49) = 17.99, p < .001$), accounting for an additional 26% of the variance in adolescents' perceived need for professional help. The most substantial predictor of adolescents' perceived need for help with problems was adolescents' reports of stress. The odds of adolescents perceiving a need for professional help increased by a factor of 1.559 for each one-unit increase in reported adolescent stress level.

Table 28

Logistic Regression to Predict Adolescents' Perceived Need for Professional Help from Adolescent and Parent Factors

Variable	*B*	*SE β*	*p value*	*Lower*	*Exp β*	*Upper*
Step 1						
Adolescent-Reported Stress	0.37	0.14	.009**	1.095	1.448	1.915
Step 2						
Adolescent-Reported Stress	0.44	0.22	.039*	1.022	1.559	2.379
Parent-Reported Stress	-0.83	0.46	.068	.178	.435	1.063

R^2_N = .438 for Step 1; R^2_N = .703 for Step 2.

*p < .05. **p < .01.

CHAPTER IV

Discussion

The purpose of the present study was to examine mental health help seeking amongst early adolescents. Based on prior research, adolescent help seeking consists of three stages, which are problem recognition, perceiving a need for professional help, and seeking professional help (Saunders et al., 1994; Sears, 2004; Srebnik et al., 1996). Predisposing, enabling/inhibiting, and need factors were hypothesized to be related to adolescent help-seeking stages. Given that early adolescents' mental health help seeking is most often parent-mediated, help-seeking stages and factors were examined from the perspectives of adolescents and parents.

Adolescent Help Seeking

The first research objective for the present study was to examine stages of adolescent help seeking with respect to adolescent predisposing factors (i.e., gender, age, prior professional help seeking), enabling/inhibiting factors (i.e., perceived barriers to professional help seeking), and need factors (i.e., stress, psychological distress).

The present study found that approximately 56% of adolescents reported having stressful or serious problems in the last three months. Of the adolescents who reported having problems, approximately 21% of adolescents perceived a need for professional help with their problems. Approximately 8% of adolescents reported seeking professional help for their problems. The small proportion of adolescents who sought professional help in the present study lends support to the well-documented finding that adolescents are unlikely to seek help from mental health professionals. These findings are consistent with those of Sears (2004). The present study therefore provides empirical

support for Sears' and, correspondingly, prior researchers' (Kessler et al., 1981; Saunders et al., 1994), stage-based approach in measuring adolescent help-seeking behaviour.

Predisposing Factors

Predisposing factors are defined as individual characteristics, generally present before the onset of difficulties, that influence one's likelihood of seeking help (Andersen & Newman, 1973; Andersen, 1995; Bergeron et al., 2005; Srebnik et al., 1996). Predisposing factors chosen for examination in the current study were gender, age, and prior professional help seeking.

Gender was significantly associated with problem recognition, but not with perceiving a need for professional help or seeking professional help. Females were more likely than males to recognize having stressful or serious problems. Similar gender differences in problem recognition have been reported by others (e.g., Schonert-Reichl, 2003; Sears, 2004). Compared to males, females in this study also reported significantly greater levels of stress and psychological distress.

No significant age differences were found in help-seeking behaviour amongst adolescents. A few studies have reported a relation between age and adolescent help-seeking behaviour (Dubow et al., 1990; Garland & Zigler, 1994; Gasquet et al., 1997; Schonert-Reichl et al., 1995), although the direction of this relation is unclear due to conflicting findings. The lack of age differences in help-seeking behaviour in the present study may suggest that help-seeking behaviour is relatively consistent during the early adolescent years (i.e., 11- to 15-years). Alternatively, the limited range of ages used in the present study may have been too narrow to detect developmental trends.

Prior professional help seeking was found to be significantly related to problem recognition and perceiving a need for professional help, but not related to seeking professional help. Specifically, adolescents who had sought professional help in the past were significantly more likely to report problems and to perceive a need for professional help as compared to adolescents who had not sought professional help. Among adolescents who had sought professional help in the past, approximately 76% reported stressful or serious problems and 67% perceived a need for professional help with their problems. Further analyses revealed that when considering several predictors of help seeking concurrently, prior professional help seeking was a key predictor of both problem recognition and perceived need for professional help. In fact, compared to adolescents who had not sought prior professional help, adolescents with a history of prior professional help seeking were nearly three times more likely to report problems and 6 times more likely to perceive a need for professional help. This finding is consistent with research conducted with older adolescents that suggests that prior professional help seeking may encourage more positive attitudes toward future professional help seeking (Carlton & Deane, 2000; Deane & Todd, 1996; Wilson et al., 2005).

Enabling/Inhibiting Factors.

The present study hypothesized that adolescents' perceived barriers to professional help seeking may inhibit mental health help seeking. Contrary to hypotheses, no significant relations were found in reported total perceived barriers to seeking professional help and adolescent help-seeking stages. This finding was unexpected given that previous research studies (e.g., Kuhl et al., 1997; Wilson et al., 2002) have reported that the presence of barriers inhibits help seeking.

When individual item barriers were examined with respect to help-seeking stages, few significant findings were found. Adolescents who perceived a need for professional help more often endorsed a barrier item reflecting a belief that nothing would help (i.e., *No matter what I do it will not change the problems I have*) compared to adolescents who did not perceive a need for professional help. Further analyses also revealed that when considering several factors simultaneously, the belief that nothing would help predicted perceiving a need for professional help. In fact, the odds of perceiving a need for professional help almost doubled with increases in one's belief that nothing would help. Perhaps these findings suggest that adolescents who perceived a need for professional help with their problems were doing so as a last resort as attempts to resolve their difficulties on their own were not successful.

The analyses also revealed that adolescents' fear of stigma (i.e., I'd never want my family to know I was getting professional help) was found to be an important barrier to seeking professional help. Specifically, the greater the adolescents' reported fear of stigma, the greater the odds of not seeking professional help. This finding is consistent with recent literature that suggests that stigma continues to be an important barrier in adolescent mental health help seeking (Aisbett, Boyd, Francis, & Newnham, 2007; Jackson et al., 2007; Pescosolido et al., 2008).

Need Factors

Need factors refer to both objective and subjective need in relation to mental health help seeking (Andersen & Newman, 1973; Srebnik et al., 1996). For the purpose of the present study, need was evaluated using measures of adolescent stress and psychological distress. It was hypothesized that adolescents who report problems,

perceive a need for professional help with problems, and who seek professional help for problems would report greater levels of stress and psychological distress. Overall, hypotheses were partially supported.

Adolescents who reported having serious problems reported greater overall stress and psychological distress compared to adolescents who did not report problems. Also consistent with study hypotheses, adolescents who perceived a need for professional help with their problems reported greater stress and psychological distress as compared to adolescents who did not perceive a need for professional help with their problems. However, no significant relations were found for seeking professional help and adolescent stress and psychological distress. These findings suggest that adolescents with elevated levels of stress and psychological distress are adept at recognizing problems and perceiving a need for help with problems, however, they do not seem to translate these concerns into actual help-seeking behaviour.

Further analyses revealed that psychological distress was a predictor of problem recognition and level of stress was a predictor of perceiving a need for professional help. These findings suggest that, in this sample of adolescents, elevated levels of stress and psychological distress are predictive of problem recognition and perceiving a need for professional help. Moreover, it may be inferred that the most stressed and distressed adolescents were the most likely to recognize and perceive a need for help with problems. Sears (2004) reported similar findings whereby poor emotional and behavioural adjustment was related to adolescents reported problem recognition.

To summarize, findings from this examination of adolescent help seeking suggest that while more than half of the adolescents reported having stressful or serious problems,

about one in five adolescents perceived a need for professional help, and less than one in twelve adolescents sought professional help. Adolescents who recognized problems were more likely to report prior professional help seeking and higher levels of psychological distress. Adolescents who perceived a need for professional help with their problems were more likely to report prior professional help seeking, higher levels of stress, and an external locus of control. Finally, adolescents who sought professional help were significantly less likely to perceive stigma as impeding professional help seeking. Taken together, these findings suggest that different factors contribute uniquely to different stages of professional help seeking.

Parent Help Seeking

The second objective for this study was to examine stages of parents' professional help seeking for adolescent problems with respect to predisposing factors (i.e., prior professional help seeking for adolescent problems), enabling/inhibiting factors (i.e., perceived barriers to professional help seeking), and need factors (i.e., reports of adolescent stress and psychological distress, perceived impact of adolescent problems).

Both fathers and mothers were invited to participate in this study; however, the resultant sample included predominantly mothers. Past research suggests that this sample composition is relatively common, with many studies reporting that mothers make up at least 85% of their sample (Boydell et al., 2006; Duke, Ireland, & Borowsky, 2005; Reid, Tobon, & Shanley, 2008; van der Ende & Verhulst, 2005). The disproportionate number of mothers relative to fathers negated the examination of gender differences in parental help-seeking behaviours.

Of the 110 parents who participated in this study, approximately 46% of parents recognized/reported adolescent stressful or serious problems, 21% of parents perceived a need for professional help with adolescent problems, and 15% of parents actually sought professional help. These findings are roughly consistent with similar research conducted with clinical and urban samples (Feehan et al., 1990; Teagle, 2002; Verhulst & van der Ende, 1997; Zahner et al., 1992; Zwaanswijk et al., 2007).

Predisposing Factors

Prior professional help seeking was hypothesized to represent a predisposing factor in parents' help seeking for adolescent problems. Few studies have examined parents' prior professional help seeking for adolescent problems. In general, increased familiarity with professional help seeking has been associated with less negative attitudes toward psychological problems and services (Owens et al., 2002). In the present study, parents were asked to indicate whether or not they had ever sought professional help for their adolescents' problems. Twenty-nine percent of parents indicated that they had engaged in prior professional help seeking for their adolescents' problems.

Compared to parents who had never before sought professional help for adolescent problems, parents who reported having sought professional help in the past were significantly more likely to recognize problems, perceive a need for professional help, and seek professional help. Although there is little research in this area, some authors (e.g., Logan & King, 2001) have suggested that parental problem recognition may be predisposed by a family history of psychological difficulties and/or service use. Parents who have sought professional help for adolescent problems in the past may have more positive perceptions of professional help seeking and, as such, may view seeking

professional help as a viable option for managing adolescent stressful and serious issues. The findings support the notion that prior professional help seeking may predispose future professional help seeking in parents of early adolescents.

Enabling/Inhibiting Factors

The present study hypothesized that parents' who report problems, perceive a need for professional help with problems, and seek professional help for problems would report fewer barriers to seeking professional help. Contrary to predictions, no significant findings were found for reported total perceived barriers to professional help seeking and parental help-seeking stages.

Few significant findings were found for specific barriers items. One barrier, reflecting a fear of coercion (*If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do)*, was found to be related to parental problem recognition. No significant relations were found for perceived need for professional help and the various barriers items.

Compared to parents' who did not seek professional help, parents' who sought professional help were significantly less likely to report barriers reflecting fear of coercion (*If I got professional help for my child's problem(s), I may have to do or say something that I don't want to do*), money constraints (*I could not afford to get professional help for my child's problem(s) even if I wanted to*), and beliefs that nothing would help (*No matter what I do it will not change the problem(s) my child has*). The findings suggest that barriers reflecting affordability and external locus of control differentiated parents who sought professional help from parents who did not seek professional help. These findings are consistent with other studies that have reported

both structural and belief-based barriers to professional help seeking in parents (Bussing et al., 2003; Owens et al. 2002).

Need Factors

Parents' reports of adolescent stress and psychological distress were hypothesized to represent important need factors in parents' mental health help seeking for adolescent problems. Parents who recognized problems, perceived a need for professional help, and who sought professional help for problems reported higher levels of adolescent stress and psychological distress. However, few analyses were significant with the inclusion of the covariate prior professional help seeking. These findings further attest to the importance of prior professional help seeking in parents' help-seeking behaviour. Parents who perceived a need for professional help with adolescent problems reported higher levels of adolescent stress when compared to parents who did not perceive a need for professional help. Therefore, parents' perceptions of level of adolescent stress appear to represent an important factor toward determining whether professional help is needed.

Further analyses revealed that an important predictor of both parental problem recognition and parents' perceived need for professional help was parents' perceived impact of adolescent problems. This finding is in keeping with previous research that has reported that impact of adolescent problems is a robust and consistent predictor of parents' help-seeking behaviour (Angold et al., 1998; Farmer et al., 1997).

Parent Factors in Adolescent Help Seeking

The third objective of this study was to examine whether parent predisposing (i.e., prior professional help seeking), enabling/inhibiting (i.e., perceived barriers to professional help seeking), and need factors (i.e., reports of adolescent stress and

psychological distress, perceived impact of adolescent problems) are related to adolescents' help seeking stages. No known studies to date have investigated the influence of parent-reported variables on adolescent help-seeking behaviour. Although analyses were limited by a small sample size within the adolescent help-seeking stages in the dyad data set (n = 51), several findings emerged.

In comparing adolescents' and their parents' reports of problem recognition, perceived need for professional help, and professional help seeking, several interesting findings were revealed. First, no significant differences were found between adolescents' and their parents' problem recognition and perceived need for professional help. These findings indicate that perceptions of adolescent problems are relatively similar amongst early adolescents and their parents. Previous research has reported that parents are often poor identifiers of adolescent problems (e.g., Ezpeleta et al., 2002; Logan & King, 2002). The present study's findings are encouraging given that clinicians often rely on the accuracy of reports from parents for accurate diagnosis, formulation, and treatment of adolescents (Pescosolido et al., 2008).

Adolescents and their parents reported significantly different rates of professional help seeking for problems. Whereas 6% of adolescents reported having sought professional help for problems, 22% of parents reported having sought professional help for adolescent problems. This disagreement in adolescents' and parents' reports of seeking professional help was unexpected. One explanation for this finding may be that adolescents are typically less able to seek professional help in the absence of their parents. It is also possible that parents sought professional help for adolescent problems

independent of their child. This finding lends support to the importance of including multiple informants when studying adolescent help seeking.

Predisposing Factors

It was hypothesized that parents who report prior professional help seeking would be likely to have adolescents who recognize problems, perceive a need for professional help with problems, and seek professional help with problems. Contrary to the study hypothesis, parents' prior professional help seeking was not significantly associated with adolescent help-seeking stages. Although prior professional help seeking may influence adolescents' own help-seeking behaviour, parents' prior professional help seeking does not appear to influence adolescents' help-seeking behaviour.

Enabling/Inhibiting Factors

It was hypothesized that adolescents who recognized problems, perceived a need for professional help with problems, and who sought professional help for problems would have parents who report fewer perceived barriers to professional help seeking. This hypothesis was not supported. Parents' total perceived barriers were not related to stages of adolescent help seeking. Likewise, no significant results were found for parents' types of barriers in relation to adolescent help-seeking stages, with one exception. Although this finding should be interpreted cautiously due to small sample size ($n = 9$), adolescents' professional help seeking was significantly associated with parents' reports of self-sufficiency as a barrier to professional help seeking. Adolescents who reported having sought professional help for problems tended to have parents who reported that they could manage adolescent problems on their own (without professional help).

Further exploration of these data revealed that adolescents reported significantly more barriers to professional help seeking compared to their parents. Adolescents also reported significantly greater scores for nine (out of eleven) individual barrier items compared to their parents. The only barrier items that did not reach statistical significance were confidentiality and affordability, although adolescents' mean scores were higher than their parents'. Top-ranking adolescent barriers were barriers reflecting self-sufficiency (*I think I should work out my own problems* and *If I had a problem I would solve it myself),* fears of not being understood (*Adults really can't understand the problems that kids have*), and fears of coercion (*If I got professional help, I may have to do or say something that I don't want to do*). Top-ranking parent barriers were barriers reflecting self-sufficiency (*If my child had a problem I would solve it myself* and *I think I should work out my child's problem(s) on my own),* concerns of breach of confidentiality (*If I got professional help for my child's problem(s), the problem would not be kept secret*), and not understanding child problems (*Adults really can't understand the problems that kids have).*

Need Factors

It was hypothesized that adolescents who recognize problems, perceive a need for professional help, and seek professional help would have parents who report greater levels of adolescent stress and psychological distress, as well as greater perceived impact of adolescent problems. Adolescents' problem recognition and professional help seeking were both unrelated to parents' reports of adolescents stress and psychological distress. Adolescents' perceived need for professional help was negatively associated with parents' reports of adolescent stress and impact of adolescent problems. Adolescents

who perceived a need for professional help with their problems were more likely to have parents who reported their adolescents to be less stressed and burdensome. It is important to note that these adolescents were likely accurate in their perceptions of needing professional help as they self-reported significantly greater levels of stress and distress than adolescents who did not perceive a need for professional help. Therefore, stressed and distressed adolescents who perceived themselves as needing professional help were reported as being less stressed and burdensome by their parents.

Further investigation revealed no significant differences between adolescents' and parents' reports of adolescent stress, however, adolescents' reports of psychological distress was significantly higher than those of their parents. These findings may suggest that stressful life events are often more external (e.g., moving to a new home, suspension from school), whereas psychological distress may be more internal (e.g., worries a lot, trouble concentrating). That adolescents endorsed greater psychological distress relative to parents is a finding that has been reported by other researchers (van der Ende & Verhulst, 2005). Of concern, however, is that adolescents who report more emotional problems than their parents have been associated with an increased risk of emotional problems in young adulthood (Ferdinand, van der Ende, & Verhulst, 2004). Moreover, clinically significant discrepancies between parents' and adolescents' reports of problems have been associated with poor prognoses across both internalizing and externalizing problems for adolescents (Ferdinand et al., 2004).

Study Limitations

Several study limitations merit discussion. The primary study limitation was sample size. The conceptualization of help seeking in this study necessitated the

classification of participants into stages. The sample size of each successive help-seeking stage was substantially smaller than the preceding stage, which necessarily impacted the statistical analyses and interpretation. However, the sample sizes suggest that adolescents and their parents continue to under-utilize mental health services, which was a major impetus for the development of the present study.

Another limitation of this study pertains to the nearly exclusive participation of mothers in the parent component of this study. Of the 110 parents who participated in this study, 96 were mothers. This imbalance necessarily precluded the examination of gender differences in help seeking amongst parents of adolescents. Well-documented gender differences in mental health service utilization (e.g., Bland et al., 1997; Kessler et al., 1981; Moller-Leimkuhler, 2002) suggest that mothers and fathers may differ in their help-seeking behaviour. Given the poor response rates of fathers in this, and other, studies of adolescent help seeking, future research would benefit from active recruitment of fathers to examine help-seeking beliefs and practices both within and between parents.

An additional limitation of the present study relates to the study design. The present study utilized a cross-sectional research design to examine stages of adolescent help seeking. Using this design, the results represent only a snapshot of the adolescent help-seeking process. The results reflect differences across groups, but not differences within individuals. A longitudinal research design would provide more comprehensive information about the continuity, or discontinuity, of help-seeking behaviour across stages.

A final limitation of this study pertains to the rural sample. Although not intentionally sought, the resulting demographic of this study's sample was decidedly

rural. As such, the results may not be generalizable to urban populations of adolescents. Moreover, past research suggests that rural populations may be particularly likely to under-report mental health service utilization, as rural communities often seek mental health help from primary care physicians and school personnel (e.g., guidance counsellors) due to inadequate mental health service accessibility and resources (Jackson et al., 2007; Power et al., 2005). Lyneham and Rapee (2007) compared patterns of help seeking in rural and urban areas and reported a marked difference in the use of school counsellors and specialist clinics. Rural families reported that they most often sought help for children's emotional and behavioural problems from school counsellors. In contrast, urban families most often sought help for children's problems from specialist clinics. Given that the present study requested that participants report help seeking from *mental health professionals*, based on the above-noted research findings, there is the possibility that rates of professional help seeking were under-estimated in this rural sample.

Clinical Implications and Directions for Future Research

Prior research examining professional help seeking among adolescents has been primarily descriptive in nature, conceptualizing help seeking as a single outcome (Boldero & Fallon, 1995; Offer et al., 1991; Rickwood, 1995; Schonert-Reichl & Muller, 1996). Fewer studies have examined the process underlying adolescents' decisions to utilize, or not utilize available services. The current study employed a well-known and validated adult-based model of help seeking, the "Behavioural Model of Health Care" (Andersen & Newman, 1973; Andersen, 1995), and a recent youth-specific adaptation of this model, the "Youth Help Seeking and Service Utilization Model" (Srebnik et al.,

1996) to examine mental health help seeking among early adolescents and their parents. In general, findings from this study support a stage-based framework with which to examine adolescent mental health help seeking. Compared to earlier conceptualizations of help seeking (i.e., single outcome; yes/no), the stage model affords a more comprehensive understanding of the adolescent help-seeking process. Specific factors were found to be uniquely related to and predictive of, different help-seeking stages and across adolescent and parent informants. For instance, parents' problem recognition was predicted by their perceived impact of adolescent problems whereas adolescents' problem recognition was predicted by levels of psychological distress and prior professional help seeking. In contrast, prior professional help seeking was found to be a significant predictor of both adolescents' and parents' perceived need for professional help. Clearly, to better understand the complex process underlying adolescents' and parents' professional help seeking, a stage-based approach is not just desirable, but necessary, in conducting research. Andersen's and Srebnik et al.'s models provide helpful frameworks from which to conduct further research in this area. Future studies should seek to confirm these stages and explore additional factors (predisposing, enabling/inhibiting, need) that may impact the progression from problem recognition to actual mental health help seeking for adolescents.

From a policy standpoint, the utility of further research in this area cannot be underestimated. Examining help-seeking stages and factors could assist in the identification and amelioration of service gaps, as well as to inform service providers and policymakers in triaging cases and delivering more efficient services. Help-seeking research can tell the story of why, how, when, and from whom adolescents seek help,

thereby providing invaluable information that can then be used in the development of specific, targeted interventions for adolescents at risk and in need. In terms of methodological improvements and suggestions for future help-seeking research, qualitative methods would assist in refining definitions of factors and in developing improved instrumentation. Existing measures of adolescent help seeking are few, and most are not theoretically-based nor have they been subjected to adequate reliability and validity testing. Future studies would benefit from the development of theory-driven, psychometrically-sound measures of help seeking. Most help-seeking studies to date have employed cross-sectional methodology, thereby precluding an in-depth understanding of individual adolescents' process of help seeking over time. Ideally, longitudinal investigations would be most advantageous toward thoroughly examining and documenting the adolescent help-seeking process. As well, future researchers would be well-advised to examine additional factors purported to be related to adolescent help-seeking, including but not limited to, attitudinal and personality factors, help-seeking resource preferences, and the role of informal resources. It is hoped that this study represents a small but important step toward improved conceptualization and assessment of adolescent help seeking.

An additional important implication from this study is confirmation of the uniquely important contributions of adolescents' and parents' input regarding early adolescent help seeking. There were some similarities across adolescent- and parent-reports. For instance, adolescents' and parents' top-rated barrier item pertained to beliefs of self-sufficiency. Therefore, both adolescents and parents share the belief that adolescent problems should be dealt with on one's own, as opposed to seeking

professional help. As well, prior professional help seeking proved to be an important factor predisposing both adolescents' and parents' problem recognition and perceiving a need for professional help. As well as similarities, there were several significant and meaningful differences between adolescents' and parents' reports. For instance, adolescents reported significantly greater levels of psychological distress than did their parents. Adolescents also reported significantly greater total barriers to seeking professional help relative to their parents. Likewise, adolescents reported higher mean scores than their parents on nearly every barrier item. Findings from the adolescent-parent dyad data provide further evidence for the importance of examining adolescents' and parents' unique contributions in the adolescent help-seeking process. In fact, findings revealed that parent factors may play an important predictive role in adolescents' professional help seeking, particularly with respect to adolescents perceiving a need for professional help and actually seeking professional help. Taken together, these findings attest to the importance of involving both early adolescents and their parents in the assessment and treatment of adolescent difficulties.

That prior professional help seeking proved to be an important contributor to both early adolescents' and parents' help-seeking behaviour is an important and useful finding. Of particular interest, among adolescents, prior professional help seeking was associated with problem recognition and perceiving a need for professional help, but not seeking professional help. Among parents, prior professional help seeking was associated with problem recognition, perceiving a need for professional help, and seeking professional help. Therefore, past professional help seeking appears to be influential in adolescent help-seeking decision-making, but not in actual help-seeking behaviour. However, for

parents, past help-seeking behaviour may reliably predict future help-seeking behaviour as applied to early adolescent help seeking. That prior professional help seeking was a significant factor for both adolescents and parents has important implications for clinical practice. Specifically, service providers would be well-advised to incorporate some form of long-term follow-up for past clients (adolescents and parents). This regular follow-up would allow clients, who may be at an elevated risk for future difficulties, to resume treatment more readily. This earlier intervention could potentially shorten treatment duration and, in turn, wait-lists. Therefore, closer monitoring of past mental health service consumers could benefit not only individual clients, but also the provision of more timely services in general.

The major impetus for this study is the direct implications for clinical practice. The underutilization of mental health services by adolescents is well-established in the help-seeking literature (Ezpeleta et al., 2002; Verhulst & van der Ende, 1997; Wu et al., 2001). The present study provides further evidence of adolescents and parents reluctance to seek professional help. More than half of the adolescents and parents in this community sample reported *serious* adolescent problems in the previous three months however, only one in five adolescents received professional help. Barriers found to inhibit seeking professional help were stigma, money constraints, fears of coercion (i.e., having to do or say something against one's wishes), the belief that nothing will help, and beliefs of self-sufficiency. These findings highlight specific areas that should be targeted in encouraging help seeking amongst early adolescents and their parents. For instance, help-seeking promotion efforts could be designed to better inform adolescents and parents about what to expect when seeking professional help. Concerns about

affordability and coercion could be addressed by explaining service options (e.g., public vs. private services) and policies about voluntary participation. Likewise, personal beliefs regarding how the problem *should* be dealt with could be discussed in the context of help-seeking options and efficacy as well as instilling a sense of hope. In general, findings from the present study suggest that efforts toward improved mental health service utilization among early adolescents should focus on education and information with adolescents and their parents.

In conclusion, despite limitations, this present study contributes important information regarding mental health help seeking in early adolescence. The most substantial contribution of this study is the application of a stage-based model of adolescent help seeking, including consideration of predisposing, enabling/inhibiting, and need factors from the perspectives of both adolescents and parents.

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APPENDIX A:

Letter of Introduction and Informed Consent

UNIVERSITY OF WINDSOR

CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY: Seeking Help for Youth Difficulties

Dear Parent(s),Guardian(s),

We are writing this letter to request your permission to allow your son/daughter to participate in a research study being conducted by Ms. Lindsay Bates (under the supervision of Dr. Rosanne Menna) from the Department of Psychology at the University of Windsor, Windsor, Ontario. As a parent/guardian of a junior high school student, we are also requesting your participation in this research study. Ms. Bates is conducting this study to fulfil her doctoral program requirements for her Doctor of Philosophy in Child Clinical Psychology.

Both your local School Board and your junior high school Principal have kindly given their permission for this research to take place. This study has been reviewed and received ethics clearance from both the School Board and the University of Windsor Research Ethics Board.

If you have any questions or concerns about this research study, please feel free to contact Ms. Bates (902-404-3734) or Dr. Menna (519-253-3000, ext. 2230).

Purpose of the Study:

The purpose of this study is examine youth stress, well being, and help-seeking behaviour from the perspectives of both youth and their parents. Previous research indicates that many youth experience difficulties with stress and well being, but few youth seek or receive help. This study will build on previous research by collecting information about *why* youth might not receive help for difficulties with stress and well being.

Procedures:

** This study will be completed online or, for those students and/or parents who do not have a valid e-mail address, via postal survey (mailing address is requested).

- If you would like to grant permission for your son/daughter to participate, please sign the attached consent form and provide your son's/daughter's e-mail address. No student will be invited to participate in this study without his or her parents' written consent.
- If you would like to participate in this study, please sign the attached consent form and provide your e-mail address.
- If you would like to both grant permission for your son/daughter to participate and you would like to participate, please sign the attached consent form in both places and provide (separate) e-mail addresses for both you and your son/daughter.

** If you are not interested in having your son/daughter or yourself participate in this study, you need not provide any response, simply discard this form. We appreciate your consideration of our study.

- Once the researcher has received your consent form, each participant will be e-mailed a unique, confidential username and password, as well as directions to gain access to the study's web site.
- Participants will each be asked to complete a series of confidential, brief online questionnaires that ask questions about junior high school students' stress and difficulties and the reasons why youth and their parents may, or may not, ask for help for these difficulties.
- This study may be completed at your convenience, on any computer with Internet access, and will take approximately 30 minutes to complete.

Potential Risks and Discomforts:
There is no known risk, discomfort, or inconvenience associated with participating in this study. Participants are able to withdraw from the study at any time.

Potential Benefits to Subjects and/or to Society:
Other research studies have found that many youth experience stress and difficulties, but a substantial proportion of these youth do not seek or receive help. The goal of this study is to build on previous research by collecting information about *why* youth might not receive help for their stress and difficulties. By taking part in this study, you and/or your son/daughter may benefit from knowing that findings from this research may assist in the development of better informed interventions for youths experiencing stress and difficulties. Additionally, your participation in this study will greatly assist Ms. Bates in fulfilling her degree requirements and, ultimately, graduating from her doctoral program.

Payment for Participation:
Participants will not be paid for participating in this study. Participants can, however, choose to be entered in a draw for movie theatre gift certificates.

Once a participant has completed this study, as a thank you for their participation, he/she will be offered the opportunity to enter in a draw for movie theatre gift certificates. Participants who are interested in being entered in this draw will be required to provide their e-mail address (so that they may be contacted if they win). Both students and parents are eligible to win the movie theatre gift certificates.

Confidentiality:
Data for this study will be collected using a secure, (local) online data collection service. Privacy of information is ensured through password protection, data encryption, and secure networks. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission. Only the researchers directly involved in the study will have access to the information collected.

Each participant will be assigned a unique, confidential username and password. In this way, data collected online will be traceable only to the username used to access the site (i.e., not the participants' name or school). No information will be collected from participants' computers (i.e., IP address, software or hardware configurations) when completing surveys (without the explicit permission of that user).

Participation and Withdrawal:
You choose whether you and/or your child will participate in this study or not. Participants may choose not to answer a question(s), and still remain in the study. As well, participants may stop participating in the study at any time without penalty. The researcher may withdraw you and/or your son/daughter from this research if circumstances arise which warrant doing so. You and/or your son/daughter can choose to have your data removed from the study.

Feedback of the Results of this Study to the Subjects:
Results from this study will be posted on the University of Windsor web page. To access study results, so to www.uwindsor.ca/reb and click on "Study Results". Results are expected to be posted approximately six months following the completion of the study.

Rights of Research Subjects:
You and/or your son/daughter may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; telephone: 519-253-3000, ext. 3916; e-mail: lbunn@uwindsor.ca.

If you have any questions about this study or would like further information, please feel free to contact Ms. Bates or her supervisor, Dr. Menna, using the below contact information.

Thank you very much for your consideration of this research study,

Lindsay Bates, M.A.

Phone: (902) 404-3734
E-mail: lindsay.bates@ns.sympatico.ca

Dr. Rosanne Menna
Phone: (519) 253-3000 ext. 2230
E-mail: rmenna@uwindsor.ca

----------PLEASE RETURN TO YOUR SCHOOL BY <u>THIS DATE</u>----------

I, _____ HAVE READ AND I UNDERSTAND THE
(**Parent/Guardian;** please print name in full)
INFORMATION PROVIDED FOR THE STUDY, *SEEKING HELP FOR YOUTH DIFFICULTIES*, AS DESCRIBED HEREIN. MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION, AND I AGREE TO HAVE MY SON/DAUGHTER PARTICIPATE IN THIS STUDY. MY SON'S/DAUGHTER'S CONTACT INFORMATION IS PROVIDED BELOW SO THAT THEY MAY BE CONTACTED TO PARTICIPATE IN THIS STUDY.

_____ _____**@**_____
(Signature of Parent/Guardian) **Student's E-mail Address**

(* if student does not have a valid e-mail address, mailing address may be provided)

<u>AND/OR</u>

I, _____ AM THE PARENT/GUARDIAN OF
(Parent/Guardian; please print name in full)
A JUNIOR HIGH SCHOOL STUDENT AND I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED FOR THE STUDY, *SEEKING HELP FOR YOUTH DIFFICULTIES*, AS DESCRIBED HEREIN. MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION, AND I AGREE TO PARTICIPATE IN THIS STUDY. MY CONTACT INFORMATION IS PROVIDED BELOW SO THAT YOU MAY CONTACT ME TO PARTICIPATE IN THIS STUDY. I

_____ _____**@**_____
Signature of Parent/Guardian **Parent/Guardian's E-mail Address**

(* if parent does not have a valid e-mail address, mailing address may be provided)

APPENDIX B:

Online Adolescent Assent

and Online Parent Consent

ONLINE Adolescent Consent Form

** a nearly identical paper-based form was provided to offline adolescent participants

Hello, my name is Lindsay Bates and I am doing a research project for school about how youth deal with difficulties with stress and well being. I would like to invite *you* to help me with my project.

If you take part, you will be asked to read and answer some questions. These questions have no right or wrong answers and it will probably take you about 30 minutes for you to answer all of the questions. All of your answers will be kept totally private – they will not be shared with your teachers, parents, or other students. Your username, e-mail address, or school will also be kept totally private.

As thanks for taking part in my project, I would like to enter you in a draw to win movie gift certificates. Once you get to the end of the questions, you will be asked if you would like to be entered in the draw. To enter, you will need to provide your e-mail address (so that you can be contacted if you win).

If you would like to take part in my project, please click on the "I agree" button below. You can stop any time if you change your mind and decide that you don't want to finish the questions. If you have any questions about the project, you can call or e-mail the me using the below contact information.

Phone Number: (902) 404-3734
E-mail Address: lindsay.bates@ns.sympatico.ca

I have read and understand the above information and I agree to take part in this study.

** It is a good idea to print a copy of this page (choose the "Print" option on your internet browser) so that you will have a copy of the purpose and guidelines of this study (just in case you have any questions later).

I AGREE	I DO NOT AGREE

ONLINE Parent Consent Form

** a nearly identical paper-based form was provided to offline parent participants

Hello, my name is Lindsay Bates and I am doing a study about how parents help youth to deal with difficulties with stress and well being. I am conducting this study as a requirement toward completing my doctoral studies in Child Clinical Psychology. I would like to invite *you* to help me with my study.

If you agree to participate, you will be asked to read and answer some questions. These questions have no right or wrong answers and it will probably take you about 30 minutes for you to answer all of the questions. All of your answers will be kept totally confidential. Neither your username nor your e-mail address will appear on any reports of the results (results are only released in aggregate form).

As thanks for participating in my study, I would like to enter you in a draw to win movie gift certificates. Once you get to the end of the study, you will be offered the chance to enter in the draw. If you would like to enter, you will be asked to provide your e-mail address (so that you can be contacted if you win).

If you would like to participate in my study, please click on the "I agree" button below. You can stop any time if you change your mind and decide that you don't want to finish the study. If you have any questions about the study, you can call or e-mail the researcher using the below contact information.

Phone Number: (902) 404-3734
E-mail Address: lindsay.bates@ns.sympatico.ca

I have read and understand the above information and I agree to participate in this study.

** I encourage you to print a copy of this consent form (choose "Print" from your internet browser), for your records.

I AGREE	I DO NOT AGREE

APPENDIX C:

Adolescent Self-Report Measures

Background Information Questionnaire

1. When is your birthday? Please give the month, day, and year (example: June 3, 1984).

   My birthday is _____

2. What sex are you?

   - ☐ Boy
   - ☐ Girl

3. What grade are you in?

   - ☐ Grade 7
   - ☐ Grade 8
   - ☐ Grade 9

4. What race or ethnicity do you *most* identify with?

   - ☐ Caucasian
   - ☐ Black
   - ☐ Hispanic
   - ☐ Asian/Pacific
   - ☐ Native
   - ☐ Other- Specify _____

5. Are your (biological) parents _____?
   - ☐ Married
   - ☐ Divorced/Separated
   - ☐ Living Together (but not married)
   - ☐ Living Apart (never married)
   - ☐ Other – please specify _____

6. Many youth have stressful or psychological problems. Youth sometimes seek professional help (e.g., psychologist, psychiatrist, social worker, counsellor) for these difficulties.

   Have you ever sought professional help for stressful or psychological problems before?
   - ☐ Yes
   - ☐ No

Pediatric Symptom Checklist – Youth Report (PSC-Y)

The following questionnaire has a list of behaviours and feelings that youth sometimes have. For each question, we would like you to tell us how much you think that the behaviour or feeling describes you in the last three months.

Behaviours & Feelings…	**Which response best describes you?**		
	Never	**Sometimes**	**Often**
1. Complain of aches and pains			
2. Spend more time alone			
3. Tire easily, little energy			
4. Fidgety, unable to sit still			
5. Having trouble with teacher			
6. Less interested in school			
7. Act as if driven by a motor			
8. Daydream too much			
9. Distracted easily			
10. Are afraid of new situations			
11. Feel sad, unhappy			
12. Are irritable, angry			
13. Feel hopeless			
14. Have trouble concentrating			
15. Less interested in friends			
16. Fight with other children			
17. Absent from school			
18. School grades dropping.			
19. Down on myself			
20. Visit the doctor with doctor finding nothing wrong			
21. Have trouble sleeping			
22. Worry a lot			
23. Want to be with parent more than before			
24. Feel that you are bad			
25. Take unnecessary risks			
26. Get hurt frequently			
27. Seem to be having less fun			
28. Act younger than children your age			
29. Do not listen to rules			
30. Do not show feelings			
31. Do not understand other people's feelings			
32. Tease others			
33. Blame others for your troubles			
34. Take things that do not belong to him or her			
35. Refuse to share			

Barrier to Adolescent Seeking Help – Revised (BASH-R) [2]

The following questions talk about reasons why youth might not seek professional help (from a psychologist, psychiatrist, social worker, counsellor) for stressful or psychological problems. Read each statement carefully and choose the response that is *most* like your feelings about that statement.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
If I had a problem I would solve it myself.					
Even if I wanted to, I wouldn't have time to get professional help.					
If I got professional help for a problem, my problem would not be kept secret.					
If I got professional help, I may have to do or say something that I don't want to.					
I'd never want my family to know I was getting professional help.					
Adults really can't understand the problems that kids have.					
Even if I had a problem, I'd be too embarrassed to get professional help for it.					
I could not afford to get professional help even if I wanted to.					
No matter what I do it will not change the problems I have.					
If I got professional help, I might find out I was crazy.					
I think I should work out my own problems.					

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APPENDIX D:

Parent-Report Measures

Background Information Questionnaire

1. What sex are you?
   ☐ Male ☐ Female

2. How old are you (in years)? I am _____ years old.

3. Relation to youth in junior high school:
   ☐ Mother ☐ Father
   ☐ Step-parent ☐ Other – please specify _____

4. What race or ethnicity do you *most* identify with?
   ☐ Caucasian ☐ Black
   ☐ Hispanic ☐ Asian/Pacific
   ☐ Native ☐ Other- Specify _____.

Your highest level of education completed:	Other parents' highest level of education completed
_____ Less than 7 years _____ Some junior high school (Grade 7, 8, 9) _____ Some high school (Grade 10, 11, or 12) _____ Graduated from high school or equivalent high school diploma _____ Some college or university _____ Graduated from college or university	_____ Less than 7 years _____ Some junior high school (Grade 7, 8, 9) _____ Some high school (Grade 10, 11, or 12) _____ Graduated from high school or equivalent high school diploma _____ Some college or university _____ Graduated from college or university
Your occupation (if applicable):	Other parents' occupation (if applicable):

Many youth experience stressful or psychological problems. Some parents ask for help from professionals (e.g., psychologist, psychiatrist, social worker, counsellor) for their son's/daughter's difficulties.

Have you ever asked for help from a professional for your son's/daughter's stressful or psychological problems?

YES NO

Pediatric Symptom Checklist (PSC)

Parents are often the first to notice a problem with their child's behaviour and emotional well being. The following list includes a range of behaviours and feelings that children sometimes demonstrate. Please indicate the degree to which you believe that each behaviour or feeling describes your child since the in the last three months.

Behaviours & Feelings…	**Which response best describes your child?**		
	Never	**Sometimes**	**Often**
1. Complains of aches and pains			
2. Spends more time alone			
3. Tires easily, has little energy			
4. Fidgety, unable to sit still			
5. Has trouble with teacher			
6. Less interested in school			
7. Acts as if driven by a motor			
8. Daydreams too much			
9. Distracted easily			
10. Is afraid of new situations			
11. Feels sad, unhappy			
12. Is irritable, angry			
13. Feels hopeless			
14. Has trouble concentrating			
15. Less interested in friends			
16. Fights with other children			
17. Absent from school			
18. School grades dropping.			
19. Is down on him or herself			
20. Visits the doctor with doctor finding nothing wrong			
21. Has trouble sleeping			
22. Worries a lot			
23. Wants to be with you more than before			
24. Feels he or she is bad			
25. Takes unnecessary risks			
26. Gets hurt frequently			
27. Seems to be having less fun			
28. Acts younger than children his or her age			
29. Does not listen to rules			
30. Does not show feelings			
31. Does not understand other people's feelings			
32. Teases others			
33. Blames others for his or her troubles			
34. Takes things that do not belong to him or her			
35. Refuses to share			

Parental Barriers to Help Seeking Scale

The following questionnaire discusses reasons why parents might not seek professional help (e.g., psychologist, psychiatrist, social worker, counsellor) for youths' stressful or psychological problems. Read each statement carefully and choose the response that *most* reflects *your* feelings about that statement.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
If my child had a problem I would solve it myself.					
Even if I wanted to, I wouldn't have time to get professional help for my child's problem(s).					
If I got professional help for my child's problem, the problem would not be kept secret.					
If I got professional help for my child's problem, I may have to do or say something that I don't want to.					
I'd never want my family to know I was getting professional help for my child's problem(s).					
Adults really can't understand the problems that kids have.					
Even if my child had a problem, I'd be too embarrassed to get professional help for it.					
I could not afford to get professional help for my child's problem(s) even if I wanted to.					
No matter what I do it will not change the problem(s) my child has.					
If I got professional help for my child's problem(s), I might find out I was crazy.					
I think that I should work out my child's problem(s) on my own.					

APPENDIX E:

Copyright Waivers

From: Coralie Wilson cwilson@uow.edu.au

Date: June-23-10 7:36 PM

To: Lindsay Bates lindsay.bates@ns.sympatico.ca

Subject: RE: Help-Seeking Research

Hi Lindsay,

You have had my full permission, as well as the full permission of my co-authors, to use the BASH-B and GHSQ in your research project. You also have my full permission to cite these measures for both the submission of your thesis for marking and in any publications that result from your thesis.

All the very best for the successful completion of your project.

Warm regards

Coralie

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APPENDIX F:

Study Debriefing

ONLINE Debriefing: Youth and Parents

Thank you very much for participating in my study! The purpose of this study is to examine youth stress, well being, and help-seeking behaviour – from both the perspectives of youth and their parents. Past research has shown that at least 10% to 20% of youth in the general population experience significant difficulties with stress or well being, however, most of these youth do not seek help. This study is being done to help researchers, counsellors, schools, parents, and youth to better understand how to help distressed youth to obtain the necessary help.

Results from this study will be posted on the University of Windsor web page. To access study results, go to www.uwindsor.ca/reb and click on "Study Results". Results are expected to be posted approximately six months following the completion of the study. Often when studies like this one are conducted, a large amount of important data is collected. Sometimes after the initial study has been completed, researchers come up with additional research questions that could be answered by using the same data. We would like to request your permission to use the data that you provide in this study in future research studies.

Do you give consent for the subsequent use of the data from this study? ☐ Yes ☐ No

Where to go for help:

If you, or anyone you know, is experiencing problems with stress and/or well-being and would like to seek help, please see below resources:

- IWK Health Centre Emergency Room (902-470-8050): 24-hour emergency mental health assessments and crisis interventions to youth up to their 19th birthday.
- Central Referral (902-464-4110): processes all referrals to the Mental Health Program Outpatient clinics; open referral policy (doctor's referral not required)
- Association of Psychologists of Nova Scotia (APNS): Find a Psychologist Private Practice Directory www.apns.ca/findapsych.html
- Kids Help Phone 1-800-668-6868 or www.kidshelpphone.ca
- Your family physician or pediatrition
- School Guidance Counsellor or Teen Health Clinic

VITA AUCTORIS

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PLACE OF BIRTH:	Halifax, Nova Scotia
YEAR OF BIRTH:	1977
EDUCATION:	Halifax West High School, Halifax, NS 1992 - 1995
	Saint Mary's University, Halifax, NS Bachelor of Science, Honour's in Psychology 1995 - 1999
	University of Windsor, Windsor, ON Master of Arts, Clinical Psychology - Child 2000 - 2002
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