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Andrews University
College of Education and International Services

PARENTAL BELIEFS ABOUT MENTAL HEALTH AND AVAILABLE SUPPORT
SERVICES

A Thesis
Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Michele O'Geare
February 2024

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APPROVAL BY THE COMMITTEE:

Chair: Luana Greulich

Dean, College of Education and
International Services: Alayne Thorpe

Member: Michael Gayle

Abstract

This study adds information to the field by investigating the relationship between parental beliefs about mental health and the services they use to support their child's mental health issues. The study targeted 224 parents from a private K-12 school in the Midwest. The school was selected because of the many students from diverse backgrounds. This study does not intend to influence parental beliefs but investigates ways families seek support for their children. Descriptive statistics like mean and standard deviation were combined to analyze quantitative data used to interpret parents' beliefs toward mental health and the use of specific mental health support services for their children. Pearson r and the two-tailed test of significance were analyzed to examine the relationship and level of significance that exist between parental beliefs about mental health issues and specific support services parents seek to support their children's mental health issues. Descriptive statistics indicated that mental health is very important to participants and that school counselors were an important provider of mental health support services for their children. Participants also indicated that they were likely to use different support services such as doctors more than pastors or social workers. The correlation between the importance of school counselors and the likely use of school counselors showed the strongest relationship and highly significant value ($r=0.69$, $p<0.001$).

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LIST OF ABBREVIATIONS

| Abbreviation | Meaning | Page |
|--------------|--------------------|------|
| M | Mean | 23 |
| RQ | Research Questions | 19 |
| SQ | Survey Questions | 21 |
| SD | Standard Deviation | 23 |

CHAPTER 1

INTRODUCTION

Background of the Study

Parental beliefs about mental health can influence their decision to seek services to support their child's mental health needs. Mental health issues are increasingly becoming a leading cause of disability; thus, there is a need to incorporate parental belief about mental health and the support services they would use for their child. The Pan American Health Organization (PAHO) recognizes mental health problems like depression, dementia, anxiety, and substance use as some of the major disabilities affecting people of different ages and gender. PAHO argues that these psychological issues cause about 20% of lost healthy days. The challenge is that globally, only 10% of the people who need mental health interventions receive it, with the remaining 90% continuing to suffer in silence (PAHO, 2019). Brown and colleagues (2006) found that the effects of mental health issues led to the sudden expansion of mental health programs in the U.S. Such programs focus on creating partnerships between different stakeholders (schools, agencies, professionals, community) to provide various services aimed at preventing, assessing, and intervening to support the mental health needs of children (Brown et al., 2006). According to Godoy et al., (2013), untreated mental health illnesses have a significant and extensive influence on society. The outcomes include a reduction

in the overall standard of living for persons who are impacted. It hurts family connections, elevates rates of discontinued education, and increases the probability of being unemployed. The substantial impact of untreated mental health issues is apparent. Nevertheless, it is crucial to acknowledge that there exists a potential for enhancing both mental health outcomes and accessibility. Advancements have been observed in this domain through the implementation of community-based support networks, destigmatization initiatives, and the broadening of mental health care availability (Godoy et al., 2013). The implementation of early intervention strategies has been effective in easing the burden of mental health difficulties that families experience.

Parents can help their child with this early intervention by understanding and supporting their child's mental health needs. Parental action is critical in addressing mental health issues in their children. This is because parents understand their children's temperament and reactions to different factors (Coombs et al., (2021). A generalized approach to mental health issues can have undesired outcomes. For instance, some teachers lack cultural competence and are likely to use the same approach across all children. Doing so can be detrimental because each child has unique attributes that differentiate them from their peers. Mancoske (2013) and Bower and Griffin (2011) both support the argument that it is necessary to develop cultural competence to understand people's diversity and uniqueness. For instance, African Americans and other minority groups are different from most Caucasians. Therefore, a generalized approach to addressing mental health problems cannot meet the unique needs of all individuals. Parental belief about mental health can help address mental health issues and thus contribute to better health. Parents' belief about mental health can provide information on

the mental health service and providers needed. For instance, an outgoing child may need a different kind of support than an introverted child (Godoy et al., (2013). Parental belief about mental health can assist in customizing interventions to meet the specific needs of each child, leading to more successful results. Researchers agree that parental belief about mental health is critical in student development (Trask-Tate & Cunningham, 2010, p.138). There is further information needed to determine the connection between parental belief about mental health and the services they would use to support their child. The study adds information to the field by investigating the relationship between parental beliefs about mental health and the services used to support their child's mental health issues.

Statement of the Problem

There are inconsistencies in the number of people needing mental health services and accessing them. For instance, Brown et al. (2006) note that less than a third of youths in need of mental health support receive them, while PAHO (2019) shows that only ten percent of people in need of such services receive them, including that a sizable proportion does not access the needed support. Coombs et al. (2021, p.2) give different statistics noting that about one-fifth of 20% of adults with mental health issues lack a usual source of care, with over 10% citing affordability related barriers. Despite government efforts to address access to healthcare under the Affordable Care Act, there is little change, and most people remain vulnerable. Data Health America supports this argument by showing that 10.8% or more than 5.1 million adults with mental health issues are uninsured in 2021 (MHA, 2021, p.1). Such data shows that the number remains low despite the Affordable Care Act aimed at increasing access to healthcare. There are

also disparities in mental health issues and mental health services between minority and majority groups. Improved mental health issues and the lack of adequate or appropriate care expose learners to stressors that can affect their performance. Parents can address this challenge by helping students to cope with their mental health problems and thus help manage their learning. However, there is not adequate research on the lineage between parental belief about mental health and the services they would use to support their child's mental health. This study adds to this shortcoming by investigating the relationship between parental beliefs about mental health and the services used to support their child's mental health issues.

Statement of Hypothesis

Alternate Hypothesis (Ha): There is a significant relationship between parental beliefs about mental health and the services they would use to support their child's mental health issues.

Null Hypothesis (Ho): There is no significant relationship between parental beliefs about mental health and the services they would use to support their child's mental health issues.

Rationale of the Study

A literature review was conducted for this study on parental beliefs about mental health and the services used to support their child's mental health issues. The literature review found disparities in mental health issues and mental health care between majority and minority groups; inadequate studies linking parental belief about mental health despite increased awareness that parents can help to influence students' mental health. Similarly, the literature review did not consider the changing nature of mental health

issues, including the emergence of new stressors linked to the pandemic.

Significance of the Study

This study will add information to the field by investigating the relationship between parental beliefs about mental health and the services they would use to support their child's mental health needs. This study shows the correlation between parental belief about mental health and the different services parents are likely to use to support their child's mental health. Cultures and ethnic groups have different beliefs and perceptions about mental health. With all the different beliefs, it is difficult to help students and not offend parents. This study does not seek to change the parents' beliefs but to identify those differences. This study can be used to inform faculty members, teachers, parents, and policymakers about the beliefs about mental health and the services parents seek to support their children's mental health issues.

Operational Definitions

COVID-19: Coronavirus disease 2019 is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly.

Ethnicity or ethnic groups: A grouping of people who identify with each other on the basis of perceived shared attributes that distinguish them from other groups.

Learners: People currently registered as students at different institutions, including universities and colleges.

Majority groups: People identified by ethnicity, religion, or origin and who are dominant.

Mental health: Mental well-being that allows learners to cope with different stressors, learn well and realize their ability.

Minority groups: People identified by race, origin, or religion and who are fewer in

number compared to the majority group.

Pandemic: a widespread occurrence of an infectious disease over a whole country or the world at a particular time.

Parental involvement: Any activities or actions at school or at home whereby a parent follows up on a child's progress.

Parental attitude: Response of parents to promote the growth and development of children.

Parental belief: Deep-seated perceptions about oneself, others, and the world.

Psychological health: Mental well-being that enables students to cope with various stressors and thus learn and realize their full potential.

School counselor: A person who works with students in schools to help reduce obstacles preventing students from learning and providing them with the skills, strategies and support they need to build the basis for an effective and productive life.

Social worker: A person who assists students with socio-emotional challenges and helps to find the connection between school, home, and community services.

Stressors: Any condition or agent, or event that causes stress to students.

Support services: Academic and non-academic assistance to support student's learning and health.

Limitations

This was a small sample size of forty participants and not a true representation of the population. Some participants did not participate in the survey because they were not fluent in English. The results might have been different if the survey was translated into all the native languages spoken within the survey population. After the results were

analyzed, it was noted that one of the survey questions (SQ04) mentioned two support services: a therapist and a school counselor. It would have been interesting to see what the mean and SD would be if there were two separate questions about therapist and school counselor. This question did not give a true reflection of the thoughts of the participants because the two entities were not separated.

CHAPTER 2

LITERATURE REVIEW

This chapter reviewed the literature on beliefs about mental health. This review is important because it identifies what has been done by other researchers. Similarly, it identified gaps in the field, thus forming the basis for additional research. Additionally, the review identified relevant theories and concepts that can help to understand the research topic. The review used articles published in different academic journals (Health and Social Behaviors, Child Development, Marriage and Family, Negro Education, professional school counseling, race, gender, and class). This study adds information to the field by investigating the relationship between parental beliefs about mental health and help-seeking processes via services they would use to support their child's mental health issues. The study is instrumental to faculty members, teachers, parents, and policymakers as it will provide information on parental beliefs about mental health and seeking support services for their children.

Mental Health

Children and their families face mental health-related challenges from stressors like psychosocial, biological, social, and economic inequalities, family challenges, and maltreatment. According to Mancoske (2013), the prevalence of mental health issues like anxiety, mood, disruptive behavior, substance use, and other disorders varies depending on age and other factors. Barber and Roberts (2015) reinforce this argument by

identifying other contributors of stressors like family violence that can lead to mental health issues. However, the author recognizes differences across ethnic groups noting that African Americans exposed to community violence had low self-esteem which can affect their mental well-being, unlike their majority counterparts. Pruchno et al. (1994) and Stevenson and Baker (1987) deviate from the other studies and focus on the family and school environment and establish that the two could lead to improved mental health depending on the presence or absence of stressors. They argue that the family setup could lead to improved mental health if members are supportive or lead to psychological problems if members lack harmony or are less supportive of each other. Milkie and Warner (2011) deviate from the other studies by examining how the classroom environment can lead to mental health issues. Using a sample size of 10,700 participants, Milkie and Warner examine how the classroom environment affects a learner's behavioral and emotional aspects. They establish that negative environments have more stressors, unlike classrooms or schools with a conducive environment for learning. Brown et al. (2006) and Trask-Tate and Cunningham (2010) support these findings in their study, which examines the home and school environment, focusing on a sample of 206 African Americans. The study establishes that the school and home environments are critical for mental health.

Parental Belief

The concept of parental beliefs about mental health has received significant attention from researchers as they recognized the importance of parental support in a child's development. Stevenson and Baker (1987), Pruchno et al. (1994), Baker and Roberts (2015), and Mancoske (2013) argue that parental belief is a driving force in child

development because they are continuously providing support and are a stable resource for their children. Parental beliefs about mental health issues can lead to improved mental health, and the absence of it can contribute to psychological health issues. However, there are disagreements on the type of support services that parents should seek that are more influential. Trask-Tate and Cunningham (2010) support this statement, noting that the kind of support necessary for improved mental health is unknown. What works for one child or group of children might not work for another. For instance, cultural differences can affect a particular group and not the other; thus, parental beliefs about mental health that work in one group will not realize the same outcome in another. Mancoske (2013) agrees with this statement noting that people from different ethnic backgrounds are affected by unique mental health issues like anxiety, mood disorder, depression, disruptive behavior, substance use, and other conditions.

Culture and Mental Health

Mental health has become a significant issue affecting a considerable fraction of the population. The debate surrounding mental health has recently expanded because of the different perceptions and perspectives attached to various cultures. For instance, certain ethnic groups attach stigma and other negative attitudes towards those suffering from mental health conditions, resulting in adverse effects. Takeuchi and Kim (2000) confirmed that mental health challenges form part of the bulk of global public health problems and occupy the fourth position in causing disability and mortality. People with mental health conditions experience a more comprehensive range of social functioning and physical limitations than patients suffering from cancer and lung problems (Takeuchi & Kim, 2000). Certain cultures treat mental health problems as outcasts and associate

them with cultural wrongdoings.

A growing body of research in the US asserts that mental health conditions have become prevalent and costly compared to other conditions (Takeuchi & Kim, 2000). This research confirmed that the belief system in the healthcare industry has not considered the financial constraints families encounter in taking care of mental health patients. The same study indicated that mental health is misrepresented in the US healthcare system, evidenced by frequent wrong diagnoses resulting in poor outcomes. Abramson et al., (2002) support the argument by adding that ethnic minorities are the most affected by the negative attitudes attached to mental health conditions. While the cost of treating mental health conditions like depression is high, some cultures fail to seek professional assistance because of cultural norms and beliefs (Abramson et al., 2002). Cross-cultural communication denotes a severe challenge affecting how people communicate and interpret psychological problems, behaviors, thoughts, and moods.

Ethnographic studies maintain that the symbolic-ideological element of culture influences some aspects of mental health and treatment mechanisms. According to Mullings, treating mental health issues among Cuban immigrants requires understanding symbolic religious phenomena reflected in hallucinations and social upheavals (Mullings, 1978). Migration was associated with social upheavals that increased the vulnerability of developing mental health issues. In other words, religion denotes the primary factor influencing beliefs about mental health issues in various cultures. In Cuba, mental health is approached from the angle of religion, where the affected are suspected of having done something wrong spiritually. Furthermore, migration is cited as an issue contributing to mental health because of the social upheavals associated with the period. For instance,

they experienced hardships and assimilation.

In other words, people of color have different beliefs and perceptions about addressing mental health issues. Brown et al. (2007) suggested that non-Hispanic ethnicity and African Americans have a bad attitude toward primary care providers, making them less willing for parents to take their children to therapy or treatment. The same research confirmed that education represents a vital factor influencing the willingness to seek mental health assistance from professionals. In contrast, Hispanic ethnic parents were more willing to take the advice of primary care providers to allow children to visit therapists or receive medication (Brown et al., 2007). Based on these results, African Americans and non-Hispanics view mental health as a problem that does not require professional help. However, some communities might feel more comfortable talking to their priests, imams, or traditional healers about sensitive issues (Hays & Shepard Payne, 2020). These people are revered for their positions of leadership and are thought to have the answers to the spiritual and emotional problems that plague their communities. For example, the belief in the interdependence of mental, emotional, and spiritual well-being makes it popular in various Asian cultures to seek direction from monks or spiritual mentors.

Different ethnic groups and cultures often have diverse preferences when seeking help for their child's mental health needs. Cultural norms, beliefs, and historical events all play a significant role in shaping these preferences. Since families play such an important role in many societies, people often turn to them for help. The stigma associated with mental health can be reduced by the support provided by these groups (Cénat et al., 2020, par. 3). Elders or other family members who have integrated more fully into the host

culture may be sought out by immigrant families for advice on negotiating the complexities of mental health care. Therapists, psychologists, and counselors, the professionals who provide these treatments, are likewise becoming more widely accepted among people of different ethnic backgrounds. However, there is still a stigma in many cultures around mental health, which may discourage families from getting help (Weatherston et al., 2020). To provide effective and culturally sensitive mental health support, it is essential to understand and respect these beliefs and practices. Organizations and individuals working in the field of mental health can help close this gap by partnering with influential members of the community, expanding access to culturally competent treatments, and spreading the word about the significance of mental health issues.

Race and mental health are directly connected globally. Notably, African Americans and people of color report high prevalence rates of mental health conditions and fail to seek professional health. Williams (2018) indicated that African Americans and other people of color view mental health as a problem emanating from racial discrimination. The same study asserted that when people of color suffer from mental health conditions, they experience severe episodes that can last longer than their Caucasian counterparts. When whites experience depression, their episodes do not last long and are not severe because they receive support, including professional care from therapists, clinicians, and psychiatrists.

People of color and African Americans view mental health problems stemming from systematic societal biases and discrimination (Williams, 2018). For instance, blacks are harassed by law enforcement officers; they are not hired in employment centers and are disrespected, including receiving poor services in public offices, stores, and

restaurants. Williams' (2018) study indicated that 25 percent of Latinos, 35 percent of African Americans, and 22 percent of Asians stated that they were unfairly denied employment because of their race. Also, 34 percent, 23 percent, and 19 percent of American Indians, Blacks, and Hispanics reported experiencing discrimination at least once a week or daily at the workplace (Williams, 2018). These discrimination forms result in mental health issues like anxiety, stress, and depressive disorder.

Consequently, African Americans are less likely to seek medical attention or discontinue treatment prematurely. For instance, 7.5 percent of African American women seek medical help for depression in 2011, compared to 13.6 percent of the general population (Woods-Giscombe et al., 2016). Additionally, African American women were more likely to report hopelessness, sadness, or worthlessness. The works of Woods-Giscombe et al. (2016) describe specific stressors of mental health issues, including violence, trauma, and racial discrimination. While discrimination affects African American women's willingness to seek medical attention, Woods-Giscombe et al. (2016) mention lack of awareness of available services, inadequate resources, stigma, mistrust of providers, and stereotyping as other factors. Other factors influencing mental health among African Americans and people of color include spiritual values, history of mistreatment, strained interpersonal relationships, gender or racial stereotyping, poor sleep, and perceived obligation to subdue emotions.

Similarly, African American women view mental health issues like depression as a normal reaction to environmental stressors that do not require medical intervention. They believe that mental health issues are responses to complicated life situations and events instead of considering them illnesses (Woods-Giscombe et al., 2016). Therefore,

African Americans believe mental health is culturally sanctioned, requiring conventional methods like resilience and religious practices. Numerous studies have confirmed that addressing mental health in African Americans is culturally defined to include praying, reading the bible, and attending worship places (Woods-Giscombe et al., 2016). In other words, coping with mental health is enshrined in religious practices and beliefs.

Similarly, African American culture views mental health conditions as a result of disobeying God. This means that seeking religious and spiritual help is the primary intervention mechanism. On the other hand, whites consider mental health a severe issue that requires professional assistance because of exposure to knowledge. A growing body of research indicates a need for a change in approaching mental health issues among African Americans, non-Hispanics, Native Indians, and other culturally diverse communities (Earle, 1998). These communities have different beliefs and perceptions about mental health. Therefore, addressing these challenges requires professionals to consider cultural beliefs, norms, and values when dealing with patients. For instance, among American Indians, eye contact is considered to be a rude gesture. Accordingly, clinicians and psychiatrists must understand different cultural values to maximize outcomes.

Earle (1998) suggests a nondirective and facilitative approach to addressing mental health based on different cultures. American Indians can be hostile to counseling and any other professional mental health assistance, which confirms the usefulness of group or family treatment (Earle, 1998). For example, therapists can consider integrating traditional healers into the therapeutic process. In addition, recognizing ethnic differences requires professionals offering mental health assistance to be mindful of cultural beliefs

and values, including being not forceful, patient, time-consciousness, and privacy of ceremonies. Finally, education about mental health and available support services should be implemented in all schools to encourage all parents to come out and embrace proper treatment.

Increase in Mental Health

School-age children typically go to school at a period that is developmentally high-risk for the rise of mental health challenges. According to the World Health Organization (2022), the surrounding signs of mental distress, ranging from usual mood variations to the advent of a serious psychological disorder, is a progressively prevalent experience among students that can contribute to substantial costs for individuals. The World Health Organization (2022) also stated that the COVID-19 pandemic has a negative impact on the mental health and wellbeing of people all over the world.

The findings of a recent study propose that almost 35% of students in their university first year have reported lifetime signs revealing of psychological illness, whereas 32% of them have reported signs in the last year. Research conducted in the United States has established the increased prevalence of both mental distress and common psychological illnesses among students in the past decade (Menzies et al., 2023). Besides, although suicidal conduct is much lower in students than in non-student populaces, the behavior has intensely increased in the last ten years in the United States. There is an increase in academic and financial burdens among students in comparison to two decades ago (Menzies et al., (2023). This has largely led to poorer psychological health results. These conclusions imply a substantial need for psychological health amongst the student population.

For students with psychological disorders, the available support significantly varies among and within nations. For instance, in most countries with high-income populations, students can easily access various effective psychological health services, though these services are usually scrappy, clumsy, and less used (Osborn et al., 2022). Barriers such as self-disgrace, alleged requirements, and self-dependence impact how and when students hunt for mental health assistance. Also, most students have reported the intense increase in the need for mental health services may have been attributed to the lack of cognizance of the most suitable services, worries regarding their privacy and discrimination, high charges to access the services, or the perception of unproductive or unsuitable services (World Health Organization, 2022). Thus, these barriers describe the reason some students only seek out assistance in dilemmas while others lean towards depending on informal support sources.

The literature review provided valuable insight for understanding parental beliefs about mental health. The articles were published in peer-reviewed journals. The methodology and research design were reviewed across the articles used for this study. Godoy et al., (2013) draws critical attention to a significant gap in the literature currently available on parental assessments of their children's mental health issues and the actions that follow in terms of seeking care. Previous research has examined the relationships between different factors, like child behavior and receiving professional services, individually, however, there is a noticeable lack of comprehensive analysis that models and examines the multiple steps involved in the help-seeking and appraisal process. The lack of study in this area emphasizes the need for a more comprehensive strategy that can clarify the complex network of factors influencing parents' choices about the mental

health of their children.

A study was done by Godoy et al., which sought to analyze numerous factors influencing parent help-seeking, to aid in closing this gap by evaluating the child's conduct, considering seeking assistance and receiving professional services (Godoy et al., (2013). In understanding parental help-seeking behaviors for child mental health difficulties, each of these phases is essential. Numerous factors, such as the parent's observations of the child's behavior at home and in other settings, their knowledge of typical child development, and any worries or concerns about their child's mental health, can influence this parental assessment (Godoy et al., 2013). It serves as the starting point for the process of asking for assistance.

Parental beliefs and perceptions have a significant influence on the contemplation stage of help-seeking, and it is essential to recognize this to guide interventions meant to promote positive help-seeking behaviors. It is crucial to make sure children get the care and support they need for their mental health issues. It is important to recognize and examine the distinct problems and experiences families encounter when getting mental health support for their children.

State of the Art

Despite the coverage of the literature reviewed, there are still gaps that need further investigation. This study adds information to these gaps by investigating the relationship between parental beliefs about mental health and the services they use to support their child's mental health issues.

CHAPTER 3

METHODS

Research Methods

This study used a survey to investigate the relationship between parental beliefs about mental health and help-seeking processes via services used to support their child's mental health needs. The survey method supported the research design because it examined the correlational relationship between variables. A non-experimental study was appropriate; it focused on the statistical relationship between variables in the survey. In addition, an online survey instrument was used for convenience and efficiency of resources, unlike interviews which are time-consuming and require one to travel from one location to another (Creswell & Creswell, 2017).

The correlation between the importance of mental health, (SQ02) and the use of school counselors (SQ09) shows a moderate correlation and is very significant ($r=0.52$, $p<0.01$). Therefore, the null hypothesis is rejected that there is no significant relationship between parental belief about mental health and the services used to support their child's mental health. The study found a significant relationship between parental beliefs about mental health and some services that might be used to support their child's mental health issues.

Research Questions

This study examined the relationship between parental beliefs about mental health and support services parents are likely to use for their child. The following research questions guide the study:

1. What are parental beliefs toward mental health issues?
2. How likely is it that parents will use specific mental health support services for their children?
3. What relationship exists between parental beliefs about mental health issues and specific support services that parents might seek to support their children's mental health?

These questions are important to answer as they add information to the field by investigating the relationship between parental beliefs about mental health and the services parents are likely to use to support their child's mental health needs.

Participants

The study used a convenience sample. An online survey was sent to 224 participants through the Class Climate survey tool to collect data from parents in a private school in the Midwest. Surveys were distributed to parents of enrolled students using emails from the school's student information system. The study was not restricted by gender, race ethnicity, or any other demographic characteristics. Seventy-five parents of students from grades 7-8 and 149 parents from grades 9-12 were invited to participate in this study. Of the 224 surveys sent, 40 parents responded (N=40). This is an 18% rate of return.

Instrumentations

The research and survey questions were developed after completing the literature review which helped to investigate the relationship between parental beliefs about mental health and the services parents use to support their child’s mental health issues.

According to Hays & Shepard Payne (2020), there are different ways that parents help their children with their mental needs, including therapists, counselors, priests, and traditional healers. Therefore, asking survey questions about different support services would help in this research, not only to understand the likely use of different services, but to also find ways to support parents in the help-seeking process. Table 1 shows the measure of the research and survey questions.

Table 1 shows the research questions and survey questions alignment. Research question 1 (RQ01) examines parental belief about the importance of mental health and is aligned with survey questions (SQ02) and (SQ03). Research question 2 (RQ02) examines the likely use of different mental health support services and is aligned with Survey questions (SQ04), (SQ05), (SQ06), (SQ07), (SQ08), and (SQ09). Research question 3 (RQ03) is used to determine if significant relationships exist between parental beliefs about the importance of mental health and the likely use of specific support services. Research question 3 is aligned with survey questions (SQ02), (SQ03), (SQ04), (SQ05), (SQ06), (SQ07), (SQ08), and (SQ09).

Table 1

Research Questions and Survey Questions Alignment

| | |
|-----------------------------------|---|
| Research Question 1 (RQ01) | What are parental beliefs toward mental health issues? |
|-----------------------------------|---|

| | |
|-----------------------------------|---|
| Survey Question 2 (SQ02) | Mental health is important to me. |
| Survey Question 3 (QS03) | How important do you feel that your school counselor provide mental health services for your child? |
| Research Question 2 (RQ02) | How likely is it that parents will use specific mental health support services for their children? |
| Survey Question 4 (QS04) | My child is allowed to talk to a therapist or school counselor about his/her feelings? |
| Survey Question 5 (SQ05)) | How likely are you to use different support services for your child? |
| Survey Question 6 (SQ06) | How likely are you to use a pastor for your child's support services? |
| Survey Question 7 (SQ07) | How likely are you to use a doctor for your child's support services? |
| Survey Question 8 (SQ08) | How likely are you to use a social worker for your child's support services? |
| Survey Question 9 (SQ09) | How likely are you to use a school counselor for your child's support services? |
| Research Question 3 (RQ03) | What relationship exists between parental beliefs toward mental health issues and specific support services that parents might seek to support their children's mental health? |
| Survey Question 2 (SQ02) | Mental health is important to me. |
| Survey Question 3 (QS03) | How important do you feel that your school counselor provide mental health services for your child? |
| Survey Question 4 (QS04) | My child is allowed to talk to a therapist or school counselor about his/her feelings? |
| Survey Question 5 (SQ05)) | How likely are you to use different support services for your child? |

| | |
|--------------------------|---|
| Survey Question 6 (SQ06) | How likely are you to use a pastor for your child's support services? |
| Survey Question 7 (SQ07) | How likely are you to use a doctor for your child's support services? |
| Survey Question 8 (SQ08) | How likely are you to use a social worker for your child's support services? |
| Survey Question 9 (SQ09) | How likely are you to use a school counselor for your child's support services? |

A five-point Likert scale was used to measure the survey questions in this study. Participants rated the importance of mental health and the importance of school counselors on a five-point Likert scale of [Not Important (1), Slightly important (2), Somewhat important (3), Important (4), Very Important (5)] and the likely use of different support services of [Not likely (1), Slightly likely (2), Somewhat likely (3), Likely, (4) Very likely (5)]. These scales were used to guide participants in their range of choices and for them to choose the best option that supports their view. It is easy to measure, analyze, and assess participants' beliefs about mental health and the likely use of support services. Scaled questions are simple and easy for participants to understand. Refer to Appendix B where the complete instruments can be found.

Data Collection

Invitations to participate in the survey were sent out to parents of students in grades 7-12 through the school's student information system. The invitation included a link to the survey in Class Climate. The survey included 19 scaled questions and seven demographic questions. Eleven of the nineteen scaled questions were eliminated because they did not align with the research questions. Data was collected on demographics and

the remaining scaled questions. The survey was open for two weeks, with one survey reminder two days before the close of the closing date. Once the survey return date had expired, data was collected and interpreted. The results found that 40 out of the 224 parents responded to the survey (N=40). The rate of response was eighteen percent (18%). The complete survey questions can be found in Appendix A.

CHAPTER 4

RESULTS

Figure 1 shows five of the six demographic variables and Table 2 includes languages. These demographic factors are age, gender, ethnicity, language, religion, and education. For instance, at 56.41% - of the participants were in the age bracket of 41-50 years, 28.20% were aged 31-40 years, and 7.69% were aged 24-30 years and 51-64 years respectively. In terms of gender, most of the participants at 75.0% reported to be females and 25.0% as males. The outlook on ethnicity reveals that 57.7% were White/Caucasian followed by 15.0% that were African American, including 10.0% being Asian and 5.0% Hispanic. For language, 92.5% reported using English while 5.0% relied on Spanish and 2.5% mentioned Portuguese.

Further demographics included 95.0% of participants identified as Seventh-day Adventists followed by 2.5% who identified with Protestant and Evangelical religion. Lastly, the study revealed that 5.0% achieved two years of college or an Associate's education degree and that 22.5% of the population had attained a Bachelor's degree and 40% possessed a Master's degree. In addition, 25.0% held the level of Doctorate. The information above, therefore, indicated that the sampled participants are educated, mature, religious, and from different backgrounds though one is dominating when compared to the other.

Figure 1. Demographics

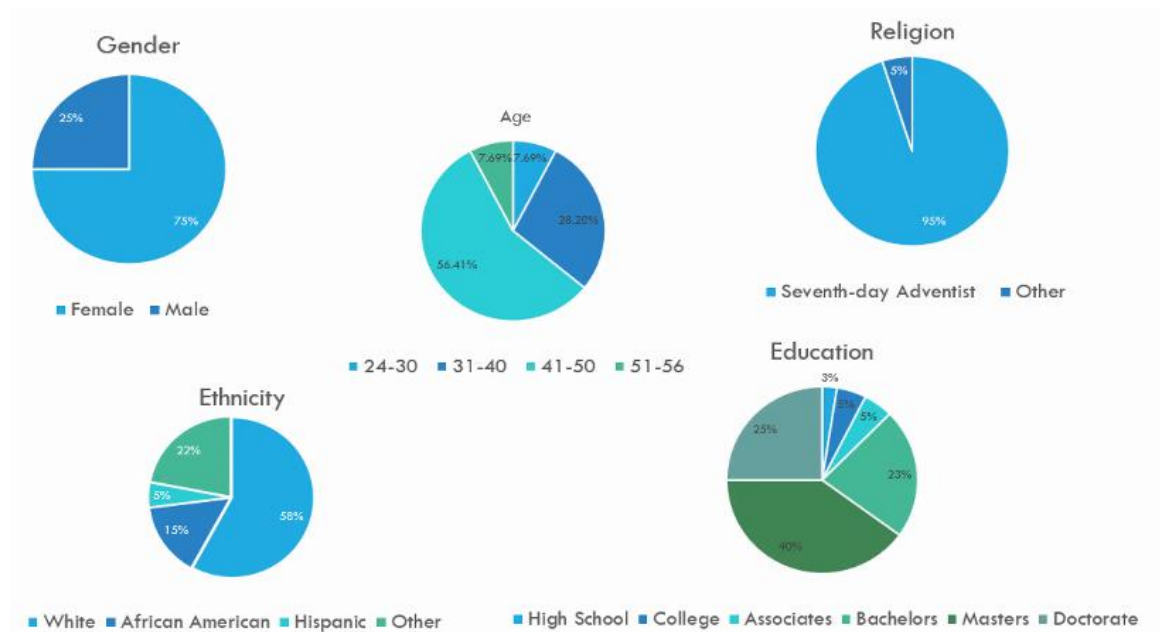


Table 2
Survey Demographics

| Variable | Value | Number | Percentage |
|----------|-------|--------|------------|
| Age | 24-30 | 3 | 7.69 |
| | 31-40 | 11 | 28.20 |
| | 41-50 | 22 | 56.41 |
| | 51-56 | 3 | 7.69 |
| Gender | Male | 10 | 25.0 |

| | | | |
|------------|--------------------------|-----------------------|------|
| | Female | 30 | 75.0 |
| Ethnicity | African American | 6 | 15.0 |
| | White/Caucasian | 23 | 57.5 |
| | Asian | 4 | 10.0 |
| | Hispanic | 2 | 5.0 |
| | Two or more Races | 4 | 10.0 |
| | I choose not to disclose | 1 | 2.5 |
| | Language | English | 37 |
| Spanish | | 2 | 5.0 |
| Portuguese | | 1 | 2.5 |
| Religion | | Seventh-day Adventist | 38 |
| | Protestant | 1 | 2.5 |
| | Evangelical | 1 | 2.5 |
| | Education | High School | 1 |
| College | | 2 | 5.0 |
| Associates | | 2 | 5.0 |
| Bachelors | | 9 | 22.5 |
| Masters | | 16 | 40.0 |
| Doctorate | | 10 | 25.0 |

Descriptive Statistics Analysis

Table 3 shows the mean and standard deviation (SD). Participants rated the importance of mental health, survey question 02 (SQ02), on a scale of [Not Important (1), Slightly important (2), Somewhat important (3), Important (4), Very Important (5)].

The importance of mental health (SQ02), participants responses were $M=4.80$ ($SD=0.46$). Since (SQ02) has a high mean (4.8) and a low standard deviation (SD), (0.46), this indicated that the responses from the participants for the importance of mental health were grouped closely together around the mean. This means that there is little variation and participants believe that mental health is very important.

Regarding the importance of school counselors providing mental health services (SQ03), participants responses were $M=4.00$ ($SD=1.09$). Since SQ03 has a high ($SD=1.09$), this indicated that responses from participants for the importance of school counselors providing mental health services were spread farther apart from the mean. The mean score for (SQ02) indicated that mental health is very important to participants $M=4.80$ ($SD=0.46$) because there is a small variance in the spread. For (SQ03), it is important that school counselor provides mental health services $M=4.00$ ($SD=1.09$), the mean is high, and the SD is high. This means the data is more spread out and has more variance.

Participants rated the use of mental health support service (SQ05-SQ09) as [Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)].

The use of different support services (SQ05), participants responded $M=4.28$ ($SD=0.96$). Since (SQ05) has a high mean and high $M=4.28$ ($SD=0.96$), this indicated that responses from participants for the use of different support services $M=4.28$ ($SD=0.96$) were spread farther apart from the mean. The mean score for (SQ05), indicated that parents are likely to use different support services for their child's mental

health needs $M=4.28$ ($SD=0.96$).

The use of a doctor, (SQ07) and the use of a school counselor (SQ09), participants responded $M=3.90$ ($SD=0.90$) and $M=3.58$ ($SD=1.34$) respectively. Since (SQ07) and (SQ09) have high SD, this indicated that responses for the use of a doctor $M=3.90$ ($SD=0.90$) and school counselor $M=3.58$ ($SD=1.34$) were spread farther apart from the mean. The mean score for (SQ07) and (SQ09) means there is more variance in the spread and indicated that parents are somewhat likely to use a doctor or a school counselor to support their child's mental health needs.

There are a few differences in the mean and the spread in the SD for (SQ02), (SQ03) and (SQ09). With the very high mean and very low SD of the importance of mental health (SQ02), $M=4.80$ ($SD=0.46$), it is clear from the descriptive statistic data that mental health is very important to participants. There is little variance in the spread. There is also some clarity that participants would allow their child to talk to a therapist or school counselor about their feelings (SQ04), ($M=4.43$ ($SD=0.96$), since the mean score is high. With the high means score and the high SD of the importance of school counselor providing mental health services (SQ03), $M=4.00$ ($SD=1.09$), the mean score indicated it is important that school counselor provides mental health support services, but the spread of the SD indicated that there are more variances and participants are not sure how important. With the high SD spread for the use of school counselor (SQ09), $M=3.58$ ($SD=1.34$), again there are more variance in the spread and participants are likely to use a school counselor but not sure if they will really use them.

Since the standard deviation for (SQ06), (SD=1.36) and (SQ08), (SD=1.49) are high, this indicated that responses from participants for the use of a pastor or social worker were spread farther apart from the mean. The mean score for the use of a pastor (SQ06) indicated that participants are somewhat likely to use pastor M=3.13 (SD=1.36) for their child's mental health needs. The mean score for (SQ08) indicated that participants are slightly likely to use a social worker M=2.78 (SD=1.49) for their child's mental health needs. There is more variance in the responses about seeking support services from pastors (SQ06) and social workers (SQ08). The mean score for the use of social worker is low with a high SD spread (SQ08), M=2.78 (SD=1.49). Participants do not agree on the use of social worker. Some participants indicated that social workers are very important, and others say they are not important. Slightly more people think social workers are not important than think it is important and so the mean score is on the lower end of the scale and SD is spread further apart from the mean. The spread of SD indicated that participants would likely use doctor M=3.90 (SD=0.90) most and a social worker least M=2.78 (SD=1.49). There was less of a spread with use of doctor M=3.13 (SD=1.36) than social worker M=2.78 (SD=1.49) even though the mean score for doctor is higher at 3.9. This means that more people would likely use a doctor over a social worker.

Table 3

Descriptions, Means and Standard Deviation of Variables in Study

| Question # | Descriptions | N | M | SD |
|------------|--|----|------|------|
| SQ02 | Mental health is important to me. | 40 | 4.80 | 0.46 |
| SQ03 | How important do you feel that your school counselor provides mental health services for your child? | 40 | 4.00 | 1.09 |
| SQ04 | My child is allowed to talk to a therapist or school counselor about his/her feelings? | 40 | 4.43 | 0.96 |
| SQ05 | How likely are you to use different support services for your child? | 40 | 4.28 | 0.96 |
| SQ06 | How likely are you to use a pastor for your child's support services? | 40 | 3.13 | 1.36 |
| SQ07 | How likely are you to use a doctor for your child's support services? | 40 | 3.90 | 0.90 |
| SQ08 | How likely are you to use a social worker for your child's support services? | 40 | 2.78 | 1.49 |
| SQ09 | How likely are you to use a school counselor for your child's support services? | 40 | 3.58 | 1.34 |

Correlation Tests

Because there was not much clarity in analyzing the descriptive statistics, the following correlational analysis was done using the person r and the two-tailed test of significance to determine the relationship between parental beliefs about mental health and specific support services parents seek to support their child's mental health issues. Pearson's r was used to determine whether any of the variables are correlated or related and the two-tailed test to determine the level of significance. Interpretation of the Pearson

correlation is that a strong correlation is at (1.00-0.70), moderate (0.60-0.40), and weak (0.30-below), (Schober et al., 2018). Interpretation of the level of significance is that a $p < 0.05$ is significant, $p < 0.01$ is very significant and $p < 0.001$ is highly significant.

Correlation Test Results

Table 4 shows the correlation test results. Statistical investigation between the importance of mental health (SQ02) and the importance of school counselors providing mental health services (SQ03), showed a moderate correlation and is very significant ($r=0.56$, $p < 0.01$).

Statistical investigation between the importance of mental health (SQ02) and the use of school counselors (SQ09), showed a moderate correlation and is very significant ($r=0.52$, $p < 0.01$).

The statistical relationship between the importance of school counselors (SQ03) and the use of different support services (SQ05) showed a moderate correlation and is highly significant ($r=0.59$, $p < 0.001$).

The statistical relationship between the importance of a school counselor (SQ03) and parents allowing child to talk to a therapist or school counselor (SQ04) showed a moderate correlation and is very significant ($r=0.47$, $p < 0.01$).

Statistical relationship between the importance of mental health (SQ02) and the use of different support services (SQ05) showed a moderate correlation and is very significant ($r=0.41$, $p < 0.01$).

Statistical investigation between parents allowing child to talk to a therapist or

school counselor (SQ04) and use of a school counselor (SQ09) showed a moderate correlation and is very significant ($r=0.41$, $p<0.01$).

Statistical investigation between the importance of school counselor (SQ03) and the use of school counselor (SQ09) showed an approaching strong correlation and is highly significant ($r=0.69$, $p<0.001$). With the high mean and high SD, descriptive statistics indicated that participants are not sure of the importance of a school counselor (SQ03), $M=4.00$ ($SD=1.09$) or the use of a school counselor $M=3.58$ ($SD=1.34$). The approaching strong correlation and p-value indicated a highly significant relationship between (SQ03) and (SQ09, ($r=0.69$, $p<0.001$)).

The relationships between the importance of mental health (SQ02) and the use of pastor (SQ06), ($r=0.20$, $p=0.209$), doctor (SQ07), ($r=0.14$, $p=0.406$) and social worker (SQ08), ($r=0.19$, $p=0.234$) showed weak correlations and are not significant.

Table 4

Correlation Test

| Question # | Question Name | SQ02 | SQ03 | SQ04 | SQ05 | SQ06 | SQ07 | SQ08 | SQ09 |
|------------|--|------|--------|--------|---------|------|-------|------|---------|
| SQ02 | Mental health is important to me. | | 0.56** | 0.20 | 0.41** | 0.20 | 0.14 | 0.19 | 0.52** |
| SQ03 | How important do you feel that your school counselor provides mental health services for your child? | | | 0.47** | 0.59*** | 0.21 | 0.34* | 0.22 | 0.69*** |

| | | | | | | | | | |
|------|--|--|--|--|------|-------|------|-------|--------|
| SQ04 | My child is allowed to talk to a therapist or school counselor about his/her feelings? | | | | 0.26 | 0.06 | 0.02 | -0.06 | 0.41** |
| SQ05 | How likely are you to use different support services for your child? | | | | | -0.03 | 0.27 | 0.31* | 0.27 |
| SQ06 | How likely are you to use a pastor for your child's support services? | | | | | | 0.26 | 0.25 | 0.38* |
| SQ07 | How likely are you to use a doctor for your child's support services? | | | | | | | -0.04 | 0.28 |
| SQ08 | How likely are you to use a social worker for your child's support services? | | | | | | | | 0.09 |
| SQ09 | How likely are you to use a school counselor for your child's support services? | | | | | | | | |

*p<0.05, **p<0.01, ***p<0.001 (for two-tailed tests)

CHAPTER 5

DISCUSSION, CONCLUSION, RECOMMENDATIONS

While the literature review stated that some communities feel more comfortable talking to their priests, or traditional healers about health issues (Hays & Shepard Payne, 2020), the results from this study indicated that participants are likely to talk to a doctor or school counselor about their child's mental health issues. This finding is also echoed in studies by Takeuchi and Kim (2000), Abramson et al. (2002), and Brown et al. (2007), which established that most parents had advocated for increased support of school counselors, in caring for the mental needs of their children.

The study showed a correlational relationship between parental belief about mental health and the use of different support services, further identifying the importance of the school counselor and the use of the school counselor.

In a study by Weatherston et al (2020), the use of counselors has become more widely accepted. Similarly, results from this study suggest that parents are likely to use a school counselor to support their child's mental health needs than a pastor or social worker.

Comparative analysis of results from the present study and those from the literature review leads to the development of an argument that even though the school

counselor may help in improving the quality of student's mental health, parental belief about the importance of mental health is also a key factor for mental health success.

The willingness of parents to use school counselors for their children's mental health could be due to the following reasons. First, it facilitates early interventions, where the counselors can collaborate with the child and parents to cater to any mental health issues that might be cause for concern for the mental health of the child. Secondly, school counselors can provide students with assistance in dealing with the different aspects of their lives relating to their social and emotional well-being. Also, the willingness of parents to work with school counselors to improve their children's mental health tightens the link between home and the school environment. This in turn improves the communication between parents and school counselors for a better understanding of the student's needs. Lastly, school counselors are easily accessible within the school context, hence providing timely support to the needs of students.

Conclusion

Keeping in mind that the survey was conducted on a small sample, however, the survey responses indicated that seeking mental health support is important. This is supported by the alternative hypothesis that there is a significant relationship between parental beliefs about mental health and the services they use to support their child's mental health needs. Using a pastor or social worker was the least popular among the small sample. Correlations between the importance of school counselors providing mental health services and the likely use of school counselors showed the strongest

relationship. Statistical data indicated that there could be a need for school counselors and that participants are likely to use these services.

Godoy and colleagues (2013) stated that there is a gap in the current literature on parental assessments of their children's mental health issues and what actions they would take in seeking help. Godoy and colleagues stated that there are many steps involved in the help-seeking process and there is no data that models all the steps, or the choices parents would make when choosing professional help (Godoy et al., (2013). This study adds information to the field with the likelihood that parents would choose a doctor or school counselor over other professionals. So, with the strongest correlation between the importance of school counselors providing mental health services and the use of school counselors, there seems to be a need for collaboration between home and schools to assist parents in the help-seeking process.

Implications

The study will be instrumental to faculty members, teachers, parents, and policymakers as it will provide information on parental beliefs about mental health and the services parents use to support their child's mental health issues. The findings revealed that mental health is important to participants, but there is not much clarity in the rest of the service providers due to the small data sample and the spread of the data. The results suggested that school counselors are important in schools to provide mental health support services and that parents are likely to use these services for their child's mental health needs. School counselors could be a good choice since they are readily

available within the school.

Recommendations for Future Research

Future research in this context should focus on addressing the key limitations of the present study. Further study should focus on a larger diverse population. Further data can be collected from parents with survey questions sent in different native languages. None of the analyzed data was collected from the students themselves; hence, the study failed to include perceptions of the students about the importance of parental beliefs about the quality of their mental health. This study was primarily based on the data collected from parents from a specific type of school context. Specifically, additional data should be collected from students, teachers, principals, and other educational practitioners across different settings.

APPENDIX A

SURVEY QUESTIONS FOR PARENTS

1. How many years have you lived in the United States?
2. What is your gender?
3. What is your ethnicity?
4. What is your native language?
5. What is your religion?
6. What is your highest level of education?
7. How involved are you in your child's education?
8. Mental health is important to me?
9. How important do you feel that your school counselor provides mental health services for your child?
10. How likely are you to use different support services for your child?
11. How likely are you to use a pastor for your child support services?
12. How likely are you to use a doctor for your child support services?
13. How likely are you to use a social worker for your child support services?
14. How likely are you to use a school counselor for your child support services?
15. I help my child with their homework.
16. My child is allowed to talk to a therapist or school counselor about his/her feelings.
17. I feel like I know my child.

18. The COVID pandemic has affected my child's relationship with friends and family.
19. My child likes to spend time with family.
20. My child likes to spend time alone.
21. My child likes to spend time with friends.
22. How often have you heard your child talk negatively about himself/herself?
23. What have you done to encourage your child when they are faced with difficult choices?
24. What does your child like to do in his/her spare time?
25. What activities do you do with your child?
26. What activities do you do to help your child with his/her learning?

APPENDIX B

SURVEY INSTRUMENT

1. How involved are you in your child's education? Not involved (1), Slightly involved (2), somewhat involved (3), Involved (4), Very involved (5)
2. Mental health is important to me? Not important (1), Slightly important (2), somewhat important (3), Important (4), Very important (5)
3. How important do you feel that your school counselor provides mental health services for your child? Not important (1), Slightly important (2), somewhat important (3), Important (4), Very important (5)
4. How likely are you to use different support services for your child? Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)
5. How likely are you to use a pastor for your child support services? Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)
6. How likely are you to use a doctor for your child support services? Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)
7. How likely are you to use a social worker for your child support services? Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)
8. How likely are you to use a school counselor for your child support services? Not likely (1), Slightly likely (2), somewhat likely (3), Likely (4), Very likely (5)
9. I help my child with their homework. Not at all (1), Fairly little (2), Fairly well (3), Quite well (4), Very well (5)
10. My child is allowed to talk to a therapist or school counselor about his/her feelings. Not at all (1), Fairly little (2), Fairly well (3), Quite well (4), Very well (5)
11. I feel like I know my child. Not at all well (1), Not well (2), Somewhat well (3), Well (4), Very well (5)
12. The COVID pandemic has affected my child's relationship with friends and family. Not at all (1), Rarely (2), Sometimes (3), Often (4), Very often (5)
13. My child likes to spend time with family. Not at all (1), Rarely (2), Sometimes (3), Often (4), Very often (5)
14. My child likes to spend time alone. Not at all (1), Rarely (2), Sometimes (3), Often (4), Very often (5)
15. My child likes to spend time with friends. Not at all (1), Rarely (2), Sometimes (3), Often (4), Very often (5)
16. How often have you heard your child talk negatively about himself/herself? Not at all (1), Rarely (2), Sometimes (3), Often (4), Very often (5)

APPENDIX C

CORRELATION TABLE

| Question # | Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| SQ01 | How involved are you in your child's education? | 1.00 | .43** | .36* | 0.17 | .32* | .37* | -0.01 | .33* | .33* | .46** | .50** | -0.21 | -0.24 | 0.02 | -0.10 | .43** |
| SQ02 | Mental health is important to me. | .43** | 1.00 | .56** | 0.20 | .41** | 0.20 | 0.14 | 0.19 | .52** | 0.18 | 0.24 | -0.11 | -0.04 | 0.13 | -0.08 | .38* |
| SQ03 | How important do you feel that your school counselor provide mental health services for your child? | .36* | .56** | 1.00 | .47** | .59** | 0.21 | .34* | 0.22 | .69** | 0.27 | 0.03 | 0.20 | 0.03 | 0.31 | 0.17 | 0.04 |
| SQ04 | My child is allowed to talk to a therapist or school counsellor about his/her feelings? | 0.17 | 0.20 | .47** | 1.00 | 0.26 | 0.06 | 0.02 | -0.06 | .41** | .50** | 0.04 | 0.16 | 0.11 | .34* | 0.28 | -0.14 |
| SQ05 | How likely are you to use different support services for your child? | .32* | .41** | .59*** | 0.26 | 1.00 | -0.03 | 0.27 | .31* | 0.27 | 0.14 | -0.13 | 0.24 | 0.09 | -0.05 | 0.26 | 0.08 |
| SQ06 | How likely are you to use a pastor for your child's support services? | .37* | 0.20 | 0.21 | 0.06 | -0.03 | 1.00 | 0.26 | 0.25 | .38* | 0.21 | 0.10 | -0.13 | -0.12 | 0.08 | -0.07 | 0.13 |
| SQ07 | How likely are you to use a doctor for your child's support services? | -0.01 | 0.14 | .34* | 0.02 | 0.27 | 0.26 | 1.00 | -0.04 | 0.28 | -0.07 | -0.16 | 0.14 | 0.10 | 0.20 | 0.22 | 0.14 |
| SQ08 | How likely are you to use a social worker for your child's support services? | .33* | 0.19 | 0.22 | -0.06 | .31* | 0.25 | -0.04 | 1.00 | 0.09 | -0.02 | 0.03 | -0.05 | 0.14 | -0.25 | 0.04 | -0.03 |

| | | | | | | | | | | | | | | | | | |
|------|--|-------|-------|--------|-------|-------|-------|-------|-------|-------|------|-------|-------|-------|-------|-------|-------|
| SQ09 | How likely are you to use a school counsellor for your child's support services? | .33* | .52** | .69*** | .41** | 0.27 | .38* | 0.28 | 0.09 | 1.00 | 0.31 | -0.10 | 0.31 | 0.18 | 0.21 | 0.28 | 0.10 |
| SQ10 | I help my child with their homework. | .46** | 0.18 | 0.27 | .50** | 0.14 | 0.21 | -0.07 | -0.02 | 0.31 | 1.00 | 0.24 | 0.15 | 0.00 | 0.24 | 0.04 | 0.17 |
| SQ11 | My child likes to spend time with family. | .50** | 0.24 | 0.03 | 0.04 | -0.13 | 0.10 | -0.16 | 0.03 | -0.10 | 0.24 | 1.00 | -0.43 | -0.37 | 0.22 | -0.38 | .47** |
| SQ12 | How often have you heard your child talk negatively about himself/herself? | -0.21 | -0.11 | 0.20 | 0.16 | 0.24 | -0.13 | 0.14 | -0.05 | 0.31 | 0.15 | -0.43 | 1.00 | .42** | 0.04 | .59** | -0.33 |
| SQ13 | My child likes to spend time alone. | -0.24 | -0.04 | 0.03 | 0.11 | 0.09 | -0.12 | 0.10 | 0.14 | 0.18 | 0.00 | -0.37 | .42** | 1.00 | -0.14 | .38* | -0.10 |
| SQ14 | My child likes to spend time with friends. | 0.02 | 0.13 | 0.31 | .34* | -0.05 | 0.08 | 0.20 | -0.25 | 0.21 | 0.24 | 0.22 | 0.04 | -0.14 | 1.00 | -0.01 | -0.02 |
| SQ15 | The COVID pandemic has affected my child's relationship with friends and family. | -0.10 | -0.08 | 0.17 | 0.28 | 0.26 | -0.07 | 0.22 | 0.04 | 0.28 | 0.04 | -0.38 | .59** | .38* | -0.01 | 1.00 | -0.22 |
| SQ16 | I feel like I know my child. | .43** | .38* | 0.04 | -0.14 | 0.08 | 0.13 | 0.14 | -0.03 | 0.10 | 0.17 | .47** | -0.33 | -0.10 | -0.02 | -0.22 | 1.00 |

*p<0.05, **p<0.01, ***p<0.001

REFERENCE LIST

- Abramson, T. A., Trejo, L., & Lai, D. W. L. (2002). Culture and mental health: Providing appropriate services for a diverse older population. *American Society on Aging*, 26(1), 21–27. Jstor. <https://doi.org/10.2307/26555116>
- Bower, H. A., & Griffin, D. (2011). Can the epstein model of parental involvement work in a high-minority, high-poverty elementary school? A case study. *Professional School Counseling*, 15(2), 77–87. <http://www.jstor.org/stable/42732925>
- Brown, C., Dahlbeck, D. T., & Sparkman-Barnes, L. (2006). Collaborative relationships: school counselors and non-school mental health professionals working together to improve the mental health needs of students. *Professional School Counseling*, 9(4), 332–335. <http://www.jstor.org/stable/42732694>
- Brown, J. D., Wissow, L. S., Zachary, C., & Cook, B. L. (2007). Receiving advice about child mental health from a primary care provider: African American and Hispanic parent attitudes. *Medical Care*, 45(11), 1076–1082. <https://www.jstor.org/stable/40221583>
- Cénat, J. M., Mukunzi, J. N., Noorishad, P. G., Rousseau, C., Derivois, D., & Bukaka, J. (2020). A systematic review of mental health programs among populations affected by the Ebola virus. *Journal of Psychosomatic Research*, 131, 109966. <https://doi.org/10.1016/j.jpsychores.2020.109966>
- Coombs, N., Meriwether, W., Caringi, J., & Newcomer, S. (2021). Barriers to healthcare

access among U.S. adults with mental health challenges: A population-based study. *SSM - Population Health*, 15, 100847.

<https://doi.org/10.1016/j.ssmph.2021.100847>

Creswell, J., & Creswell, D. (2017). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed.). SAGE.

Earle, K. A. (1998). Cultural diversity and mental health: The Haudenosaunee of New York State. *Social Work Research*, 22(2), 89–99.

<http://www.jstor.com/stable/42659932>

Godoy, L., Mian, N. D., Eisenhower, A. S., & Carter, A. S. (2013). Pathways to Service Receipt: Modeling Parent Help-Seeking for Childhood Mental Health Problems. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(4), 469–479. <https://doi.org/10.1007/s10488-013-0484-6>

Hays, K., & Shepard Payne, J. (2020). Lived experience, transparency, help, and humility: Four characteristics of clergy responding to mental and emotional problems. *Journal of Pastoral Care & Counseling*, 74(1), 4-11.

<https://doi.org/10.1177/1542305019872437>

Hays, K., & Shepard Payne, J. (2020). Lived experience, transparency, help, and humility: Four characteristics of clergy responding to mental and emotional problems. *Journal of Pastoral Care & Counseling*, 74(1), 4-11.

<https://doi.org/10.1177/1542305019872437>

Mancoske, R. J. (2013). Cultural competency, children's mental health, and school performance. *Race, Gender & Class*, 20(1/2), 307–325.

<http://www.jstor.org/stable/43496921>

- McLeod, J. D., Uemura, R., & Rohrman, S. (2012). Adolescent mental health, behavior problem, and academic achievement. *Journal of Health and Social Behavior*, 53(4), 482–497. <http://www.jstor.org/stable/41725233>
- MHA. (2021). Access to Care Ranking 2021. Mental Health America. Retrieved July 4, 2022, from <https://mhanational.org/issues/2021/mental-health-america-access-care-data>
- Milkie, M. A., & Warner, C. H. (2011). Classroom learning environments and the mental health of first grade children. *Journal of Health and Social Behavior*, 52(1), 4–22. <http://www.jstor.org/stable/23033160>
- Mullings, L. (1978). Critique: Racism, group identity and mental health. *International Journal of Mental Health*, 7(3/4), 165–171. <https://www.jstor.org/stable/41344170>
- Orlando Barker, & Debra D. Roberts. (2015). Parental involvement as a moderator to the relationship between exposure to violence and academic outcomes among youth of african descent. *The Journal of Negro Education*, 84(3), 416–427. <https://doi.org/10.7709/jnegroeducation.84.3.0416>
- PAHO. (2019). Mental health problems are the leading cause of disability worldwide, say experts at the PAHO Directing Council side event. Pan American Health Organization /World Health Organization. Retrieved 4 July 2022, from https://www3.paho.org/hq/index.php?option=com_content&view=article&id=15481:mental-health-problems-are-the-leading-cause-of-disability-worldwide-say-experts-at-paho-directing-council-side-event&Itemid=72565&lang=en#:~:text=Washington%2C%20D.C.%202%20October%202019,are%20due%20to%20mental%20issues

- Pruchno, R., Burant, C., & Peters, N. D. (1994). Family mental health: marital and parent-child consensus as predictors. *Journal of Marriage and Family*, 56(3), 747–758. <https://doi.org/10.2307/352883>
- Saunders, M., Lewis, P., & Thornhill, A. (2019). *Research Methods for Business Students eBook* (8th ed.). Pearson.
- Schober, P., Boer, C., & Schwarte, L. A. (2018, May). Correlation Coefficients: Appropriate Use and Interpretation. *Anesthesia & Analgesia*, 126(5), 1763–1768. <https://doi.org/10.1213/ane.0000000000002864>
- Stevenson, D. L., & Baker, D. P. (1987). The family-school relation and the child's school performance. *Child Development*, 58(5), 1348–1357. <https://doi.org/10.2307/1130626>
- Takeuchi, D. T., & Kim, K. F. (2000). Enhancing mental health services delivery for diverse populations. *Contemporary Sociology*, 29(1), 74–83. <https://doi.org/10.2307/2654933>
- Trask-Tate, A. J., & Cunningham, M. (2010). Planning ahead: The relationship among school support, parental involvement, and future academic expectations in african american adolescents. *The Journal of Negro Education*, 79(2), 137–150. <http://www.jstor.org/stable/20798332>
- Weatherston, D. J., Ribaldo, J., & Michigan Collaborative for Infant Mental Health Research. (2020). The Michigan Infant Mental Health Home Visiting Model. *Infant Mental Health Journal*, 41(2), 166-177. <https://doi.org/10.1002/imhj.21838>
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing

our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. <https://doi.org/10.1177/0022146518814251>

Woods-Giscombe, C., Robinson, M. N., Carthon, D., Devane-Johnson, S., & Corbie-Smith, G. (2016). Superwoman schema, stigma, spirituality, and culturally sensitive providers: Factors influencing African American women's use of mental health services. *Journal of Best Practices in Health Professions Diversity*, 9(1), 1124–1144. <https://www.jstor.org/stable/26554242>

World Health Organization. (2022). *Mental health and COVID-19: early evidence of the pandemic's impact: scientific brief, 2 March 2022* (No. WHO/2019-nCoV/Sci_Brief/Mental_health/2022.1). World Health Organization.