

A Matter of Trust: Parents' Attitudes Toward Child Mental Health Information Sources

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Abstract: Mental health problems among children and adolescents are widespread. Parents seeking information about child mental health problems and treatments face numerous barriers, including fear of stigmatization and uncertainty about where to seek help. In this qualitative study, seven parents whose children had experienced a mental health, behavioral, or emotional problem were interviewed about their attitudes and beliefs about child mental health information sources. Analysis revealed that the concept of trust was an overarching theme in parents' pursuit and evaluation of information. Related themes included a preference for information from other parents with experience parenting a child with a mental health problem; seeking information from knowledgeable professionals with whom the parents had personal relationships; concerns about confidentiality and protection of privacy; and involvement of school personnel when seeking mental health information and help. Findings support the need for improved mental health literacy among parents and suggest that social workers should play a more active role in educating families and service providers about child mental health.

Keywords: Mental health literacy; child mental health; stigma; trust

The Centers for Disease Control and Prevention have identified children's mental health as a major public health issue in the United States (Perou et al., 2013). An estimated one in five American youth aged 13 to 18 suffers from a mental health or learning disorder (Perou et al., 2013). An international review of published studies (Collishaw, 2015) found that clinical diagnosis and treatment of child and adolescent mental health disorders have increased in recent decades. Mental health treatment is becoming more common among children and adolescents in the U.S., with the number of outpatient visits for youth nearly doubling between the periods of 1995-1998 and 2007-2010 (Olfson, Druss, & Marcus, 2015). However, many children still do not receive the diagnoses and treatments that they need for optimal health and well-being (Kataoka, Zhang, & Wells, 2002; Merikangas et al., 2010). The need for proper and timely diagnosis and treatment is urgent, as suicide rates are rising among those in late childhood, and the presence of mental health disorders significantly increases the risk of suicide among young people (see Bilsen, 2018, for review). Early problem recognition and treatment have been linked with better outcomes for children and adolescents with behavioral health issues (McGorry, Purcell, Goldstone, & Amminger, 2011; O'Connell, Boat, & Warner, 2009).

Parents are usually the first to notice signs of mental health issues in their children and have strong motivation to get their children needed help (Boulter & Rickwood, 2014). Part of the help-seeking process includes acquiring information about child mental health problems and treatments. Jorm et al. (1997) coined the term mental health literacy to mean,

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"knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p. 182). Previous studies of mental health literacy have shown that knowledge of child mental health issues among adults in the general public is low, with many people lacking accurate information and holding stigmatizing beliefs about mental health issues (Pescosolido et al., 2008). Lack of information and negative attitudes are linked to low service utilization and dropping out of treatment (Bringewatt & Gershoff, 2010; Kazdin, Holland, & Crowley, 1997). While research has been conducted on parents' help-seeking behavior (Costello, Pescosolido, Angold, & Burns, 1998; Shanley, Reid, & Evans, 2008; Stiffman, Pescosolido, & Cabassa, 2004), little is known about parents' attitudes toward information sources and the factors that help parents determine which sources will be helpful and reliable. These issues exist at the nexus of help-seeking and information-seeking and, thus, this article draws on previous research in both arenas. There are few qualitative studies in the literature which elicit parents' perspectives on the quality of child mental health information available to them or about the processes through which they seek and evaluate this information. Because of the high level of stigma that surrounds child mental health problems, and mental health problems in general, it is important to understand parents' perceptions and increase their access to accurate, trustworthy information sources.

Help-Seeking for Child Mental Health Problems

In the mental health context, Rickwood and Thomas (2012) defined help-seeking as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (p. 180). Whereas some adolescents reach out for help with mental health issues, particularly through informal sources (Jorm, 2012), parents are typically responsible for seeking help for their children's mental health difficulties (Kerkorian, McKay, & Bannon, 2006; Stiffman et al., 2004). Studies have found that help-seeking is not simply a linear process of identifying a need and finding treatment (Shanley et al., 2008). Parents often simultaneously seek help from multiple formal and informal sources. Formal sources of help such as physicians and school personnel are common, as are informal (non-professional) sources such as friends and family members, particularly among non-white families (Harrison, McKay, & Bannon, 2004; Lindsey, Joe, & Nebbitt, 2010; Oh, Mathers, Hiscock, Wake, & Bayer, 2015; Zwaanswijk, Verhaak, Bensing, van der Ende, & Verhulst, 2003).

Information-Seeking for Child Mental Health Problems

Health information-seeking serves many coping functions for individuals facing a health challenge, including both problem-focused functions (such as better understanding the health challenge and making informed decisions) and emotion-focused coping functions (like reducing the negative effects of uncertainty and providing reassurance) (Lambert & Loiselle, 2007). Health information-seeking behavior has been studied extensively and has recently focused on online searching for health information (Diviani, van den Putte, Giani, & van Weert, 2015; Tustin, 2010; Walsh, Hamilton, White, & Hyde, 2015). However, less is known about mental health information-seeking, and less still about the topic as it relates to parents searching for child mental health information.

Previous research has investigated the variety of information sources accessed by parents of children with mental health problems and their reasons for choosing these sources, but its scope is limited. Mackintosh, Myers, and Goin-Kochel (2005) found that parents whose children were diagnosed with Autism Spectrum Disorders (ASD) sought information from an average of seven different sources, including interpersonal contacts (e.g., family and friends), medical professionals, educators, written sources, and group gatherings. However, the researchers also reported that parents most often relied on other parents of children with ASD. Parents of children diagnosed with or at high risk for Attention-Deficit Hyperactivity Disorder (ADHD) were found to seek several different sources of information about the disorder and its treatment, and frequently relied on the Internet and health professionals for information (Mackintosh et al., 2005). On the other hand, Bussing, Gary, Mills, and Garvan (2007) found social network sources of information (i.e., friends and family members) were less common among parents of children with ADHD. These authors speculated that the preference for information sources outside of their social networks was an indicator of parental concern about the stigma surrounding mental health problems.

Trust and Mental Health Help- and Information-Seeking

A large body of research documents the importance of trust between health care consumers and providers (Goodkind et al., 2010; Murray & McCrone, 2015; Thom, Hall, & Pawlson, 2004; Verhaeghe & Bracke, 2011). The concept of trust has been defined as, “a state of favourable expectation regarding other people’s actions and intentions” (Möllering, 2001, p. 404) that exists despite an individual’s sense of vulnerability and uncertainty about future consequences. Trust figures prominently in individuals’ perceptions of mental health care, affecting interactions between consumers and service providers, beliefs about the quality of treatments, decisions to obtain treatments, honest disclosure to providers, cooperation with treatment plans, and fear of stigma (Brown, Calnan, Scrivener, & Szmulker, 2009; Gaebel et al., 2014). For parents, feelings of vulnerability and perceptions of risk are likely to impact their sense of trust as they pursue information and mental health treatment for their children. Inquiring about a child’s concerning or problematic behaviors may be useful in acquiring information and receiving emotional support but may also expose both the child and parent to the negative attitudes of others, and perhaps even discriminatory treatment.

Pescosolido (2013) showed that, although knowledge about mental illness and mental health treatment has improved among Americans over the last few decades, stigmatization of adults and children with mental illness is still prevalent, including indications that many adults prefer that their children avoid peers with mental health problems. Adolescents with emotional or behavioral difficulties have reported perceived negative attitudes and poor treatment by peers, family members, and school staff (Moses, 2010).

A systematic review of parents’ perceptions of the barriers to pursuing mental health treatment for their children found that the absence of a trusting relationship with health care providers was a significant barrier (Reardon et al., 2017). This same study found that parents were worried that providers would not listen to their concerns, and also feared being blamed for their children’s mental health difficulties. These risks impact a parent’s decision

to seek help and information from medical and mental health professionals, which, in turn is likely to affect their mental health literacy.

The significance of trust in the help- and information-seeking process, as well as the fear of stigma among parents seeking help for their children, have been established by previous researchers. The current study aims to link these concepts and address the absence of qualitative studies in this area by investigating parents' perceptions of information sources on child and adolescent mental health. This study has a specific focus on parents whose children have experienced a mental health or behavior problem in the past. Using in-depth semi-structured interviews, this study addresses the following research question: What are parents' attitudes toward sources of child mental health information?

Methods

The data presented here are part of a larger mixed-method study on mental health literacy carried out in a large suburban community in New York in 2017.

Participants and sampling. Participants for this phase of the study were parents of children ages 4-18 who were residents of one large town in New York. Using purposive sampling, participants were drawn from a pool of 213 parents who completed an online questionnaire for the larger study, and who indicated they would be interested in participating in an interview. The larger survey sample was created using convenience sampling. To recruit participants, the first author contacted public libraries, parent-teacher associations, and local parenting organizations for assistance reaching parents in the community. The survey link and information about the study were posted on social media forums in parenting- and family-specific groups in the local area. Paper flyers were posted in libraries, restaurants, shops, and community centers. These strategies were utilized in order to include parents of different racial and ethnic backgrounds, residents of different geographic parts of the town, and parents of children of different ages. Interview participants were compensated with a \$25 gift card from either Target or Kmart.

Fifteen parents participated in the interview phase of the larger study. Once interviews were completed, the authors refined the research focus to examine perceptions of parents whose children had been diagnosed with and/or had received treatment for a mental health or behavioral disorder. Seven of the fifteen participants met these criteria. Data from their interviews were analyzed for this study.

Procedure. Participants completed in-person interviews with the first author which lasted approximately one hour. Interviews were guided by a semi-structured interview schedule and audio-taped for later transcription into written form. Interview questions explored several aspects of mental health literacy and the data presented here focuses on participants' attitudes and beliefs about the quality and trustworthiness of the information they received, whether they had considered seeking child mental health information from other sources, and how they made decisions about the information-seeking process.

Table 1. Participant Profiles

<u>Pseudonym</u>	<u>Gender</u>	<u>Age</u>	<u>Race/Ethnicity</u>	<u>Education</u>	<u>Career/Profession</u>	<u>Children's Ages</u>	<u>Child's Issue/Diagnosis</u>
Adrienne	Female	43	African American	Some college	Secretary	11	Anxiety
Gloria	Female	48	Caucasian	Master's Degree	Unemployed	14	Family disruption; anxiety
Hannah	Female	43	Caucasian	Associate's Degree	Social service worker (on Disability)	18	Anxiety, ADHD, trauma
Jackie	Female	40	Caucasian	Bachelor's Degree	Office worker for nonprofit agency	12	Major depression, suicidal ideation, behavior issues
Michelle	Female	33	Mixed race ^a	Bachelor's Degree	Nursing student	4	Behavioral issues
Sylvia	Female	40	Hispanic	Some college	Stay-at-home parent	17	Behavioral issues, family disruption, suicidal ideation, depression
Tom	Male	40	Caucasian	Master's Degree	College counselor	11	Specific phobia

^aAfrican American and Caucasian

Protection of human subjects. The authors obtained informed consent from each participant. All of the participants were given pseudonyms to protect their identities. The ethical execution of this study was overseen by the Institutional Review Board (IRB) where the first author is employed.

Data analysis. Interview transcripts were analyzed using thematic analysis (TA). TA is a qualitative data analysis method for identifying and analyzing patterns of meaning in a dataset (Braun & Clarke, 2006). Specifically, themes were defined as patterns of meaning within the data. Drawing on the work of Braun and Clark (2006) and Joffe (2012), the data coding and analysis processes were carried out in the following steps:

1. The researchers conducted several thorough read-throughs of the entire dataset (complete transcripts of all interviews).
2. The first author created a codebook with the initial codes that guided the thematic analysis. The codebook contained the name of the code, a definition, and an example.
3. In order to improve the reliability of the codebook, the first and second authors each coded two of the interviews in the dataset. Where there were discrepancies, the researchers discussed and revised the relevant codes to make them more descriptive and better operationalized.
4. The entire dataset was coded again by the authors using the revised codebook.
5. The authors reviewed the initial themes and their corresponding extracted data. The authors then examined the data and considered whether they formed coherent patterns. When the authors did not agree that the data extracts fit the theme, they discussed disagreements and determined if the problem was with the theme itself, requiring it to be further refined, or if the data would be a better fit in another theme or should be discarded from the analysis.

Results

Data analysis revealed four themes related to participants' abilities to access mental health help and information for their children, and parents' levels of trust in these sources. These themes are: others' firsthand experiences family and friends with professional experience, protecting privacy, and uncertainty about schools as information sources. Trust emerged as an overarching and unifying concept for all of these themes.

Others' firsthand experiences. Several participants reported seeking information from other parents who had experienced mental health struggles similar to their own children. They often referenced friends or family members who had been or would be good sources of information due to their own personal experiences. The following quote from Adrienne demonstrates the importance of firsthand experience:

[I would only feel comfortable sharing concerns or asking for advice] *if I knew that they had been in the same situation.* (Adrienne)

Similarly, Michelle said:

And I talked to a friend of mine who has kids who have IEPs in the district to see, kind of, how did she go about it. (Michelle)

Another respondent, Gloria, discussed her sister:

My sister is a social worker. She's the one who has both boys that are ADHD so I actually have approached her for [my son] ...so I actually spoke to her and had my son see her mentor. I guess I'd go to her as a first line of defense. (Gloria)

For two of the respondents, reaching out to strangers online who had similar experiences was also helpful to understand the process of seeking help for a child with a mental health condition. In these cases, the sources of information were not personally known to the respondents, but the fact that they had lived through something similar was significant. For example, Adrienne suggested that these online sources could give her some idea of what to expect:

Just seeing how they handle the situation, what steps they had to take, what they saw in their child, you know, the whole process, what happened, what they saw in their child, and what they did to get the child help and how it ended up. (Adrienne)

For Sylvia, online testimonials from parents who had experienced a mental health issue with their own children provided comfort and support:

It opened your mind a lot. It let you know that you're not alone out there and that there is a solution...I mean, it doesn't have to be a hundred percent [the same as what you are] going through but it's nice to hear from a mother of a...teenager who her father abandoned [her], that she locks herself in the room or she blames the mother for everything. It's part of like my own therapy. (Sylvia)

These respondents sought information from other parents who had been in similar situations. Doing so helped inform the respondents, but also served as a source of comfort and made them feel less alone. Firsthand experiences were highly valued by parents who had concerns about their own children's mental health issues.

Friends/family with professional experience. Several respondents referred to friends or family members who had professional experience with or knowledge of child mental health and suggested that these individuals would be good sources of information. For example, Hannah said:

Well, what happened with me was I have an uncle who's a psychiatrist. Sometimes if he's up in (a city to the north), he's retired, I can call him sometimes and get information. (Hannah)

Michelle, who was in nursing school, echoed this sentiment:

At this point, [if my child's behavioral difficulties continued], I would probably call one of my [nursing] professors. That's what I've done in the past when I've needed help with certain things...I have a professor who I would probably consider a friend who I would probably talk to first. She has a big adolescent practice. (Michelle)

Even if a person's professional knowledge and experience were not directly related to mental health, someone with a scientific background or in another helping profession was also considered a good source for referrals and information. For example, Michelle said:

I have a friend who was a speech pathologist so I went and talked to her.

Similarly, Gloria stated:

My sister is a social worker. She's the one who has both boys that are ADHD so I actually have approached her for [my son] when I was first getting divorced... (Gloria)

In this case, Gloria had access to an information source (her sister) who had both professional expertise and personal experience with child mental health difficulties. Additionally, Gloria mentioned her ex-husband, a scientist, as a good possible starting point for accessing information related to child mental health:

In addition, I should say also that my ex-husband is a microbiologist and he's a scientist and so he also is from that scientific world so he knows people who could direct us towards other people. (Gloria)

The interpersonal resources discussed by these respondents have the combined qualities of being personally known to the parent (and, therefore, more trustworthy than other professionals), and having expertise or access to expertise. This adds complexity to the categories of informal and formal sources of help or information discussed in the literature (e.g., Oliver, Reed, Katz, & Haugh, 1999; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Here we find that some of the most valued sources of mental health information child are combinations of the informal (friends and family members) and formal (doctors and other helping professionals).

Protecting privacy. Interpersonal information sources, such as friends and family members, were generally perceived to be trustworthy. Respondents reported that they trusted these individuals to keep their child's information confidential, and that this trust enabled them to approach friends or family members for help or information for their children. However, individuals further outside the parents' intimate circles – acquaintances, or the parents of their children's friends, for example – might not be perceived as trustworthy or protective of information about the child's mental health issues. Respondents had more concerns about protecting their children's privacy with less familiar people.

This concern was highlighted in a continuation of one of Adrienne's statements quoted above. When asked why she would reach out to another parent for information only if that parent "had been in the same situation," she explained:

...I'm just picturing my one friend, for example. She may talk to another parent, who may talk to another parent, who may talk to another parent, and these parents sometimes talk to their children. Their children are blabbermouths. They'll go to school, and they'll mention to other kids, "My mom told me that Emma's [pseudonym] mom said Emma blah, blah, blah." Emma is my daughter...It would get around. You know what I mean? Well, I'd have concerns about my daughter

having to deal with hearing about her own issues at school because I've heard information about other kids through other parents. That's a very common thing that moms do sometimes. (Adrienne)

She later continued:

If I were to talk to a parent, another parent, I would talk to my cousin because I know that she would be concerned about me and my daughter. She wouldn't make it gossipy. Some of the other parents that I talk to at school, they're not all nice, and my concern would be protecting my daughter from getting her feelings hurt at school. (Adrienne)

Some parents said that they would not seek help within their social media circles, or share anything about their child's experiences in any public forum, due to privacy concerns. For example, Jackie said:

...I wouldn't put something like this on [an online forum] because it's not their business. Not everybody understands and I don't want [my son] suffering. So I would do it in a more discreet way. (Jackie)

Respondents' privacy concerns were largely connected to the issue of stigma surrounding mental health issues. Parents were concerned about negative effects on their children if other people knew that they were suffering with a mental health or behavioral problem. For this reason, respondents reported avoiding publicly seeking information or help for their children. For example, Gloria said:

I tend to be big on privacy. I'm not one of those people who lives her entire life out there on social media and Facebook, even though I know there are people who do that...I always feel that there are lines that need to be drawn and boundaries and that it's not a good thing to necessarily just project everything out there...Just because I know how cruel kids can be and especially with mental health, there does seem to be this stigma still where people are seen as weak or that "suck it up and deal" kind of thing. (Gloria)

Privacy concerns were often at the forefront of respondents' minds when they were considering how to go about obtaining information on child mental health issues or seeking help for their children. These concerns led parents to avoid public information forums, such as posting about their children's issues online, or seeking information or help from someone they did not know well.

Uncertainty about schools as information resources. Parents reported mixed feelings about reaching out to their children's schools for information regarding child mental health issues. Some respondents had trusting relationships with school professionals, such as teachers, guidance counselors, social workers, and psychologists, and would not hesitate to ask them for information. Jackie, for example, reported positive interactions with her son's school psychologist during a mental health crisis:

[After my son expressed suicidal ideation] I emailed the school psychologist and they brought him down to talk to them...The school psychologist and I periodically texted while he was in the hospital, her checking up, making sure I was okay. I

vanted to her a little bit just because maybe of her position. The compassion, it just was easy to talk to her a little bit. I haven't experienced any negativity from the school or on any level. His teachers, I had to fill out a lot of paperwork and stuff like that based on his behavior, his educational...I mean the whole nine yards. I haven't seen him receiving any negative stuff from them. (Jackie)

Other respondents seemed less trusting of the professionals at their children's schools and felt that the school only needed to know about a child's mental health issue if it was directly related to their school performance or behavior. These parents perceived of their children's mental health struggles as largely separate from the school environment. Gloria's comments are illustrative:

[If my son had another mental health problem in the future] I don't think [the school] would be my first resource. I think I'd go the private route. Either a psychologist or a social worker or a psychiatrist. For example, if he suddenly decided that he hated me and his father and he needed to talk to somebody or he hated our rules or he felt issues with his sexuality or he felt just depressed about everything and just hated everything, I don't think I'd necessarily involve the school with that. That seems more like a whole life sort of issue and the school would sort of be a piece of it and yes, it would affect his school work obviously, but I don't know that I would involve the school. (Gloria)

When asked if she got the school involved when her child was experiencing mental health issues, Sylvia expressed a similar thought:

No. No, I didn't want to...I didn't want to get the school involved or anything because I don't know if you...there was nothing related with the school or with bullying or...I mean, if it was bullying because of school, of course, I would do it, but it was nothing related with school. It wasn't a school issue. (Sylvia)

Some respondents reported that they had not reached out to the school when their child was dealing with a mental health issue, but said that they might consider doing so in the future if they felt the situation warranted it. For instance, Tom said:

I would reach out to the school for information regarding my child, what's going on with my child in the school, that kind of information. Information about the disease itself or ideas for how to mitigate it or address it, maybe not as much. But I would see the school as a partner in that. Institutions aren't perfect, but the people in them mostly try to help. Yeah, if my child was in some kind of psychological pain, I would definitely want the school to be an ally in that. (Tom)

Overall, respondents' perceptions of the school as a source of mental health help and information were mixed. While some parents reported very good, trusting relationships with school personnel, others were more wary of approaching the school for help with their child's mental health issues.

Discussion

This study, part of a larger mixed-methods study, aimed to understand the beliefs about sources of child mental health information among parents whose children had experienced mental health difficulties. Analysis of participant interview data revealed several themes. Some participants valued the personal experience of other parents whose children had experienced mental health problems when considering which sources of mental health information they would seek. One parent reported finding both helpful information and emotional comfort in online discussions of other parents with whom she was not acquainted. Participants also sought information from those in their social networks—family members, professors, and others—who had professional knowledge about child mental health. Parents trusted these sources, which were both personally known to them and believed to have specific expertise or access to expertise. Whereas parents' reliance on formal and informal sources of information has been documented in previous research (Harrison et al., 2004; Lindsey et al., 2010; Oh et al., 2015; Zwaanswijk et al., 2003), this study found that parents may draw on people in their lives (informal sources) who also have some professional expertise (formal sources).

Privacy emerged as an important theme, as parents expressed concern that the individuals from whom they sought information could be trusted to keep their child's mental health struggles confidential. Study participants had mixed views about seeking information from or involving school personnel in their children's mental health issues. Whereas some expressed trust in staff at their children's schools, others felt that the school should only be involved if the children's issues directly affected their school performance or behavior.

In our analysis, the concept of trust emerged as an implicit, overarching theme in parents' interviews. Sociologists define trust in relational terms; that is, trust exists not in an individual, but in dyads, groups, or collectives (Lewis & Weigert, 1985). Individuals make decisions about who they can trust based on both cognitive and emotional processes (Lewis & Weigert, 1985). The cognitive process involves using reason and weighing evidence for and against an object's trustworthiness. Parents must have some reason to believe that an information source is trustworthy in order to take the "leap of faith" in relying on the source (Möllering, 2001). The emotional base of trust involves the mutual understanding that a breach or betrayal would cause damage to the relationship between the individual and the object of trust. Some degree of familiarity with the objects of trust (in this case, information sources) is required for both the cognitive and emotional elements of trust to exist. Adrienne's quote about trusting her cousin as an information source because, "she would be concerned about me and my daughter," illustrates the importance of the trustworthy relationship between the parent and the information sources. According to our data, interpersonal sources would also be more likely to protect the parent and child's privacy, which engenders a more trusting relationship.

Seeking information about a child's behavioral or mental health issues necessarily requires some degree of disclosure about the child's problems. Given widespread stigmatization of individuals with mental health problems, it is unsurprising that parents of children with such problems are fearful and uncertain about seeking information and

support. Several study participants suggested that their trust in some information sources—friends, family members, school personnel, and individuals who share information in online forums—was grounded in the fact that the sources themselves had personal experience with a child with mental health problems. It seems that parents valued the information these informal sources provided because they perceived a shared understanding gained through personal experience.

For a parent to place trust in an interpersonal source of information, he or she must overcome the risks of uncertainty (Brown et al., 2009). A parent might ask him- or herself, “Will this person judge me or my child? Will my family’s privacy be protected? Will I gain useful and accurate information?” Participant data from this study suggest that parents perceive these risks to be minimized when the information source has gone through similar experiences and, therefore, taken similar risks. A parent is likely to place trust in another parent who would be similarly concerned about protecting their own child from stigma and poor treatment.

An understanding of the concept of trust also sheds light on some parents’ ambivalence about seeking information from their children’s schools. Whereas school personnel may have useful expertise in child mental health, parents may hesitate to approach the school as a source of help or information, due to the perceived risks involved in disclosure of their child’s issues. According to the data, parents may feel it is necessary to trust school personnel and seek information and help from them only when the child’s problems directly impact school behavior and performance. However, without this direct impact, some parents prefer to seek information and support from more trusted sources.

Strengths and Limitations

There is little research about parents’ perspectives on the child mental health information available to them. The in-depth interviews in this study begin to address the gap in the literature by giving voice to parents of children with mental health difficulties and shed light on how they make decisions when seeking help and information for their children.

Although this study drew on sound qualitative methods to collect rich data, the results should be interpreted bearing in mind the small sample size and the resulting difficulty generalizing findings to other populations. The sample was drawn from a larger mixed-methods study in which participants self-selected to complete an online survey. The data analyzed here present the beliefs and perceptions of parents in one community who had access to the Internet in order to complete the survey, and who may have had a greater degree of interest in and knowledge about child mental health than parents in the larger population. Participants all had at least some years of college education which may have increased the likelihood that they had awareness of and/or access to mental health information. The study’s authors selected participants purposively to represent the economic, educational, racial, and ethnic diversity of the community in which the study was conducted. Despite these careful methods, the results should be interpreted with caution.

Implications

Social workers, public health workers, teachers, and other professionals can support informal helping relationships and interpersonal information-sharing by engaging in efforts to increase mental health literacy at the individual, community, and population levels. Studies have found that parental knowledge about disorders and treatment is associated with more treatment-seeking, better quality treatment, and improved parental treatment decisions (Jorm, 2012; Mendenhall, 2012; Mendenhall, Fristad, & Early, 2009). Results from this study suggest that parents—particularly those whose children have experienced mental health difficulties—may be asked to share their knowledge about child mental health with other parents they know. Therefore, increased parental mental health literacy may also have a positive effect on other families in the parents' social network.

Research has found that even formal providers of mental health information and services, such as physicians, often lack adequate knowledge to properly identify the need for mental health services in children and may be unaware of the services available (Stiffman et al., 2004). Teachers have reported a lack of training and knowledge to adequately address the needs of children and teens with mental health difficulties (Reinke, Stormont, Herman, Puri, & Goel, 2011). Increased mental health literacy among professionals is crucial if parents are to obtain accurate information from the service providers they trust. Professionals who work with parents and families can help educate clients, other professionals, and the general public about mental health disorders and services to reduce the stigma that surrounds these issues and that act as a barrier to appropriate and timely prevention, identification, and treatment.

Schools are excellent settings in which to promote child and adolescent mental health and well-being (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012; Miller et al., 2019), and school districts are increasingly engaging in efforts to enhance the mental health literacy of both school personnel and students (Eschenbeck et al., 2019; Perry et al., 2014; Whitley, Smith, & Vaillancourt, 2013). In 2018, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) launched a grant program called *Project Aware* aimed at increasing awareness of child mental health and expanding states' capacities to connect children and families with needed services; 24 states received funding to implement programming (SAMHSA, 2018). As the mental health knowledge of teachers and other school personnel increases and stigma decreases, it follows that schools will be in a better position to serve as trustworthy sources of information for parents with questions and concerns about their children's mental health. Further, broader public awareness and more open conversations about child and adolescent mental health, encouraged by *Project Aware* and similar programs, may help parents to feel more comfortable seeking information and help for their children. Schools should consider expanding mental health literacy projects to specifically include education and awareness programs for parents. School social workers often work closely with families (Kelly et al., 2010) and are therefore in an ideal position to enhance parental mental health literacy. The results of this study suggest that parents whose children are experiencing mental health difficulties are more likely to trust other parents whose children have had similar struggles. In light of this finding, school social workers should consider developing parent peer support groups

and/or peer mentors to help parents connect with others who are in similar circumstances to gain support and education.

Mendenhall and Frauenholtz (2013) argue that social workers, as the professionals who provide the most mental health services in the U.S. (Heisler, 2018) and who have a mission to work toward social justice, are uniquely positioned to increase mental health literacy and reduce stigma. They call on social workers to take the lead in educating clients on micro and mezzo levels, to increase culturally-sensitive public information about mental health, and to advocate for policies and practices that reduce stigma and improve knowledge about mental health disorders and treatment. The current study echoes this call to social workers, as it is apparent that trust is a significant factor in parents' approach to mental health care for their children.

Conclusion

The confluence of worsening child and adolescent mental health and increasing stigmatization of mental health problems in the U.S. has created an urgent challenge for social workers. Trust is essential to successful client-social worker relationships (Behnia, 2008; Christensen, 2013; Smith, 2004). Results from this study demonstrate that lack of trust is a barrier to parents' pursuit of mental health treatment for their children. Social workers who work with families must put trust-building at the center of their practice in order to increase parental mental health literacy and, ultimately, improve the well-being of young people.

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