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Parental Mental Health Help Seeking: Variables Associated With Asian American Parent Help Seeking Intent

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**PARENTAL MENTAL HEALTH HELP SEEKING: VARIABLES
ASSOCIATED WITH ASIAN AMERICAN PARENTS HELP
SEEKING INTENT**

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Arts

in

The Department of Psychology

by
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ABSTRACT

There is a vast disparity between children who have mental health concerns and rates of service utilization. This disparity is even greater for children of ethnic minority populations. Understanding the factors contributing to parent help seeking behavior may help address the gap in service utilization. Asian Americans specifically have low rates of mental health service utilization among adults. However, there is limited research on parent help seeking in Asian American parents. In combination with low service utilization across children with mental health concerns, Asian American children are an at-risk population. The study aims to advance research by exploring variables relating to help seeking intent in Asian American parents. The study specifically investigates (1) the effectiveness of the Theory of Planned Behavior in predicting help seeking intent in Asian American parents; (2) the association between parental strength of ethnic affiliation and the intent to seek help; and (3) whether this association can be explained by mental health stigma. A sample of approximately 69 Asian American parents of children aged 4-17 completed a series of questionnaires and scales measuring common predictors of help seeking intent. Results of this study indicating utility of the Theory of Planned Behavior help to explain the disparity in service utilization and need in Asian American and other ethnic minority children. Furthermore, it may identify factors to target to increase help seeking intent in parents.

INTRODUCTION

There is evidence that many children who have mental health needs are not utilizing services. National rates of psychopathology in children have been found to be much higher than rates of service utilization (e.g., Gronholm, Ford, Roberts, Thornicroft, Laurens, & Evans-Lacko, 2015; Logan & King, 2006; Reardon, Harvey, Baranowska, O'Brien, Smith, & Creswell, 2017). For example, it has been repeatedly reported that about 20% of children have a diagnosable psychological disorder; yet, only about 5% receive treatment (Costello, Burns, Angold, & Leaf, 1993). Similarly, Sayal (2006) found that less than one-third of children with psychological disorders actually receive the mental health treatment they need. Research has found that the disparity between those children in need of services and those that access them is even greater for children of ethnic minority parents. Consistent with the adult treatment-seeking literature, it has been shown that White, non-Hispanic American parents are more likely to seek professional help for their children in comparison to ethnic minority parents for mental health concerns (e.g., Alegria et al., 2004; Bevaart, Mieloo, Donker, Jansen, Raat Verhulst, and Oort, 2006; Pham, Goforth, Chun, Castro-Olivo, and Costa, 2017; Zimmerman, 2005).

Research suggests that Asian Americans specifically are a pan-ethnic group that should be given greater attention. Studies highlighting mental health help seeking (MHHS) in Asian American adults has revealed a reluctance among this population to seek help during emotional distress, leading to lower rates of service utilization. For example, of Asian American adults with diagnosable symptoms, as few as 17% seek services (e.g, Abe-Kim, et al., 2007; US Department of Health and Human Services, 2001). Similarly, in summarizing the literature on mental health service utilization, Smith and Trimble (2016) report that individuals engage in treatment at similar rates across the major American pan-ethnic groups, *except* Asian Americans are less

likely to enter professional treatment, while African Americans are much less likely to remain in treatment. Furthermore, Asian Americans have been found to be the most underrepresented in mental health services controlling for the prevalence rates of mental disorders, socioeconomic status, insurance, and the setting or context of service delivery (Meyer & Takeuchi, 2014). These persistent disparities in mental health service use are well documented across all age groups and warrant investigation (Meyer & Takeuchi, 2014).

There are several contributing factors to the low rates of mental health service utilization in Asian Americans. One of particular interest for the current study are sociocultural factors. Stigma is often cited as a leading factor in the hesitancy to report psychiatric symptoms and subsequently lower rates of mental health service utilization in this pan-ethnic group (e.g., Ting & Hwang, 2009; U.S. Department of Health and Human Services, 2001). For instance, some Asian Americans “may feel a greater responsibility to hide their emotional problems and not seek treatment because of the collectivist cultural values of saving face and avoidance of bringing shame to one’s family” (Meyer & Takeuchi, 2014, p. 532). In relation, degree of acculturation has been put forth as another possible culturally-related predictor. Many Asian Americans are first- or second-generation in the United States, strive to maintain their cultures of heritage, or are not afforded the ability to integrate fully into mainstream society. Multiple studies of service utilization reveal differences in service use between immigrants and US-born individuals, as well as based on generational status (e.g., Abe-Kim et al., 2007, Huang et al., 2012). Some research findings suggest that those Asian Americans who are less acculturated or have lower English proficiency are less likely to seek treatment (Meyer & Takeuchi, 2014).

The only way that children can access healthcare is through their parents. Thus, parents serve as the gatekeepers to children’s service receipt and hold the responsibility of getting their

children the help they need (Boulter & Rickwood, 2013; Reardon et al., 2017). Because they hold this responsibility, parents' decision-making process to seek help is critical to understand. Yet, there is a restricted range of research in parental MHHS, the process that a parent undergoes to seek help for their child (Boulter & Rickwood, 2013; Sayal et al., 2010). Limitations of this research are even more evident for Asian American parents. What we do know from the currently available studies is that the attitudes and perceptions that parents hold about MHHS affect the decisions they make for their child's wellbeing. One's culture or community influence these attitudes and beliefs; therefore, it is critical to consider the role of culture in understanding parental MHHS.

A lack of appropriate treatment for psychopathology in childhood is a risk factor for problems during adulthood, such as substance abuse and injury, criminal behavior, and high school dropout (Turner, Jensen-Doss & Heffer, 2015). Longitudinal studies suggest that appropriate treatment during one's youth significantly reduces the chance of mental health problems recurring overtime and becoming persistent and more intractable later on (as cited in Logan & King, 2001). Also, a lack of treatment can result in multi-morbidities of mental health disorders and contribute to chronic health conditions (Center of Disease Control and Prevention, 2014; Costello, Copeland, and Angold, 2011; Turner et al., 2015). In comparison to their White peers, some Asian American children have been found to have higher levels of internalizing problems, lower levels of interpersonal relationship skills, and lower overall physical health, even at a young age (Huang, Calzada, Cheng, and Brotman, 2012). These findings are consistent with research in Asian American youth, who have been found to have higher rates of clinically impairing internalizing concerns in comparison to other pan-ethnic groups (Austin & Chorpita, 2004; Chang, Morrissey, and Koplewicz, 1995; Huang et al., 2014). Considering the lower

service utilization in Asian Americans and the implications of lack of service, it may be stated that Asian American youth are at-risk. Asian Americans are one of the fastest growing pan-ethnic minority populations (US Census Bureau, 2008); thus, it is imperative that more research be done concerning factors influencing Asian American parental MHHS.

Mental Health Help Seeking

MHHS is the process where an individual decides to voluntarily seek help from a provider, whether formally or informally, for their mental health needs. There are three main stages in MHHS: 1) problem recognition, 2) decision to seek help, and 3) seeking help from a specific source (Cauce et al., 2002; Logan & King, 2001). It is assumed that individuals must first accept the idea that they have a problem before deciding whether to address it (Cauce et al., 2002; Eiraldi et al., 2006). In relation to this, the problem must be identified as one that is psychologically-based and seems to require attention (Logan & King, 2001). Cauce and colleagues (2002) suggest that problem recognition can be assessed as an epidemiologically defined need (i.e., clinical assessment of need) or a perceived (subjective) need. Thus, problem recognition is often influenced by the severity of symptoms or distress experienced by an individual and/or those around them (Logan & King, 2001). Next, the individual must develop an intention to seek help. This decision to seek help often involves weighing the costs and benefits of seeking treatment and is based on one's attitudes or beliefs about MHHS (e.g., how socially acceptable and feasible it is). If an individual decides to seek help, the next question to be answered is how they will access help. Thus, help seeking behavior begins as the individual chooses the type of support they will engage with and then seek it out and access it. Because behavioral intention is often examined as an immediate precursor for behavior, below is an overview of a notable theory for understanding the development of MHHS intent.

Theory of Planned Behavior

The Theory of Planned Behavior (TPB, Ajzen, 1985, 1991) is an empirically-supported model that has been used successfully to predict health behavior, including MHHS (e.g., Dempster et al., 2013; Oh & Bayer, 2015; Turner & Mohan, 2016; Turner & Liew, 2010; Ting & Hwang, 2009). According to the TPB, one's behavioral intention is an immediate antecedent of one's behavior. The model highlights three main factors influencing the development and strength of individuals' intentions to engage in behaviors (Long & Maynard, 2014): attitudes (ATT), subjective norms (SN), and perceived behavioral control (PBC). ATT refers to an individual's beliefs towards a behavior, specifically whether the individual views and evaluates the behavior as favorable or likely to result in positive outcomes. Thus, parents' who have a positive attitude about MHHS will be more likely to do so on behalf of their child. Previous research by Ajzen examined if general attitudes towards organizations, institutions, or cultural groups could predict specific behaviors. This research concluded that attitude alone was a moderate predictor of behavior in specific situations and insufficient as a sole predictor (Ajzen 1991; Wicker, 1969). Because attitudes are highly influenced by context, it is necessary to address and evaluate an individual's contextual settings and the influence they have on their attitudes and intentions.

SN, the second major contributor to one's behavioral intention, is defined by the normative beliefs of one's social network (or significant others). SN reflect the pressure an individual may face from others when deciding to engage in a behavior. This social pressure can relate to whether significant others will be approving of the behavior and if they perform the behavior themselves (Long & Maynard, 2014). For example, a parent who is deciding whether to seek treatment for her child will be more hesitant to do so if they perceive this behavior to be

unacceptable for or atypical of their social group (family, peers, community). That is, this perceived stigmatization may result in fear of rejection or backlash, reducing one's behavioral intention and the likelihood of behavioral engagement.

The third predictor of behavioral intention is the individual's perceived behavioral control (PBC), which can be defined as the individual's perception of how easy or difficult it would be to perform the behavior at hand. PBC is a construct similar to self-efficacy, one's confidence in one's ability to execute a behavior, and is highly influenced by one's previous experiences, knowledge, and anticipated facilitators and barriers to behavioral engagement. According to the TPB, favorable ATT and SN, along with higher PBC, result in a stronger intention to engage in a behavior and a greater ability to predict it. The contribution of each variable on intention will vary depending on the situation and behavior. However, for the best prediction, it is beneficial for intention and PBC to be measured for a specific behavior, such as parental help seeking, and to take place within a short period before measuring the actual behavior (as cited in Long & Maynard, 2014).

Ajzen and Fishbein (2005) state an individual's ATT, SN, and PBC are influenced by a variety of cultural, personal, and situational factors, as well as their physical and social environments and the opportunities they pose. Therefore, it can be said that contextual factors are important to this model and consistent with the MHHS literature on ethnic minorities in America. Thus, when studying the process of MHHS, one cannot only investigate individuals' attitudes towards seeking treatment. Identification of the beliefs and normative behaviors of an individual's social network, as well as the obstacles to their engagement in help seeking, should be explored. The TPB has a strong evidence base, is parsimonious, and has relevance and precedent for use in investigations of MHHS in ethnic minorities, including parents.

Factors Associated with Parental Help seeking

Research on adult MHHS can provide a useful foundation for understanding parental help seeking, although it is not a direct correspondence. Parental help seeking is the process in which a parent decides to seek help for his/her child's needs. Parents play a pivotal role in recognizing that their child has a mental health problem and making the decision to address it. Also, parents are necessary for navigating the logistical, legal, and financial matters involved in accessing mental healthcare (Boulter & Rickwood, 2013; Reardon et al., 2017; Villatoro et al., 2018). In other words, children's access to treatment is mediated through their parents (or guardians) and sometimes also through other important societal systems (e.g., schools, social services, community organizations, juvenile justice). Hence, models of parental help seeking must consider the broader context, and especially, the influence of the attitudes and behaviors of parents and guardians at each stage of the help seeking pathway. Although help seeking is often described as following a linear series of steps encompassing problem recognition, intention to seek help, and the act of help seeking, like many stage models, these steps may not flow in a clear, stepwise fashion.

Similar to the adult MHHS pathway, parents' pathway to seeking help for their children broadly begins with a recognition of the problem (i.e., gaining awareness of children's distress and the fact that the issue is psychologically-based; Logan & King, 2001). There is extensive research showing that early intervention is the most beneficial for children's short- and long-term outcomes. Without help, children can become more resistant to treatment as they age (Dempster et al. 2013), which may place them at higher risk for mental health comorbidity and increasing severity and persistence of problems (Zwaanswijk, Verhaak, Bensing, van der Ende and Verhulst, 2003). Bevaart et al. (2004) report that ethnic minority parents have lower rates of

problem recognition. According to Cauce et al. (2002), part of recognizing the problem is understanding there is a need for assistance. Assessment of this need can be based on criteria for diagnosis, an individual's functional impairment, or day-to-day difficulties, all of which are associated with symptoms and their severity. For example, research has shown that higher levels of impairment, particularly for externalizing behaviors, is associated with parents' problem recognition (Sayal, 2006).

A primary focus of the current study is parents' decision to seek help, or MHHS intent for their child. This stage more formally begins the treatment-seeking process and can be understood through the application of the TPB. Thus, a decision to seek help is influenced by parents' MHHS ATT, SN, and PBC, all of which are influenced by their social environment (Ajzen & Fishbein, 2005; Logan & King, 2001).

Attitudes. ATT reflect how favorable or unfavorable people evaluate a behavior to be and are based on their core beliefs about the behavior (Long & Maynard, 2014). An individual's attitude towards mental health treatment is a consistent and meaningful predictor of engaging in help seeking behavior (e.g., Ofonedu et al., 2017; Vogel et al., 2007; Zwaanswijk, et al. 2003). ATT, in some studies, have been found to have a greater weight than practical considerations (e.g., structural barriers) when an individual is developing an intention to seek help (e.g., Hornblow, Bushnell, Wells, Joyce and Oakley, 1990; Raviv, Raviv, Propper, and Fink, 2003). Fripp and Carlson (2017) found a positive correlation between help seeking attitudes and service utilization in African American and Latinx adults, such that more positive attitudes were associated with greater intent to seek counseling. Similarly, Turner and colleagues (2015) found that attitudes about MHHS were significantly related to parental help seeking and that this relationship varied by ethnicity. In relation, culturally-based factors have been found to

contribute to less favorable attitudes towards seeking psychological help in Asian American adults (Leong, Kim, and Gupta; 2011). Importantly, parental help seeking attitudes are predictive of not only their intentions, but also their help seeking behavior (e.g., McKay, Pennington, Lynn and McCadam, 2001; Turner & Liew, 2010; Turner et al., 2015).

Subjective norms. SN reflect the social pressure one feels to perform or not to perform a behavior (Long & Maynard, 2014). In the MHHS literature, SN are most frequently represented by the construct of stigma as they are shaped by the perceived approval or disapproval of a given behavior by important social referents. Stigma is described as “personal characteristics that are viewed as socially unacceptable” (Dempster et al., 2013, p. 56-57). The stigmatization of mental health is widely studied and is a proven deterrent to MHHS (e.g., Corrigan, 2004; Vogel, Wade and Hackler, 2007; Fripp & Carlson, 2007; Zimmerman, 2005). Individuals fail to seek help due to fear of being labelled as having a mental illness and the subsequent consequences by society such as diminished social opportunity, including rejection by peers and lower self-esteem (Corrigan, 2004). Literature shows that adults with higher stigma have lower intentions to seek help (e.g., Corrigan, 2004; Turner and Liew, 2010; Vogel et al., 2007). Consistent with this, parents’ perceived stigma about MHHS has been found to be a deterrent to them attaining treatment for their children (e.g., Sayal et al., 2010; Ofonedu et al., 2007; Gronholm et al., 2015). Findings from multiple studies show that stigma is one of the largest predictors of parental MHHS, with less parental stigma consistently found to be associated with greater MHHS (e.g., Clement et al., 2015; Gronholm et al., 2015; Raviv et al., 2003; Reardon et al., 2017; Sayal et al., 2010; Thurston et al., 2018; Villatoro et al., 2018; Zwaanswijk et al., 2003). Research has also suggested that mental health stigma is more prevalent in American ethnic minority communities than American White, non-Hispanic communities (Pham et al., 2017). In relation, perceived need

for assistance is influenced by parents' context or SN regarding normal behavior (Cauce et al., 2002). Some assessments, such as the Achenbach Child Behavior Checklist (CBCL, Achenbach, 1991), ask parents to rate their children's symptoms as occurring more or less often than 'typical' children. However, what is considered 'typical' can vary across communities. Therefore, context can be important to consider, especially among ethnic minority communities that may have unique behavioral norms that are not adequately accounted for in commonly used parent-report measures and their norms. As one example, a study focusing on ethnic differences in parental help seeking found that parents compared their child's emotional-behavioral functioning against those of other children and also consulted with significant others about their concerns (McMiller & Weisz, 1996). Parents sought help when these comparisons and/or consultations elevated their concerns beyond a comfortable threshold.

Stigma is often divided into two categories: public stigma and self-stigma. The former (public stigma) refers to society and peers believing that the individual and their behaviors are socially unacceptable. Self-stigma, on the other hand, is the perception that the individual themselves is unacceptable in comparison to the societal norms. Public stigma is often related to self-stigma, where public stigma influences one's self-stigma and subsequently helps form their beliefs and attitudes, and thus intentions in behavior engagement (Vogel et al., 2007). Parental self-stigma and perceived public stigma, such as being blamed or viewed as a bad parent by others, have been shown to be strong predictors of help seeking behavior, and sometimes can be more influential than parents' fear of their child being stigmatized and labelled (e.g., Bevaart et al., 2014; Dempster et al., 2013; Turner & Liew, 2010). Because stigma is heavily influenced by normative beliefs (beliefs based on one's social group(s) norms), it is an important factor influencing the help seeking of ethnic minorities. This is one of the reasons why mental health

stigma has been put forth as a variable that might help to explain differences in service utilization among ethnic minority groups (Turner et al., 2015). Some studies have found that stigma among certain ethnic groups, such as African Americans, Latinx, and Asian Americans, has contributed to hesitations, avoidance, and delays in treatment seeking (e.g., Alvidrez, Snowden, & Kaiser, 2008; Abe-Kim et al., 2007; Clement et al., 2015; Lee et al., 2017). Thus, it is possible that ethnic differences in child MHHS could be due to parental perceived stigma.

The extent of cultural affiliation one has with his/her heritage culture may relate to one's perceived stigma (or SN), given that stigma towards MHHS forms in relation to the person's social referent group(s). If an individual is highly affiliated with their heritage culture, they are also likely to adhere more to the perceived social norms and beliefs of the group. Thus, studying an individual's enculturation, the extent to which an individual identifies to their cultural heritage group, could be beneficial in further understanding the relationship between stigma and parental help seeking intent. Level of acculturation has been found to be related to help seeking in both adults and parents (Eiraldi et al., 2006). Studies have found that individuals who are less acculturated (or more enculturated) have less positive attitudes towards help seeking (e.g., Akutsu & Chu, 2006; Leong et al., 2011; Power, Eiraldi, Clarke, Mazzuca, and Krain, 2005; Ting & Hwang, 2009). Additionally, some experts propose that more acculturated individuals may have higher stigma tolerance, defined as the ability to withstand a cultural stigmatization against mental illness (e.g., Cauce et al., 2002; Leong et al., 2011; Ting & Hwang, 2009; Turner, 2012). Therefore, it is possible that an individual's strength of ethnic affiliation could be contributing to their willingness to seek help for mental health services, perhaps explaining the lack of service utilization by ethnic minorities in comparison to White Americans.

Perceived behavioral control. The TPB argues that PBC for a behavior influences the formation of the intention to perform that behavior, with greater PBC resulting in greater intention and likelihood of acting on that intention (Long & Maynard, 2014). Because PBC is one's perception of the ease or difficulty of performing a behavior (Ajzen, 1985), many equate it with the construct of self-efficacy. As it happens, parents' MHHS intent has been found to be influenced by their self-efficacy, specifically in their belief that they can be successful in navigating health services (Power et al., 2005; Sarafino, 1994). Research to date has found that higher levels of parental MHHS efficacy corresponds to greater service utilization (e.g., Janicke & Finney, 2003; Power et al., 2005).

Along with one's control (or efficacy) beliefs, PBC is also greatly influenced by one's actual behavioral control. Thus, a commonly researched factor in the MHHS literature is barriers to seeking treatment. In their article, Power and colleagues (2005) aimed to examine the factors contributing to low mental health service utilization in children and adolescents. This study separated barriers to treatment-seeking into two broad categories: socio-political factors, such as structural barriers hindering an individual's ability to seek help, and cultural or familial factors stemming from familial beliefs about mental health treatment (as discussed above). Structural barriers can make accessing treatment more difficult and burdensome, negatively impacting a parent's perception of his/her ability to find and obtain appropriate treatment. Evidence has indicated that the following structural barriers can be particularly problematic for parents: time limitations, issues with treatment accessibility (including lack of insurance or appropriate service providers), treatment costs, and problems with transportation (e.g., Clement et al., 2015; Girio-Herrea, Owens, and Langberg, 2013; Gulliver, Griffiths, and Christensen, 2010; Reardon et al., 2017; Thurston et al., 2018). In their meta-analysis, Reardon et al. (2017) studied perceived

barriers and facilitators related to treatment utilization, finding that a barrier to parental help seeking is the feeling of being dismissed or unsupported by professionals. For example, the study found that ethnic minorities were more likely to report a lack of a cultural facilitator or a language barrier as contributing to negative beliefs about service providers.

Parents also factor in the costs and benefits of treatment-seeking, and social learning can exert an influence on parents' treatment-seeking intentions. Parents consider their family history or experiences and the possible reactions and pressures from their social network (Logan & King, 2001). Parental PBC is culturally sensitive or varies by ethnic group status (Power et al., 2005; Wrightson & Wardle, 1997). Therefore, this variable may explain the findings of Zwaanswijk et al. (2003) that revealed ethnic minority groups were more likely to seek help from informal, rather than professional sources. A large body of empirical research suggests that variables comprising the TPB should account for a significant proportion of variance in parents' help seeking intent (as much as 40-45%) and a meaningful proportion of variation in their help seeking behavior (about 20-25%; as cited in Long & Maynard, 2014). Beyond variables outlined in the TPB, a comprehensive review of the parental MHHS literature reveals that the below additional variables may be beneficial to consider.

Symptom severity. Power et al. (2005) identified severity of symptoms as an important variable in influencing service utilization and highlighted the importance of this variable during the problem recognition stage of the help seeking pathway. Symptom severity has been cited as a major predictor in MHHS research for both adults and children (e.g., Leong et al., 2011; Oh & Bayer, 2015; Ofonedu et al., 2016; Sayal, 2005; Turner et al., 2015). Symptom severity can be recognized and represented in different ways. For instance, Power et al. (2005) specifically distinguish between clinician-recognized symptom severity and a parental view of the child's

symptoms based off of functional impairment. Oh and Bayer (2015) further extended this factor as the parent's ability to recognize that their child's behavior is more difficult than average or in comparison to their peers. Adult research similarly shows that individuals are more likely to seek treatment if they view their symptoms as more severe than the people around them (e.g., Goodman, Sewell, and Jampol, 1984; Vogel, Wester, Wei, and Boyson, 2005).

Also related to parent symptom recognition is problem threshold, described as the extent to which the parent believes the child's behavior is concerning. Parents who believe that their children's symptoms are severe and depart from the average are more likely to seek treatment (Oh & Bayer, 2015). This could help to explain an abundance of research findings showing that the presence of externalizing behaviors in children is a strong predictor of parental problem recognition and subsequent help seeking (Sayal, 2005; Turner & Liew, 2010), indicating the role of acceptability of symptoms in the parent help seeking process. However, acceptability is often subjective and associated with people's cultures. Therefore, symptom severity may be recognized differently among ethnic minorities. For example, adult research found that Asian Americans were more likely to seek help when more severely distressed, often deciding to seek treatment as a final resort when symptoms begin to disrupt academic or vocational abilities (Leong et al., 2011; Ting & Hwang, 2009), both of which are heavily emphasized in many Asian cultures.

Treatment seeking history and mental health literacy. An individual's understanding of a mental health problem and their potential options for treatment, referred to as mental health literacy, has been associated with their help seeking behavior (Power et al., 2005). For example, being aware of symptoms of externalizing behavior and functional impairment could influence parental problem recognition. Therefore, prior experience with mental health and its treatment

may predict parental help seeking. Some experts suggest that targeting parent education about child mental health, in combination with addressing their attitudes about seeking help, may be most beneficial as it might decrease parents' stigmatizing views about MHHS (Lee et al., 2017; Oh & Bayer, 2015, Pham et al., 2017).

Turner and Liew (2010) studied the influence of parent mental health treatment usage on their attitudes and behaviors regarding child mental health treatment. The study found that parents who themselves previously engaged in mental health treatment had more favorable help seeking attitudes, greater intentions, and less stigmatization of mental health treatment.

Additionally, parental previous experience and education about mental health was a predictor of child service use. They were similarly able to identify higher rates of symptoms of internalizing disorders in their children, which are symptoms often expressed with less observable severity and can be overlooked if an individual is not educated about the symptoms. Turner and Mohan (2016) replicated a similar study with Asian Indian parents. They found that parents who formerly used psychotherapy and services reported more positive attitudes towards treatment, with mothers being more open-minded about making decisions to seek treatment. Adult research has shown similar results, where previous use of mental health services, such as counseling, predicting attitudes towards seeking help, and subsequent treatment (e.g., Sayal, 2005; Vogel et al., 2005; Zimmerman, 2005). Thus, parents who have personal experiences with past treatment could have more knowledge about mental health and more positive attitudes and beliefs, increasing their likelihood of developing an intent to seek treatment for their child.

Gender. Gender is also known to be a predictor of parental help seeking behavior. Specifically, boys are more likely to receive treatment for their mental health needs than girls, especially at an early age (e.g., Power et al., 2005; Zwaanswijk et al., 2003). This finding could

be due to several factors, but perhaps the most evident is the association between gender and externalizing behaviors. Males have a higher prevalence of externalizing disorders, which can be viewed to have more severe symptoms and socially unacceptable traits, such as aggressive or oppositional behavior. These more observable and less socially acceptable behaviors often lead to easier parent recognition and subsequent help seeking. Girls, on the other hand, are less likely to gain access to treatment for their mental health needs; one study found that this effect was most evident when girls had externalizing behaviors (Zimmerman, 2005).

Ethnic Differences in Help Seeking

As previously mentioned, there is extensive research showing differences between White, non-Hispanic Americans and ethnic minority populations in MHHS in both adults and in children, the latter which relies on parental decisions to seek help. Asian Americans, American individuals who have cultural and ethnic origins in Asia, have been found to have the lowest rate of service utilization among minority groups and are less likely to use available mental health services (e.g., Liu, 2018; Ting & Hwang, 2009; Xu et al., 2011). For instance, one study found that Asian Americans were up to three times less likely, compared to their White, non-Hispanic counterparts, to seek mental health treatment (Matsuoka, Breaux, and Ryujin; 1997). In fact, Asian Americans have the lowest rates of psychological health-related service use. For example, other research has shown that only 8.6 percent of Asian Americans seek professional help in response to emotional distress, in contrast to 17.9 percent of the general U.S. population (Abe-Kim et al., 2007).

Some research on Asian American children has revealed significantly higher levels of internalizing symptoms, including depression, anxiety, and suicidality than their White non-Hispanic peers (e.g., Huang et al., 2012; Nguyen et al., 2004). These results coincide with

findings that depression, followed by anxiety, are the two most common problems in Asian American adults, with reported rates of depression being often higher than those of White, non-Hispanic adults (e.g., Akutsu & Chu, 2006; Lin, 1998). Additionally, worldwide, Asian women have high rates of emotional distress (Saint Arnault & Woo, 2018; Takeuchi, Hong, Gile, and Alegria, 2007; Williams, 2001) with suicide being the leading cause of death for childbearing Asian women only (World Health Organization, 2009). Asian Americans are also more likely to stay silent about their emotional distress and to seek professional help as a last resort (e.g., Cauce et al., 2002; Eiraldi et al., 2006; Leong et al., 2011; Lin, Inui, Kleinman, and Womack, 1992; Yeh, McCabe, Hough, Dupuis, and Hazen, 2003). Considering the prevalence and severity of internalizing behaviors in Asian Americans and a hesitancy to seek treatment, it can be said that Asian American youth are at risk. Not only could their emotional distress go unnoticed, but cultural values and norms could potentially influence parental decision making to delay treatment.

Much of the research in adult MHHS in Asian Americans have focused on structural barriers, such as language barriers, as well as the influence of stigma, but there is limited research on Asian American parents' help seeking for their children. Studies show that Asian Americans often associate being involved in stigmatized behavior, such as mental health treatment seeking, as embarrassing or causing "loss of face", defined as a threat of loss of social integrity (e.g., Cauce et al., 2002; Leong et al., 2011; Ting & Hwang, 2009). The embarrassment associated with a loss of face leads to negative attitudes about seeking help as such behavior can put social relationships and standing in jeopardy. Leong et al. (2011) credits fear of loss of face, conceptions of mental illness and acculturation status as factors influencing Asian American attitudes towards MHHS. Turner and Mohan (2016) found a similar connection between loss of

face and negative attitudes about MHHS. In relation, many Asian cultures emphasize collectivism and familial support; as a result, an entire family can face consequences for one individual's decision to engage in a behavior. Thus, Asian Americans face immense pressure from their social network to maintain the honor and respect of their family (Ting & Hwang, 2009).

Asian American's conceptions of mental illness are also complex and unique. Mental health is primarily viewed as a Western concept and sometimes perceived as being in contrast to traditional Eastern cultural views of self-control (Leong et al., 2011; Sue & Morishima, 1982). Many Asian Americans have unique beliefs about their ability to control their mental health, with many believing that mental health can be maintained by avoiding negative thoughts, strengthening willpower, and engaging in positive thinking (Leong et al., 2011). Asian Americans also often express their symptoms as somatic complaints indicating possible differences in how mental health is conceptualized as well as how it is expressed (Lu, 2002).

The low rates of service utilizations among Asian Americans symbolizes a large population of people who are not receiving the mental health treatment and support they need. When considered in combination with the established low rates of service utilization for children with mental health concerns, this places Asian American children at risk. There is minimal research on parental help seeking in Asian American parents, despite the disparity between epidemiological rates and utilization rates in this pan-ethnic group. Therefore, more research is warranted to better serve this population and meet their needs.

The Present Study

As stated, there is limited research on parental help seeking in Asian American parents, despite the known disparity in epidemiological prevalence and service utilization. Thus, it is

necessary to address the parental MHHS process in Asian Americans to examine factors contributing to this difference. The current study contributes to research in parental MHHS in many ways. First, the study is one of the first to address parental MHHS in an Asian American population and, more specifically, within a predominantly East Asian American population as opposed to the broader pan-ethnic group. It is important to recognize that there is significant variation within the broader Asian American pan-ethnic group due to the abundance of different cultures represented; however, this variability has been largely ignored in previous studies regarding mental health in this population. Although, across studies that have attended to specific Asian American monocultural or ethnic groups findings relating to underservice utilization and the importance of stigma have been consistent. This may be due to commonly shared cultural norms across the ethnic groups comprising the broader pan-ethnic category.

Second, an aim of the study is to assess whether Ajzen's TPB (1985, 1991) can be applied to Asian American parents and their subsequent intent to seek help. Specifically, the study examines whether the variables of TPB (ATT, SN, and PBC) contribute to parent treatment seeking intent. Thus, this study is one of the first to apply a theoretical framework of parent MHHS for Asian Americans. In relation, the current study examines the role of mental health stigma in the parental MHHS process. Finally, the study identifies other factors influencing treatment seeking intent that may be unique to Asian Americans, such as the strength of ethnic affiliation. The results of this study address the gap in service utilization for mental health needs in Asian American children and potentially other ethnic minority populations as well.

Research Questions

1. Does the TPB have utility in predicting parental help seeking intent in Asian American parents?

The preponderance of evidence suggests that ATT, SN, and PBC should each make an independent contribution to parental help seeking intent. However, the research applying this theory to understanding parental help seeking in ethnic minority populations, particularly Asian Americans, is very limited and somewhat mixed.

2. Is Asian American parents' strength of ethnic affiliation significantly associated with their intent to seek help for their child?

a. If so, is the association between ethnic affiliation and parental help seeking intent explained (or mediated) by mental health stigma?

It is hypothesized that stronger ethnic affiliation will be associated with lower intent to seek professional help for their child. Specifically, mothers with stronger affiliation will also report higher levels of mental health stigma, possibly because of cultural norms related to shame and "loss of face", and this, in turn, will result in lower help seeking intent (Lau & Takeuchi, 2001).

METHOD

Participants and Design

An a priori power analysis was conducted to determine the number of participants needed and indicated that a total sample of approximately 65 participants would be needed to detect a moderate effect (effect size input $f^2 = .15$) with an 80% power, using a multiple linear regression with six predictor variables at an alpha level of 0.05. Participants in this study consisted of a U.S. community sample of Asian American parents of children between the ages of 4 and 17, as reflected in Table 1.

Table 1. Participant Demographics (N = 69)

Characteristics	<i>n</i>	%
Race		
East Asian/Asian American:	65	94.20
Asian Indian/Indian American:	3	4.34
Native Hawaiian/Pacific Islander:	1	1.53
Ethnicity		
Chinese*	30	43.48
Korean	7	10.14
Vietnamese	5	7.25
Filipino	5	7.25
Indian	3	4.35
Japanese	2	2.89
Other/Did Not Specify	17	24.63
Relationship to Child (biological/adoptive)		
Mothers	49	71.00
Fathers	19	27.50
Other Guardian	1	1.40
Child Gender (age range: 4-17)		
Male	29	42.00
Female	33	47.80
Unreported	7	10.10
Marital Status		
Single, Never Married	4	5.80
Married	64	92.80
Divorced	1	1.40

(table cont'd.)

Characteristics	<i>n</i>	%
Highest Level of Education		
Less than high school degree	1	1.40
High School/GED	2	2.90
Some college but no degree	4	5.80
Associate's degree	0	0
Bachelor's degree	22	31.90
Master's/Specialist degree	20	29.00
Doctorate/Professional degree	20	30.00
Generational Status		
First Generation	44	63.80
Second Generation	20	29.00
Third Generation	5	7.20
Language		
English Monolingual	33	47.80
Multilingual	36	52.20
Recruitment Method		
Community Recruitment	7	10.10
Social Media	32	46.40
Survey Recruitment Sites	30	43.50
Past Treatment Seeking		
Yes	30	43.5%
No	39	56.5%

* *Note.* Chinese refers to individuals who indicated Chinese ancestry broadly but may have other roots from different regions of Asia (e.g., Chinese- Taiwanese, Chinese-Malaysian, Chinese from Hong Kong etc.).

To be eligible for study participation, parents (a) endorsed intermediate-advanced English language proficiency, such that when reading they understood the main idea and supporting details of texts and had knowledge of the conventions of the English language (e.g., noun/adjective agreement, verb placement, tense/time frames, etc.); (b) were the parent or legal guardian of at least one child between the ages of 4-17 years old; and, (c) lived with their child(ren) for 50% of the time or more. Also, only one parent per family was eligible for participation in this study to avoid the nesting of data.

This study was open to any individual who identified as Asian American. This traditionally includes all ethnic groups encompassing the broader Pan-Asian American ethnicity

(those with origins in East, South, and Southeast Asia as well as Pacific Islanders). Therefore, they are many different cultures and customs represented within the broad label which may likely contribute to variability within the sample group. Nonetheless, previous research suggests similar rates of mental health underutilization and mental health stigma across Asian American subcultural groups. Moreover, the present study made a considerable effort to have a sample comprised predominantly of Americans of East Asian descent given their sizable representation in the United States within the broader Asian American pan-ethnic group.

This study used a cross-sectional, non-experimental, correlational design. Thus, there was no manipulation of any study variables as the proposed constructs being measured are largely culturally based (e.g., ethnicity).

Procedures

The study at hand was conducted as part of a broader study on parent MHHS. First, a community sample of parents were recruited from the Southeastern United States (e.g., Louisiana, Florida), through researcher contacts with faith-based organizations, and community centers (e.g., community parks and recreation, public libraries). Asian American parents were recruited using several different means, including cultural organizations or businesses (e.g., Asian Markets, language schools, ethnically-specific churches) and through local cultural festivals or events (e.g., Lunar New Year celebrations, Holi festival). Study questionnaires were administered in-person via paper-and-pencil or online through the use of the Qualtrics Survey Software, depending on participant preferences. Second, recruitment for the broader study was also solicited online through posts on social media aimed towards American parents (e.g., Facebook groups, Reddit). Finally, researchers strategically recruited participants through Asian American parenting groups on those respective social media sites and through an online

participant surveying site specifically designed for survey research (e.g., Prolific). All of these recruitment strategies proved necessary given the difficulty in securing an adequate sample size of Asian American parents, especially through in person solicitation.

Safeguards were put in place to maximize the quality of the study data gathered. First, attention check items were interspersed throughout the survey so that participants who failed any checks had their data scrutinized and removed if necessary. Second, participant completion times were reviewed for their reasonableness based on survey study discipline standards. Third, data for all measures were screened for outliers and problematic response patterns. The order of questionnaire administration was standardized, as presented below. Parents were asked to carefully read and answer each question to the best of their abilities. Out of 83 Asian American parents who participated in the study in total, 13 participants were dropped from the study for failing to complete the entirety of the study measures. One additional participant was dropped for failing to meet study inclusion criteria (i.e., target child was out of the age range). The data of individuals dropped from the study showed little to no difference on data or demographics provided in comparison to participants who had completed the entirety of the survey. The data of the 69 remaining participants were scrutinized and was deemed acceptable by the researchers (e.g., passed all attention checks, no outliers or problematic responses).

Before data collection, approval from the Institutional Review Board was obtained, and informed consent was completed. Thus, all procedures in the study are in accordance with the ethical standards of the institution's research committee and the 1964 Helsinki Declaration, and the later amendments added.

Each participant of this study was assigned an ID number to maintain their anonymity. Participants who were recruited in person were given \$5 in cash following completion of the

survey. Participants who completed the survey online via Qualtrics were offered the opportunity to be in a drawing to win one of multiple gift cards (\$5-10 value). Finally, participants who completed the survey on Prolific were paid through the survey sampling platform at a level slightly above minimum wage.

Measures

Study measures included a series of short parent-report scales commonly used in the parental help seeking literature. These measures were selected to support the ability for comparison with currently available relevant research, as well as due to their previous use with diverse parent samples.

Demographics form. Demographic information on participating parents was collected at the onset of the study via a researcher-developed demographics questionnaire. This questionnaire gathered information about general parent characteristics, including age, ethnicity, marital status, education level, and generational status. Additional family data relevant for determining social class and basic household characteristics was also gathered, including spouse or partner's education level, language(s) spoken in the home, and the number of people in the home (adults and children). Finally, participants were asked about the previous usage of mental health services by any family member guided by Ajzen (2006). No individually identifying information was gathered for this study.

Strength and Difficulties Questionnaire. Symptom severity or experience parenting a child with a behavioral or mental health concern has been shown to influence parental help seeking intent. Therefore, to help control for this possible confound, the Strength and Difficulties Questionnaire (SDQ; Goodman, 1997) was administered to all participants. Parents with more than one child between the ages of 4 and 17 years-old were asked to respond to the SDQ items

based on the child they find to be the most challenging or who requires the most support. The SDQ is a mental health screening tool comprised of five subscales, including emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and prosocial behavior. The subscales consist of five-items each. Items provide three response options of not true, somewhat true, and certainly true. At 25 items and with an administration time of fewer than 5 minutes, it is comparable to the widely used Achenbach Child Behavior Checklist (CBCL; Achenbach, 1991) but significantly shorter, therefore being appropriate and favorable for survey research to maintain participant motivation. There is an impact supplement on the extended version of the SDQ (Goodman, 1999), asking the respondent whether they believe the target child has no, minor, definite, or severe behavioral-emotional difficulties. If the parent endorses some degree of problems, then they are asked to supply information about the social impairment, distress, symptom chronicity, and burden to others. The SDQ has been found in previous research to have an acceptably high internal consistency (M Cronbach's alpha = .73). The internal consistency of the SDQ on this study was 0.67.

Parental Attitudes Towards Psychological Services Inventory. The Parental Attitudes Towards Psychological Services Inventory (PATPSI; Turner, 2012) is the most widely used measure of parents' attitudes towards mental health services in the parental help seeking literature. The PATPSI measure in this study was used to collect data on three primary study constructs: parent ATT, SN, and intentions concerning MHHS for their child. It includes three subscales that correspond directly with each of these three constructs, Help Seeking Attitudes (i.e., being open or receptive to seeking professional help for one's child), Mental Health Stigma (i.e., being concerned about what others might think if one is to seek professional help for one's child), and Help Seeking Intentions (i.e., being willing and able to seek professional help for

one's child), respectively. The instrument asks parents to imagine that they are seeking psychological help, counseling, or advice for one of their children. The PATPSI has 21 items and uses a Likert-type scale response format from 0 (strongly disagree) to 5 (strongly agree). Higher scores on each subscale reflect more negative attitudes, greater intentions, and higher stigma about MHHS. Internal consistency for the PATPSI has previously been shown to be acceptable to strong in previous research, with Cronbach's alphas at .70, .89, .88, for help seeking attitudes, mental health stigmatization, and help seeking intentions, respectively (the total scale Cronbach's alpha was .90). Additionally, the PATPSI tested internal validity across different ethnic groups and found similar results of high internal consistency. For Asian Americans in general, Cronbach's alpha was .92 for the total scale, and .72, .85, .87, for attitudes, stigmatization, and intentions, correspondingly. Thus, the scale is appropriate for use with the population at hand. For the current study, the Cronbach alphas for attitudes, stigmatization and intentions were .75 (attitudes), .83 (stigma), and .81(intentions).

Structural barriers. To account for and measure structural barriers, the Barriers to Treatment Participation (BTPS; Kazdin, Holland, Crowley, & Breton, 1997) was used, specifically subscale one, Stressors and Obstacles that Compete with Treatment. This subscale is intended to measure parents' PBC or perception of events that may interfere with mental health treatment-seeking for their child, such as transportation to the clinic and familial conflict. The stressors and obstacles subscale contains 20 items that are rated on a Likert scale, with 1 indicating *totally disagree* to 5 indicating *totally agree*. For the BTPS, total barriers has been shown to have strong internal consistency reliability (Cronbach's alpha at .95 for parents); the stressors and obstacles subscale also had good internal consistency reliability (Cronbach's alpha

= .92). The internal consistency reliability of the subscale of the BTPS for the current study sample was 0.93.

Enculturation. To measure enculturation, the extent to which an individual affiliates with their heritage ethnicity or culture, the heritage subscale of the Vancouver Index of Acculturation (VIA; Paulhus, 2013; Ryder, Alden & Paulhus, 2000) was used. The full VIA contains 20 items that divide evenly across two subscales to compute heritage and mainstream culture subscores. This study focuses on Asian American parents' self-identification with their heritage culture as the strength of this self-identification may heighten their sensitivity to cultural values that lower parental help seeking intent (e.g., Lau & Takeuchi, 2001). The heritage subscale provides a 9-point Likert-type rating scale for respondents to indicate the extent of agreement they have with each item from 1 (*disagree*) to 9 (*agree*). In previous research, an examination of the internal structure of the scale demonstrated that the two dimensions of acculturation were orthogonal in the overall sample and in both first- and second-generation groups. The internal consistency reliability was found to be .79 for the Heritage subscale (mean inter-item $r = .40$). Lastly, the concurrent validity was evaluated by comparing the two dimensions with (a) percentage of time lived in a Western, English-speaking country, (b) percentage of time educated in a Western, English-speaking country, (c) a unidimensional acculturation score provided by a well-established 21-item pan-ethnic Asian self-identity scale (Suinn, Ahuna, & Khoo, 1992), and (d) a single-item validity check measuring current cultural identification in a unidimensional fashion. All associations were significant and found to be in the expected directions. The internal consistency reliability for the VIA in the present study was 0.92.

Data Analyses

Preliminary Analyses & Descriptive Statistics. All study analyses were conducted in IBM SPSS Statistics software (version 26), with an a priori alpha level of .05. First, study data were reviewed for quality as described above. Fourteen of the total 83 participants were dropped due to incomplete surveys and for being illegible for the study, resulting in a sample of 69. Second, violations of the assumptions for the primary analyses, including normality, linearity, homoscedasticity/ homogeneity of variance, and multicollinearity were checked. Finally, descriptive statistics were computed of the sample demographic characteristics and for the primary study variables.

Analysis for research question one. A hierarchical multiple linear regression was used to test the hypothesis that variables comprising the TPB (i.e., ATT, SN, PBC) would explain a significant amount of variance in Asian American mothers' help seeking intent. Variables identified in previous research as being consistently and meaningfully associated with parental help seeking intent (i.e., history of MHHS and child's symptom severity and sex) were entered in the regression model at step one. Variables comprising the TPB (ATT, SN, PBC) were entered into the second step of the model to examine if these variables explain parental help seeking intent above and beyond known readily accessible predictors.

Analysis for research question two. A simple mediation model was conducted to investigate whether, if consistent with a previous finding (Lau & Takeuchi, 2001), mental health stigma explains the association between ethnic affiliation and Asian American mothers' help seeking intent. For this simple mediation, the steps outlined by Baron and Kenny (2006) were proposed. Step 1 tested the association of ethnic affiliation with parental help seeking intent. The purpose of Step 2 was to test the association of ethnic affiliation and mental health stigma. In

Step 3, ethnic affiliation and mental health stigma would be regressed on parental help seeking intent, given significant results from previous steps. The mediation model suggests that if ethnic affiliation is no longer a significant predictor after controlling for mental health stigma, then this is consistent with a full mediation. Finally, if the effect of ethnic affiliation was reduced after controlling for mental health stigma, the Sobel Test (Sobel, 1982) could be used to determine whether this reduction in effect is a significant one, and therefore whether the mediation is statistically significant.

RESULTS

Descriptive data for each study variable is depicted in Table 2. Then, a basic description follows below.

Table 2. Descriptive Statistics Among Study Variables (n=69)

	<i>M</i>	<i>SD</i>	<i>Mdn</i>	<i>Min</i>	<i>Max</i>	<i>Range</i>
Intent	19.46	4.77	21.00	8.00	25.00	17.00
Symptom Severity	11.74	6.24	11.00	2.00	27.00	25.00
Barriers	39.98	14.79	38.00	20.00	77.00	57.00
Stigma	11.39	7.69	11.00	.00	33.00	33.00
Attitudes	9.39	5.87	8.00	.00	25.00	25.00
Heritage	65.21	18.10	66.00	10.00	90.00	80.00

Note. Intent, Stigma and Attitudes are derived from subscales within the PATPSI. Symptom Severity is derived from SDQ. Barriers reflect participant responses from BTPS. Heritage is derived from VIA.

Intent: Higher totals in regard to the variable of intent indicate a greater intention to engage in help seeking behavior. Specifically, the minimum possible total score is 0 and maximum possible total score is 25. Help seeking intent for the current sample was considerably positive; the mean score of 19.46 suggests that overall, parents indicated an answer reflecting ‘agree’ on specific questions of help seeking intent.

Symptom Severity: Higher total scores on the SDQ (symptom severity scale) reflect higher concern for symptoms that one’s child may be exhibiting. Concerning the current study, most participants endorsed limited concerns regarding their target child’s current functioning, with the measures of central tendency ($M = 11.74$, $Mdn = 11$) being low. Based on the SDQ’s scoring interpretation manual, the mean for this sample falls within the normal range (0-13). However, the standard deviation for this sample ($SD = 6.24$) suggests that some parents may have children who are exhibiting symptoms in the borderline range (14-16) or even above (17-40) in what is interpreted as the abnormal or clinically significant range.

Barriers: Parents endorsing higher total scores in regard to barriers indicate that they face more practical difficulties engaging in treatment seeking behavior. The minimum total score for Barriers to Treatment Participation was 20, while the maximum was 100. Thus, the descriptive statistics reflecting central tendency of the study sample indicated that a majority of the parent respondents endorsed few barriers, although there was some variability within the sample. Therefore, one can say that a majority of parents in this study perceive that they have behavioral control over their ability to seek help for their child.

Stigma: Higher total scores on the Stigma subscale of the PATPSI indicate more stigma towards MHHS, with the range of possible scores being 0-35. Many parents who participated in the current study endorsed low amounts of stigma ($M = 11.39$) towards mental health help seeking, with the mean item response indicating slight to somewhat disagreement with statements. Although, there is some degree of variation within parents' reported stigma related to MHHS.

Attitudes: Higher scores on the Attitudes subscale of the PATPSI indicate more negative attitudes towards MHHS. The range of possible scores on the attitudes subscale was 0-30. Measures of central tendency for this scale suggest that, generally, parents did not hold negative views about help-seeking ($M = 9.39$), with the mean item response indicating that parents disagreed with negative statements concerning help seeking. Although, there is some degree of variation with respect to negative help-seeking attitudes.

Heritage: Higher scores on the measure of heritage indicate higher enculturation or affiliation with one's ethnic culture of heritage; the range of possible scores in regard to heritage is 10-90. On average scores, parents in the present sample did not endorse high nor low affiliation with their ethnic culture of heritage ($M = 65.21$).

Research Q1: Utility of The Theory of Planned Behavior as a Predictor of Help Seeking Intent

A two-block hierarchical regression model (depicted in Table 3) was utilized to examine the utility of variables associated with the Theory of Planned Behavior. First, steps were taken to assess the assumptions of linearity, normality, multicollinearity, and homoscedasticity. The assumption of normality of the dependent variable (help seeking intent) was violated; the distribution for intent violated the Shapiro-Wilk test and was skewed to the left, meaning a majority of participants indicated particularly high levels of help-seeking intent. However, the residuals of the dependent variable (intent) were assessed and determined to be normally distributed. Two variables (stigmatization and attitudes) were fairly strongly correlated ($r = .711$); however, collinearity statistics indicated that high variance inflation factor (VIF) and tolerance were within normal limits. Thus, it was appropriate to proceed with analyses.

Variables supported in previous research were first entered into the hierarchical regression as Model 1; these variables include child gender, symptom severity, and past treatment seeking behavior. Because child gender and past treatment seeking are categorical, they were coded as a dichotomous (or dummy) variable (0,1). Missing data points were addressed through Listwise Deletion. Model 1 explained 1.2% of the variance in Asian American parent help seeking intent; this model was not a significant predictor of parent MHHS intent, $F(3,58)=.235$, $p > 0.05$. Furthermore, none of the variables in Model 1 contributed significantly to the model. Variables associated with the Theory of Planned Behavior were entered into Model 2, including attitudes, barriers (reflecting PBC), and stigmatization representing SN. Model 2 was statistically significant ($F(6,55)=3.19$, $p < 0.01$) with an adjusted R^2 of .178. Therefore, the results of the hierarchical regression indicated that

the model explains 17.8% of the variance in the outcome variable of intent; this includes control variables and variables associated with the Theory of Planned Behavior. The overall model is a significant predictor of help seeking intent in Asian American parents. Only one predictor, help seeking attitudes, was a significant independent contributor to the model ($B = -.27, p = 0.05$).

Research Q2: Mediating Relationship of Acculturation

A mediation analysis was performed based on the Baron and Kenney mediation model. First, it is necessary to assess the relationship between the predictor variable, enculturation or heritage affiliation, with help seeking intent, the dependent variable. A standard regression coefficient between heritage affiliation and help seeking intent was not statistically significant ($b=0.0574, t(67)=1.8273, p = 0.07$). Because this relationship is not statistically significant, a mediation analysis, based on Baron and Kenney guidelines, is unable to be completed.

Table 3. Intercorrelations Among Study Variables (n = 69)

Variables	1	2	3	4	5	6	7	8
1. Intent								
2. Past Treatment Seeking	-.080							
3. Symptom Severity	-.095	.429*						
4. Child Gender	-.045	.076	.095					
5. Barriers	-.370*	-.057	.060	-.101				
6. Stigma	-.354*	-.018	-.045	-.193	.458*			
7. Attitudes	-.430*	-.099	-.034	-.169	.430	.711*		
8. Heritage	.218	-.035	-.130	.094	.074	.137	-.023	

Note. * $p < .01$ Intent, Stigma and Attitudes are derived from subscales within the PATPSI. Symptom Severity is derived from SDQ. Barriers reflect participant responses from BTPS. Heritage is derived from VIA. Past Treatment Seeking and Child Gender were derived from the demographics form.

Table 4. Regression Analyses for Summary for Help Seeking Intent (n = 69)

	<i>b</i>	SE <i>b</i>	β
Model 1 (Constant)	20.80	2.23	
Past Treatment Seeking	-.443	1.38	-.046
Symptom Severity	-.055	.11	-.072
Gender	-.327	1.25	-.034
Model 2 (Constant)	27.72	2.64	
Past Treatment Seeking	-.957	1.25	-.100
Symptom Severity	-.031	.100	-.040
Gender	-1.15	1.13	-.121
Barriers	-.072	.043	-.222
Stigma	-.024	1.07	-.039
Attitudes	-.275	.137	-.338*

Note. * $p < 0.05$

Additional Analysis of Intention

Descriptive analysis of the sampling population showed wide range in responses among the factors measured, listed above in Table 3. Therefore, an exploratory additional analysis was conducted to better understand how factors studied relate to parent help seeking intent. Parent intent to seek help was recoded into a dichotomous variable; in the survey, participants were asked to indicate the extent of the agreement on treatment seeking by answering questions, indicating 0 (*strongly disagree*) to 5 (*strongly agree*). A total, summed score was computed to reflect their agreement and intentions. In order to make the variable dichotomous, a cutoff score for totals were assigned that reflected overall disagreement in help seeking intent. The cut-off score reflects parents who have a mean item score below 3, indicating disagreement or neither disagree or agree to seek help; this score was determined to be 14. The individuals who had a total score below 14 were considered to have low intent in help seeking behaviors, while individuals who had a total score at or above 14 represented were considered to have positive intentions. Demographics of the two subgroups are in Table 5. An independent samples t-test was conducted for each variable; understanding the differences between the two subgroups could help further enhance understanding about parent differences in help seeking intent.

Symptom severity. There was no significant effect for symptom severity $t(67) = .681$, $p > .681$, despite the high-intent group ($M = 22.58$, $SD = 6.17$) endorsing more difficulties in regards to symptoms in comparison to the low-intent group ($M = 12.36$, $SD = 6.69$).

Barriers. Parents from the high-intent group ($M = 38.11$, $SD = 13.45$) endorsed significantly less barriers to treatment seeking in comparison to parents from the low-intent group ($M = 47.35$, $SD = 17.86$), $t(67) = 2.14$, $p < 0.05$.

Stigma. Parents from the low-intent group ($M = 15.28, SD = 7.22$) endorsed significantly more stigma in regards to treatment seeking in comparison to parents from the high-intent group ($M = 10.40, SD = 7.54$), $t(67) = 2.18, p < 0.05$.

Attitudes. Parents from the low-intent group ($M = 12.50, SD = 6.51$) reported more negative attitudes in regards to mental health help seeking in comparison to parents from the high-intent group ($M = 8.60, SD = 5.48$), $t(67) = 2.28, p < 0.05$.

Heritage. There was no significant effect in regards to heritage affiliation or enculturation, $t(67) = -1.19, p > 0.05$.

Table 5: Descriptive Statistics of Predictor Variables Based on Intent

	<i>M</i>	<i>SD</i>	SE Mean
Low Intention (n = 14)			
Symptom Severity	12.36	6.69	1.78
Barriers	47.35 ^a	17.86	4.77
Stigma	15.28 ^b	7.22	1.93
Attitudes	12.50 ^c	6.51	1.74
Heritage	60.07	17.95	4.799
High Intention (n = 55)			
Symptom Severity	22.58	6.17	0.83
Barriers	38.11 ^a	13.45	1.81
Stigma	10.40 ^b	7.54	1.01
Attitudes	8.60 ^c	5.48	0.73
Heritage	66.52	18.06	2.43

DISCUSSION

The purpose of this study was to examine and identify predictors of parent MHHS in Asian American parents, largely East Asian American parents. Asian Americans are the pan-ethnic group with the lowest help seeking behavior; likewise, research shows that there is a great disparity between the prevalence of psychopathology and access to support for mental health needs in children universally. Thus, the mental health needs for many Asian American children are left unmet. Because parents hold responsibility for accessing treatment for their child, it is necessary to examine the barriers that hinder their mental health help seeking on behalf of their child. The current study aimed to examine the utility of Ajzen's TPB for the group in question; the TPB has been used to investigate help seeking across other ethnic groups and types of health behaviors. The TPB is comprised of the ATT, SN (in this study measured as stigmatization) and PBC (in this study measured by barriers that parents may face to seeking help), to predict health behavior or behavioral intent. Intent is a precursor or the antecedent to engaging in help seeking behavior. The TPB factors were examined in addition to previously studied and supported predictors influencing parent help seeking behavior, including symptom severity, gender, and past treatment seeking, to examine the utility of the TPB for Asian American parental populations. Finally, the study in question investigated the role of enculturation, or affiliation with one's heritage culture, to predict help seeking intentions.

Main Findings

It can be said that the study supports the utility of the Theory of Planned Behavior for Asian American parents. Results of the present study suggest that commonly researched variables influencing parent MHHS generally (past treatment seeking, child gender, symptom severity) may not be adequate predictors of help seeking intent alone. However, variables

associated with the TPB (attitudes, stigma, and barriers), in addition to previous factors, were found to be adequate predictors of parent MHHS for the sample in question. Supplemental exploratory analyses further reinforced the utility of the TPB variables, given the significant mean differences on the three variables between parents with low and high help seeking intent. These results support past research suggesting the utility of the Theory of Planned Behavior for culturally diverse populations and MHHS and contributes to evidence for the utility of this theory when applied to the Asian American pan-ethnic group broadly. Furthermore, attitudes towards MHHS uniquely contributes to the prediction of help seeking intent, where parents with higher ratings in attitudes, meaning more negative attitudes towards MHHS, were less likely to want to seek help for their child.

This study also aimed to explore the relationship between cultural connectedness, specifically connectedness to one's heritage culture (or enculturation), and its influence on help seeking intent; furthermore, the study aimed to understand the influence of stigma as a mediator in the relationship. The results showed that there was no direct effect between endorsement of connectedness to heritage culture and help seeking intent. Therefore, heritage affiliation is not a predictor of help seeking intent within this study, contrasting the researcher's previous hypothesis.

The TPB has been used to study MHHS broadly; however, few have utilized the theory to understand help seeking in parents, especially Asian American parents. Results of the current study contribute to growing literature by suggesting that parental attitudes, beliefs, and barriers considerably influence intent and subsequent child service utilization (Dempster et al., 2013; Oh & Bayer, 2015; Turner & Mohan, 2016). Furthermore, findings contribute to past research suggesting that the TPB has utility in understanding MHHS processes for culturally diverse

individuals. Many studies suggest that cultural variables and familial factors strongly influence help seeking behaviors via the impact they have on individuals' attitudes and the social influence they can wield (Cauce et al., 2002; Power et al., 2005). Thus, it is not surprising that social norms and attitudes proved to be more strongly related to intent for Asian American parents than other commonly studied variables in parent mental health help seeking, including past treatment seeking. Mental health help seeking is a unique experience for Asian Americans, which may not be fully captured in the current research regarding help seeking variables. Current study findings provide evidence that culturally-informed variables are an important factor in MHHS and suggest the need for cultural responsiveness within the field.

In the TPB, attitudes refer to whether an individual evaluates the behavior in a positive or negative light. It has been suggested that attitudes alone in the TPB may be predictive of both intent and behavior (Ajzen, 1991); this has also been observed generally across the mental health literature. Likewise, parent attitudes have been found to be a predictor of parent MHHS. The results of the current study suggest that attitudes make a unique and central contribution towards help seeking intent for Asian American parents. This contributes to the growing body of literature on the predictive utility of attitudes for intent. Negative attitudes towards MHHS have previously been found to hinder help seeking behavior in parents generally (Gronholm et al., 2015, Eiraldi et al., 2006) and act as a barrier to help seeking in culturally diverse individuals specifically, including in Asian Americans (Fripp & Carlson, 2017; Ting & Hwang, 2009).

The current study found that heritage affiliation does not significantly predict intent, which contrasts with the study hypothesis. Research in this area is varied; some studies suggest that individuals, including parents, who identify more with mainstream cultures have been found to engage in more mental health help seeking (Eiraldi et al., 2006, Power et al., 2005). However,

research among Asian American populations is limited and inconsistent. Some studies have shown the extent of acculturation to be correlated with increased mental health help seeking (e.g., Atkinson & Gim, 1989, Leong et al., 2011), while another study found that neither heritage nor adoption of mainstream culture related to help seeking attitudes in Asian American college students (e.g., Ting & Hwang, 2009). Our research findings do not suggest that the degree of enculturation (or ethnic heritage affiliation) is associated with help seeking intent, at least in the context of Asian American parents who are fluent in English or more affluent economically. Acculturation is a difficult concept to measure and conceptualize; research regarding acculturation suggests that it is a multidimensional and bidirectional construct that can vary widely from one person and one context to the next (Smith & Trimble, 2016). The current study measured acculturation, defined operationally, in a unidimensional manner, specifically focusing on participants' enculturation or degree of socialization and participation in their heritage culture or culture of origin—this may contribute to differences in results from previous literature. Also, variations in the conceptualization and measurement of the construct likely explain the variability in findings found in the psychological research literature to date. Finally, it is important to understand the sampling population to best interpret the lack of relationship found between heritage affiliation and help seeking intent.

The parent sample in this study seemed reasonably acculturated. For instance, the sample was largely middle to upper income and fluent in English. Therefore, no matter their degree of enculturation (heritage affiliation), they still likely had a significant degree of acculturation to American mainstream society. Thus, the sample was considerably homogenous. A large majority of participants identified as East Asian, with many being of Chinese heritage. On average, participants and their spouses received a bachelor's degree or higher. In regard to generational

status, a majority of the participants were foreign born, with only a few having parents who were foreign born. Also, notably, the number of participants who had previously sought mental health services, whether for themselves or a family member, was exceptionally high (approximately 40% of participants). This suggests that not only was the sample probably skewed towards having a greater degree of acculturation to American mainstream society, but also fairly bias towards having being open to seeking mental health treatment. Past treatment seeking has been found to be a consistent predictor of parental MHHS intent (Turner & Liew, 2010, Turner & Mohan, 2016). This finding has also been revealed in research with Asian American parents. Turner and Mohan (2016) found that Southeast Asian parents who had previous experiences in psychotherapy were more likely to have positive attitudes towards MHHS than parents who did not and that attitudes significantly predict parental intent to seek services for their child.

Some research literature indicates that that extent of acculturation may influence parenting beliefs and practices (Huang et al., 2017); for example, parents who are more encultured may be more likely to employ parenting strategies and hold values that are aligned with the typical parenting approaches in their heritage culture. In a similar manner, acculturation is also related to language proficiency and one's ability to integrate fully into the new host culture. Therefore, given demographic information indicating on average a moderate degree of affiliation to heritage culture, it is possible that the study sample's values are more closely aligned with Western values. As a result, they could be reporting more positive attitudes and intentions towards mental health and help seeking broadly.

Limitations

This study has a number of strengths. First, this study specifically focuses on a group that is underrepresented in the MHHS literature and is population at risk for having their mental

health needs left unaddressed. The results of this study help to contribute to existing literature about help seeking in Asian Americans broadly and their hesitations about MHHS. Second, there was an extensive amount of effort put into recruiting an underrepresented sample and attempting to ensure it reflected a large subcultural population within the Asian American panethnic group. Sampling was conducted through three primary mediums: community organizations, social media, and online survey sampling. As a result, our study was able to collect data from Asian American parents across various parts of the nation, rather than solely in the southeastern United States. Furthermore, the study was well grounded in established theory. However, as with all research, there are a number of study limitations as well.

One limitation is the lack of variability among the sampling population. As previously noted, the sampling population is rather homogenous; although homogeneity in ethnic heritage and English language proficiency were intentional, homogeneity across other study variables was not. As previously stated, most participants identified as Chinese. There were few participants who identified as South Asian or Pacific Islander. Thus, results of this study may not be generalizable to the broader Asian American population as a whole, especially given the unique features of this sampling population (e.g., generally high intent (likely related to a high proportion having engaged in past treatment seeking), high educational level, and similar generational status). On a similar note, while the sample size ($n = 69$) is larger than other previous studies focusing on Asian American parents, a larger sample size with more variability in English language proficiency would be more representative of the panethnic Asian American population and permit greater generalizability of the study conclusions.

The current study was part of a broader study focusing on parental MHHS. Therefore, the survey and consent documents were clearly labelled as being geared towards studying mental

health. As a result, individuals who have higher stigma and more negative attitudes towards mental health may not have chosen to participate, which appeared to be the case given the selection bias evident in the sample. In addition, because the study was part of a larger project, participants were asked to complete a comprehensive survey (set of instruments) estimated to take close to 20 minutes. Given that the survey is heavily language-loaded and in English, eligibility criteria had to screen out those who were not proficient in English and may have intimidated others with less education or greater issues with English literacy. The topic at hand may require more cultural considerations in research practices, such as translated and subsequently validated versions of the study measures, to gain an in-depth understanding of the influence of cultural variables across a more heterogeneous sample. The language barrier most probably serves as one of the most significant obstacles to MHHS for culturally and linguistically diverse families, including Asian Americans.

Future Directions

The results of this study suggest that variables associated with the Theory of Planned Behavior are relevant in understanding and intervening with Asian American parental MHHS. Additionally, attitudes may be especially important to understand and target to enhance help seeking behavior and stigma appears to be closely associated with parents' attitudes in this population. Therefore, researchers and clinicians who work with culturally diverse populations should not only consider these variables but choose assessments and interventions that would be appropriate and accommodating to their cultural identities and subsequent feelings towards MHHS.

Other future directions include more research concerning mental health literacy within culturally diverse populations. The composition of our sample suggest that participants had

higher mental health literacy (e.g., many sought past treatment, high levels of education). However, mental health literacy has been suggested to be lower in culturally and linguistically diverse populations, thus influencing parent's abilities to recognize or identify symptoms as mental health challenges. Assessing mental health literacy and its connectedness to symptom recognition could help better clarify differences in parent MHHS in culturally diverse individuals. Additionally, it is important to note that much of mental health literacy is rooted in Western concepts of mental health; much of the field references the DSM paradigm, where symptoms and criteria for mental illnesses were researched and formed by scientists and clinicians in the Western hemisphere (Cheng et al., 2018; Wang, Marsico, & Do, 2020). Similarly, some research has suggested that individuals who are more acculturated or familiar with Western culture may have greater knowledge regarding clinically significant problems, symptoms, and steps in accessing care (Akutsu & Chu, 2006). Thus, many commonly used psychological measures that capture symptoms may not accurately capture the concerns of individuals from Eastern cultures and countries. It is critical for researchers and clinicians alike to encourage cultural considerations and client fit when developing and selecting research instruments. Currently, available validated instruments for use in research focused on Asian American populations is quite limited.

In relation, it is critically important to attend to linguistic differences in culturally based research effectively. Therefore, it may be helpful to have professionally translated and culturally validated options to extend the reach of MHHS research to a larger proportion of ethnic minority populations. Doing so will significantly enhance the generalizability of study findings and provide a more complete and accurate understanding of critical individual and group-level variables. Finally, another future direction includes conducting qualitative research, where

individuals could discuss topics regarding mental health and parental help seeking in greater and richer detail, in addition to being able to provide information in their native languages.

Opportunities, such as through focus groups, could help individuals better understand some common themes faced by specific groups and give more insight into their attitudes and conceptualizations on mental health.

Conclusion

This study explored parent MHHS in Asian Americans, a population that is underutilizing mental health services, using a theory-driven approach. By analyzing factors associated with MHHS from a cultural lens, mental health providers will be able to understand the unique needs of minority communities and will serve them in a more culturally responsive and inclusive manner. Perhaps the rise in culturally responsive practice and awareness of unique factors hindering help seeking will continue to spur growth in research on Asian American communities and help to narrow the gap in service use for this population.

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VITA

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