Honours in Psychology – Research Project, 2021

When do Australian adolescents seek help from their parents for emotional mental health problems?

Grace Ciampa

"This report is submitted in partial fulfilment of the Honours degree of Bachelor of Psychological Science (Honours)"

Word Count: 4968 words

Declaration

"This report contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this report to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time."

When do Australian adolescents seek help from their parents for emotional mental health problems?

Adolescence is a significant phase of development; biological, social, emotional, and cognitive changes leave this group more vulnerable than other ages (Heerde & Hemphill, 2018; McMahon et al., 2020; Sechi et al., 2020). Social worlds shift, priorities change, and children become more independent from their parental figures as their autonomy grows (Chervonsky & Hunt, 2019). This period of increased vulnerability coincides with a 20% prevalence of at least one mental health disorder in the adolescent population; making this age category the most affected by psychological problems (Aguirre Velasco et al., 2020). By the age of 14, 50% of these mental health disorders are already present (Hiscock et al., 2020; Liddle et al., 2021), and many of these will continue throughout adolescence and adulthood (Vella et al., 2019). Not only are adolescents the most affected population in terms of mental health problems, these mental health problems, especially depression, are the biggest cause of illness and disability within the young population (Aguirre Velasco et al., 2020). Data from the Longitudinal Study of Australian Children (LSAC) indicate that, in 14/15-year-old Australian adolescents, 16% had thoughts of self-harm, 10% self-harmed, 9% had thoughts of suicide, and 5% attempted suicide (Daraganova, 2017). In Australia, suicide is the leading cause of death for the 15-26 age group (Liddle et al., 2021). Mental health can have other short-term and long-term consequences: impacts on education and employment, substance abuse, violence, health difficulties, and damage to relationships (Christensen et al., 2017; Reeb & Conger, 2011).

Although mental health disorders can affect anyone, their prevalence within the female population is often greater than amongst males (Hyde & Mezulis, 2020). This gender difference starts as early as adolescence, with sharp increases in prevalence and intensity of symptoms among females (Lewis et al., 2020; Wang et al., 2018). A Northern Ireland study

of mental health problems in adolescents (aged 13-18) demonstrated the disparity between females and males; whilst 23.9% of the 1039 females reported a mental health disorder, a mental health problem was only reported in 11% of the 623 males (Leavey et al., 2020).

Despite the indicated high prevalence of mental health disorders within the adolescent population, one third of adolescents living with mental illness do not pursue the professional help of a psychologist, counsellor, or GP (Liddle et al., 2021). Adolescents often prefer informal options, such as friends, parents, and other family members (Heerde & Hemphill, 2018). Exploring the circumstances when adolescent help-seeking occurs, from any source, is potentially important for helping the many adolescents that are struggling with mental health disorders, self-harm, and suicide. A healthy help-seeking environment can promote the early detection and prevention of mental health disorders, along with appropriate treatment and recovery (Aguirre Velasco et al., 2020).

Adolescent males are less likely than adolescent females to ask for help (Liddle et al., 2021). Heerde and Hemphill (2018) suggest that some of the barriers to help-seeking are when social norms and expectations do not encourage or aid help-seeking behaviour, or the help-seeking behaviour is not reinforced. Males are often subject to masculine gender norms, where displays of sadness (crying) or emotional struggles are often negatively portrayed (Hyde & Mezulis, 2020). This stigma, alignment to male norms, and poor mental health literacy may contribute to a reluctance of help-seeking by males (Aguirre Velasco et al., 2020; Liddle et al., 2021; Seidler et al., 2020).

As previously established, there are several avenues for help-seeking and support available to most adolescents. Though not an exhaustive list, their options include psychologists, psychiatrists, counsellors, GPs, social workers, teachers, friends, family,

sporting coaches, other social clubs/teams/communities, and various online sources (Aguirre Velasco et al., 2020; Heerde & Hemphill, 2018; Liddle et al., 2021). This research project will focus on the emotional mental health of adolescents, various facets of the parent-child relationship, and circumstances when adolescents turn to their parents for help.

In the transition to adolescence, children begin to grow more independent from their parents and guardians; often beginning to prioritise friendships over family relationships (Chervonsky & Hunt, 2019; Leavey et al., 2020). In such a time of change, these adolescents are new to doing things on their own and new to seeking help without assistance from their parents (Leavey et al., 2020). It is likely that parents will still be a primary source for adolescent help-seeking, as they continue offer advice, assistance, and experience via strong parent-child attachment relationships, despite expanding adolescent autonomy (Ryan et al., 2014; Sechi et al., 2020). Overall, adolescents report that they are often more likely to turn to trusted friends and family for support, over other professional options (Corry & Leavey, 2017).

Parents are not only a resource for seeking help. Parental behaviour, parenting styles, and parent mental health are all contributing factors to the nature of the relationship between parents and children, along with possible influence over the mental health of adolescents (Christensen et al., 2017; Wang et al., 2018). Angry or harsh parenting is associated with greater risk of emotional problems in the child (Tang et al., 2018). In contrast, parental warmth is more conducive to disclosures and trust between parent and child. This, in turn, positively supports mental health (Elliott et al., 2016). Currently, there is mixed evidence on the direct impact of warm or hostile parenting styles on adolescent emotional problems – whilst some research has succeeded in detecting a relationship, others have failed to do so (Wang et al., 2018).

This study will explore how parenting styles interact with adolescent mental health and adolescent help-seeking from parents. There is evidence emerging that the behaviour of fathers has unique impacts on child development (St George et al., 2017). Adolescent help-seeking may be less frequent when there is a father/male guardian present; male gender norms of hiding or avoiding problems are possible culprits of suppressing help-seeking behaviour (Reeb & Conger, 2011). There is also greater variance in paternal warmth scores compared to maternal warmth, meaning there is more difference between individual fathers in their parenting styles and behaviours (greater standard deviation) (Rothenberg et al., 2020). This may result in more pronounced and significant effects of paternal parenting styles on mental health. The gap in the literature will be addressed in this study with the inclusion of male parents; looking further than the maternal relationship which is the primary focus in previous research (Lewis et al., 2020).

There are numerous options available for assisting adolescents with their mental health difficulties. A lack of help-seeking behaviour is generally associated with a lack of trust in professional services (Leavey et al., 2020). Informal supports, such as friends and family, are more likely to be rated as more trustworthy than GPs or psychologists by adolescents (Leavey at al., 2011). The relationship between trust of parents and seeking help from parents may be potentially important in trying to understand the circumstances when parents are the choice for help-seeking.

To summarise: 20% of the adolescent population suffers with at least one mental health disorder, many of which are risk factors for self-harm and suicide. (Aguirre Velasco et al., 2020). Therefore, the implementation of support is important for reducing the burden of disease on young people. As the primary carers in a child's life, parents and guardians are

influential to the mental health of young people, whether this be directly upon mental health or adolescent help-seeking. Thus far, it has been established that many parts of the parent-child relationship may potentially affect adolescent help-seeking and mental health, including parenting styles and trust. This study will investigate adolescent emotional mental health, and the impact of gender, parenting styles, and trust in parents on the engagement of help-seeking behaviours, specifically from parents.

This study will focus on the following hypotheses:

(1) It is hypothesised that adolescent females will score higher on emotional symptoms than males (Lewis et al., 2020; Wang et al., 2018).

(2) A warmer parenting style will be negatively correlated with adolescent emotional symptoms, whilst angry parenting will be positively correlated with adolescent emotional symptoms (Elliot et al., 2016; Tang et al., 2018). The strength of the relationship between parenting styles and emotional symptoms will be stronger for the father/male guardian than the mother/female guardian (Rothenberg et al., 2020).

(3) Warm parenting will positively correlate with adolescent trust, whilst angry parenting will be negatively correlated with adolescent trust (Elliot et al., 2016; Leavey at al., 2011). The effects of parenting style on trust will be stronger for the father/male guardian than the mother/female guardian (Rothenberg et al., 2020).

(4) Female adolescents will seek help for a personal or emotional problem more than males (Heerde & Hemphill, 2018; Liddle et al., 2021).

Furthermore, this study will also explore the following research questions: What proportion of adolescents will seek help when they have a personal or emotional problem, what proportion of adolescents ask their parents for help, and what factors predict when adolescents will seek help from their parents for an emotional or personal problem?

Method

The data for this research project were taken from the ongoing longitudinal study Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) (Department of Social Services et al., 2018). The LSAC is a nationally representative dataset that focuses on child development, collecting data every two years from the same participants as they age (Christensen et al., 2017).

Participants

For this study, the participants were from the Kinder (K) cohort. The data were taken from the 6th wave of collection, when the adolescents were aged 14/15 (n = 4983). Participants were only included in this study's sample if they had both a mother (or female guardian) and father (or male guardian) living at home. It is acknowledged that families come in different forms, however the inclusion of only mother-father families will control for extraneous family variables. After the inclusion criteria had been addressed, and the data had been cleaned and appropriately recoded, the sample size was n = 2645.

Measures

The variables for this study were collected from measures that were answered by the study child, or their parents, as indicated below. As the differences between mothers and fathers is one area of interest, this study used the data coded as 'mother' and 'father' within the LSAC dataset, rather than 'parent one' and 'parent two'.

Emotional Mental Health

The emotional mental health status of the adolescent individuals in this study was taken from the Strengths and Difficulties Questionnaire (SDQ) emotional symptoms scale,

which was reported by the study child. This measure consisted of 5 items rated from 0-2, which were represented by a scaled mean score from 0 to 10. The higher the mean score, the greater the emotional symptoms. A score greater than four was the cut-off, and suggested a possibility of clinically significant problems (Hiscock et al., 2020; O'Connor et al., 2021). Overall, this measure has acceptable reliability ($a = 0.71$) (Lewis et al., 2020; Muris et al., 2003).

Warm and Angry Parenting Styles

Parenting styles were measured using the Parental Warmth scale and the Angry Parenting scale (Zubrick et al., 2014). Both scales consisted of 6 questions that were answered on a 5-point scale. The mean scores from each scale were used as measures of warm and angry parenting – one question in the Angry Parenting scale was reverse coded in the calculation of the mean score. A higher mean score on the Parental Warmth scale indicated a warmer parenting style. A higher mean score on the Angry Parenting scale indicated an angrier parenting style. The Parental Warmth scale has shown excellent reliability ($a = 0.92$ to 0.96). The Angry Parenting scale underwent some modifications between earlier waves, which took the measure of reliability from 0.72 to 0.81 (Farrant, 2014; Zubrick et al., 2014).

Trust

A trust and communication scale was used to create the measure of trust for this study (Department of Social Services et al., 2018). The questionnaire consisted of 8 questions for the study child to rate their answers on a 4-point scale. The questions included how the study child felt about trusting their parents, talking with their parents when they have a problem, if they feel comfortable sharing with their parents, if they feel like their parents are accepting

and understanding, and so on. The trust measure was calculated from the mean of all 8 questionnaire items.

Gender

The child's gender was indicated by their primary caregiver as either male or female. For this study, gender was recoded numerically to better suit the analysis; male was recoded as '0' and female was '1'.

Help-seeking

The child participants were asked about their help-seeking behaviour, with yes (1) or no (0) options for whether they asked for help from 14 different sources over the twelve months preceding the data collection: boyfriends/girlfriends, friends, parents, siblings, other family members, teachers, other school staff, GPs, mental health professionals, other adults, phone helplines, online, or another unlisted option. The participants were also given the chance to answer (yes=1, no=0) that they did not seek help from anyone over the twelve months. If the answer was 0 it was assumed the study child asked for help from at least one source. Another variable addressed whether the adolescents had any emotional or personal problems over the previous twelve months; 'I have not had any emotional or personal problems' (yes=1, no=0).

Results

Of the 2645 adolescents included in the study sample, 1346 were male (50.9%) and 1299 were female (49.1 %). The mean for emotional symptoms in the sample were low (M = 2.86, SD = 2.37). 23.3% scored greater than 4; this was the cut-off score for suggesting a probable mental health issue.

The first aim of this study was to compare the rates of emotional symptoms across the male and female participants. It was hypothesised that the female participants would score higher on emotional symptom severity compared to the male participants. Figures 1 and 2 show the distributions of emotional symptom scores for male and female adolescents (respectively). As can be seen, the scores are skewed right for both males and females, however this skew is more apparent for males, suggesting less deviation and a lower mean. As was expected, the mean score for female participants (M = 3.62, SD = 2.25) was higher than the score for male participants (M = 2.14, SD = 1.95), with an independent samples t-test indicating this difference was significant (t[2643] = -16.939, p < .05). Furthermore, 34.3% of females scored above the clinical significance threshold compared to 12.6% of males. The size of the effect was measured using Cohen's d, and was found to be middling (d = 0.7).

Figure 1

Distribution and Frequency of Emotional Symptoms in Male Adolescents

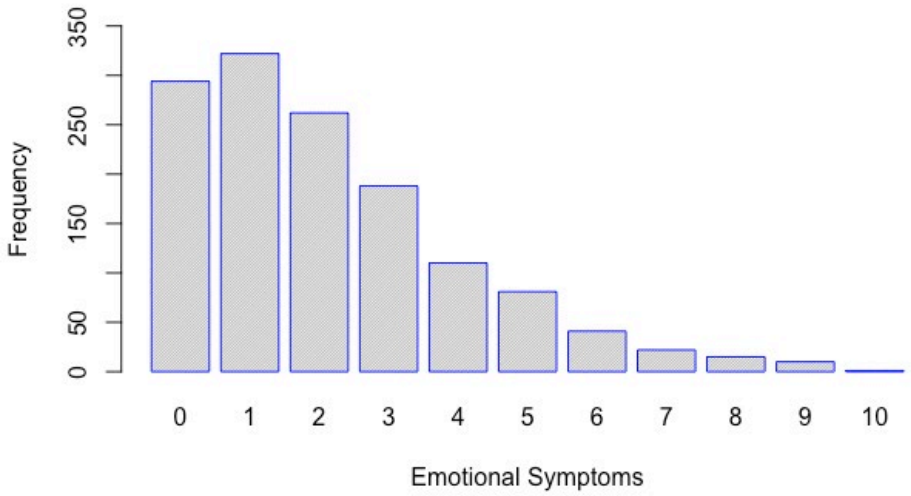


Figure 2

Distribution and Frequency of Emotional Symptoms in Female Adolescents

The second aim of this study was to explore the relationship between parenting styles and adolescent emotional symptom scores. It was hypothesised that a higher warm parenting score would negatively correlate with the emotional symptom score, whilst a higher angry parenting score would be positively correlated. It was also hypothesised that the effect of both parenting styles on emotional symptoms would be greater for fathers than mothers. Mothers (M = 4.08, SD = 0.68) scored higher on warm parenting than fathers (M = 3.62, SD = 0.73). Fathers (M = 1.89, SD = 0.57) scored higher on angry parenting than mothers (M = 1.85, SD = 0.57). Correlations for parenting styles with emotional symptoms are displayed in Table 1. A higher score of warm parenting in the mother was unexpectedly weakly negatively correlated with emotional symptoms, though this relationship was non-significant. The expected relationship was significant for warm parenting by the father; as the warmth score increased, emotional symptoms decreased. Angry parenting had the expected effect on emotional symptoms for both mother and father; a higher score of angry parenting was significantly weakly correlated with an increase in emotional symptoms. For angry parenting fathers had a weak but slightly stronger effect (28.8%) than mothers on emotional symptoms. Fathers had a significantly stronger effect than mothers for warm parenting.

Table 1

Summary of Correlations Between Adolescent Emotional Symptoms, Trust in Parents, and Parenting Styles

	Emotional Symptoms	Trust	Warm Parenting (Mother)	Warm Parenting (Father)	Angry Parenting (Mother)	Angry Parenting (Father)
Emotional Symptoms	-					
Trust	-0.36**	-				
Warm Parenting (Mother)	0.004	0.24**	-			
Warm Parenting (Father)	-0.06**	0.22**	0.33**	-		
Angry Parenting (Mother)	0.07**	-0.21**	-0.42**	-0.22**	-	
Angry Parenting (Father)	0.09**	-0.19**	0.22**	-0.42**	0.47**	-

** . Correlation is significant (<.05)

The third aim of this study was to examine how parenting styles affect adolescents' trust of their parents. The first part of the hypothesis was that warm parenting would be positively correlated with trust, whilst angry parenting would be negatively correlated with trust. The second part was that both parenting styles of the father would have stronger relationships with trust than the mother's. The directions of the correlations were as hypothesised; warm parenting was positively correlated, and angry parenting was negatively correlated with the adolescents' trust in their parents. Correlations were weak but similar in strength in the respective directions. The variance between the correlations of the mother and father for both parenting styles was not as expected. For both warm and angry parenting, the correlation with the mother's score and trust was weakly directionally stronger by 0.02 in both cases (mother was 9.1% stronger for warm style and 10.5% stronger for angry).

The next two aims were centred on the help-seeking behaviour of adolescents. The research question asked the prevalence of help-seeking behaviour when there is an

Table 2

Cross-Tabulation of Adolescents Experiencing Problems and Their Help-Seeking Behaviour Over a Twelve-Month Period

		Help-Seeking	
		Yes	**No**
Personal or Emotional Problem	**Yes**	2195	60
	No	368	22

emotional or personal problem. For gender differences, it was hypothesised that adolescent males would ask for help less than females. Of the 2645 adolescents in this study, 96.9% (n = 2563) asked for help for an emotional or personal problem over a twelve-month period. Of the adolescents that experienced a problem the majority were likely to ask for help (X^2 [1, N = 2645] = 220.21, p <.05). This is displayed in the frequency cross-tabulation in Table 2. Figure 3 and Figure 4 display the general help-seeking behaviour in adolescent males and adolescent females (respectively). Males and females were equally likely to seek help for emotional or personal problems (X^2[1] = .47, p = .5). This does not support the hypothesis.

The sixth aim of this study was to understand the frequency that adolescents ask their parents for help. Table 3 displays the proportions of adolescents who sought help from the thirteen unique options provided. Parents were the prevailing option for support, with 60% of adolescents seeking help from them, followed by siblings, friends, and teachers (>20%). As

Figure 3

Frequency of Help-Seeking Behaviour in Adolescent Males

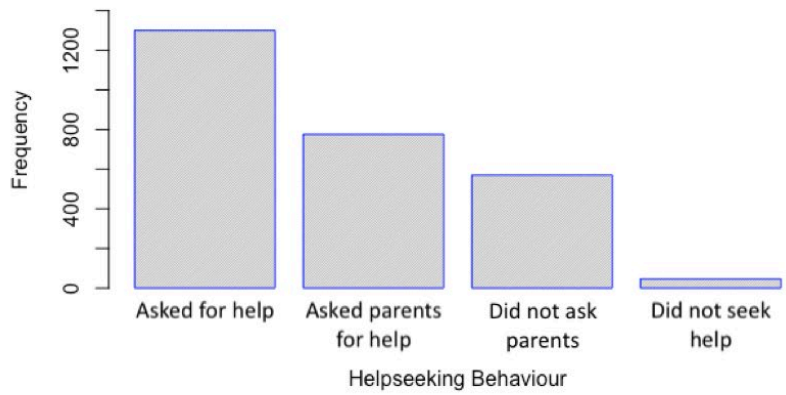


Figure 4

Frequency of Help-Seeking Behaviour in Adolescent Females

can be seen in Figures 3 and 4, both male and female adolescents sought help from their parents more than they did not seek help from their parents. This addresses the second research question regarding help-seeking from parents.

The final research question, and primary interest of this study, is about the predictors of adolescent help-seeking from parents; what factors will make an adolescent more likely to seek help for a personal or emotional problem from their parents? The variables ran in the binary logistic regression to determine the significant predictors were; adolescent gender, adolescent emotional symptoms, trust, and the parenting styles (warm and angry) of both the mother and father. The results of the regression can be found in Table 4. Gender, emotional symptoms, and trust were the significant variables in the regression model that predict when adolescents ask for help from their parents. Females had greater odds of asking for help than males (p<.05). Every unit increase in emotional symptoms was associated with greater odds of asking for help (p<.05). Finally, for every unit increase in trust of parents, the odds of an adolescent asking for help from their parents increased (p<.05).

Table 3
Frequency of Adolescent Help-Seeking from Unique Sources

Help-Seeking Source	*n*	%
Parent	1588	60.0%
Sibling	765	28.9%
Friend	570	21.6%
Teachers	533	20.2%
Other family	494	18.7%
Boyfriend/Girlfriend	434	16.4%
Online	434	16.4%
Other school staff	315	11.9%
Other adult	240	9.1%
Mental health professional	162	6.1%
GP	135	5.1%
Phone helpline	47	1.8%
Other	16	0.6%

Table 4
Logistic Regression Analysis of Predictors of Help-Seeking Behaviour from Parents by 2645 Australian Adolescents

Predictor	β	SE β	z-value	*p*	Odds ratio
Constant	-4.29	0.57	-7.52	<.05	NA
Gender (1 = male, 2 = female)	0.37	0.10	3.62	<.05	1.45
Emotional Symptoms	0.09	0.02	3.80	<.05	1.09
Trust	0.89	0.08	11.13	<.05	2.45
Warm Parenting – Mother	0.08	0.08	1.00	.32	1.08
Warm Parenting – Father	0.08	0.07	1.10	.27	1.09
Angry Parenting – Mother	0.01	0.10	0.09	.93	1.01
Angry Parenting – Father	0.18	0.10	1.77	.07	1.20

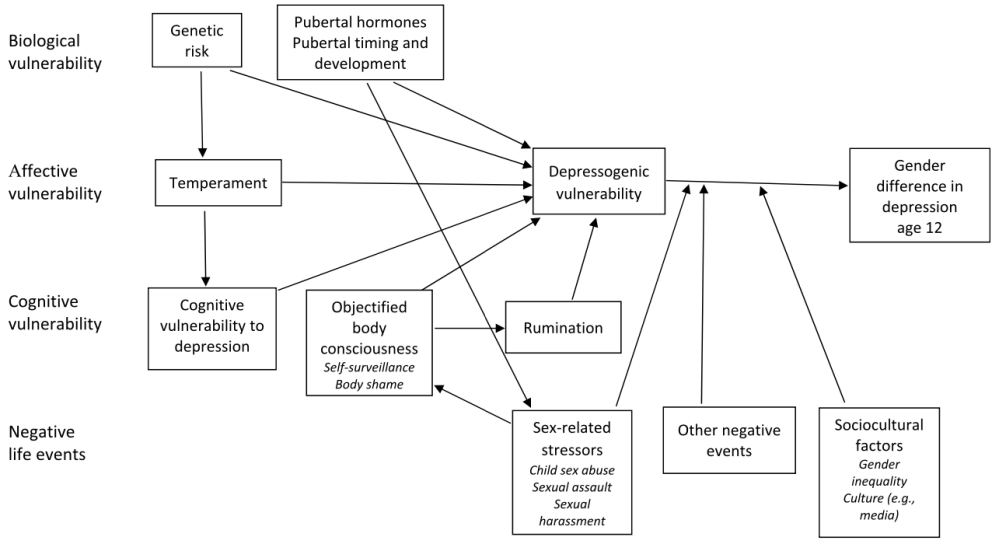
Discussion

This study aimed to determine the status of emotional mental health among Australian adolescents, and examine when they reach out for help. With a focus on parent-adolescent relationships and help-seeking from parents specifically, this study bridged the gap in existing literature by including fathers in the analysis. Few previous studies include the influence of paternal parenting on the mental health of their children (Bayer et al., 2011). The findings are potentially important for understanding the mental health needs of the adolescent population, and for determining the environments that facilitate help-seeking to offer better support and resources to those who are struggling with a mental health problem.

23.3% of the 14/15-year-olds in the sample reported emotional symptoms that suggest probable clinically significant issues. It should be noted that the SDQ is not a diagnostic measure, and does not necessarily mean there is a mental health problem. This favourably aligns with previous reports of the prevalence of mental health disorders within the young population. For example, 14% of Australian young people (aged 4 to 17) meet the criteria for a diagnosis of at least one mental health disorder (Hiscock et al., 2020). When narrowing to the adolescent population, a national survey in England found that 14.4% of 11-16-year-olds had a mental health disorder in 2018 (Leavey et al., 2020). Other studies have reported a prevalence of mental disorders of up to 20% (Aguirre Velasco et al., 2020). Speculation as to the source of variance is on the unique samples for each study, including the present one. The present study utilised an exclusion criteria that omitted any individuals who did not come from a family with both a mother (female guardian) and father (male guardian) living in the home. Furthermore, emotional symptoms were the only facet of mental health focused on in this study, which leaves other mental health problems unaccounted for. The final prominent source of variance may come from the varying age ranges in each respective study; the present study focuses on the ages of 14 and 15, whilst other studies have larger brackets.

Figure 5

The ABC model of Gender Differences in Depression



Note. Adapted from "Gender Differences in Depression: Biological, Affective, Cognitive, and Sociocultural Factors," by J. S. Hyde and A. H. Mezulis, 2020, *Harvard Review of Psychiatry*, *28*, p.5. https://doi.org/10.1097/HRP.0000000000000230. Copyright 2019 by President and Fellows of Harvard College

The sample in this study was approximately half male (50.9%) and half female (49.1%). As suspected, female Australian adolescents scored significantly higher on the prevalence and severity of emotional symptoms than their male counterparts. 34.3% of females had clinically significant high emotional symptoms scores, compared to 12.6% of males. This gender difference in prevalence is supported by similar rates in a study of adolescents in Northern Ireland, where 23.9% of females and 11% of males recorded a mental health problem (Leavey et al., 2020). Explanations for gender disparity can be found in biological, affective, and cognitive factors, along with negative life events. Figure 5 displays several of these factors and their links which can lead to a gender difference in mental health. Male gender norms are a specific example of why differences may exist; there

are often negative views on emotional displays or sharing of struggles and problems for and by the male population (Hyde & Mezulis, 2020; Lewis et al., 2020; Wang et al., 2018).

The children of parents with an angry parenting style reported stronger emotional symptoms. This supports the ideas presented by Tang et al. (2018) about the increase in experiences of anxious and weary emotions, or other internalising problems, with continuous exposure to harsh parenting. Conversely, warm parenting was not as predictable in the effects on emotional symptoms. Although the father's warm parenting followed the predicted trend of decreasing adolescent emotional symptoms as the warm parenting score increased, maternal warm parenting was non-significantly meagrely positively correlated with emotional symptoms. This opposes existing evidence where maternal warmth has been significantly, though weakly, negatively correlated (r = -0.07) with internalising problems in young age groups (Wang et al., 2018). Other studies have reported this same directional relationship between warmth and internalising and externalising symptoms (Alegre et al., 2014). Whilst Wang and colleagues (2018) reported a significant result in their analysis, they also acknowledge that there is mixed success in detecting a relationship between parental warmth and emotional problems. A speculation can be made that this relationship is mediated or influenced by other variables, leading to the observed variation. It was found that emotional symptoms were influenced more by the father's parenting style than the mother's. When speculating as to why such differences may occur, Rothenberg et al. (2020) addressed the greater deviation in scores on these parenting scales by fathers compared to mothers. In the present study, even when the mothers' mean scores were higher on one of the measures of parenting styles, fathers' scores had greater standard deviation.

Elliot and colleagues (2016) establish that parental warmth is conducive to disclosures and trust. The results of this study were consistent with this notion; whilst trust increased with greater parental warmth, it decreased with an angrier parenting style. Compared to the

correlations with emotional symptoms where the father's parenting styles had more influence, the mother's parenting styles were marginally stronger in their correlations with trust. When gathering the data for the trust measure, the adolescents answered one set of questions for both of their parents, rather than giving them individual ratings. The answers may not be reflective of both parents, especially if there were strong differences in the degree of trust held for the mother and the father individually. Furthermore, the adolescents may have answered with only their primary parent in mind – in most cases this would be the mother. This could be a potential explanation for why maternal parenting styles presented stronger correlations with trust.

96.6% of adolescents asked for help over a twelve-month period. A significant proportion (83%) of the adolescents sought help when they had a problem. Informal sources, such as parents, siblings, friends, and teachers, were most popular, as predicted. These sources are commonly cited as the preferred options for adolescent help-seeking over other formal/professional options (Cory & Leavey, 2017; Heerde & Hemphill, 2018). Though mental health problems have a high prevalence in the adolescent population, they underutilised the support of formal options. Mental health professionals and GPs were only used by 6.1% and 5.1% of adolescents (respectively). Though Liddle and colleagues (2021) acknowledge that many adolescents are reluctant to seek help, the claim that approximately two thirds of them turn to professional options is not supported by the data in the present study. Although there is still importance in ensuring adolescents are getting professional help if needed, the results of this study suggest that if any interventions or education are to be implemented they would have the greatest impact when used with the more popular options; family and friends. Despite this, it should be noted that help-seeking in this data collection was not specifically help-seeking for mental health problems, and may not be an accurate report of this behaviour.

It was hypothesised that males would ask for help less than females for similar reasons to why females score higher on emotional symptoms. Despite gender norms and social expectations that may inhibit help-seeking by males (Heerde & Hemphill, 2020; Hyde & Mezulis, 2020; Seidler et al., 2020), this study reported no significant difference in help-seeking by gender. Males (96.6%) and females (97.2%) were relatively equal in help-seeking behaviour. It is suspected that the unspecific nature of the questionnaire for data collection may be influencing the rates of reported help-seeking in this instance once more.

The overarching research question for this study was about help-seeking from parents, and the predictors for the occurrence of this behaviour. The following discussion pertains primarily to this subject.

As predicted, parents were a primary source of help for adolescents aged 14/15; 60% of adolescents asked their parents for help over the twelve months preceding the data collection (Ryan et al., 2014; Sechi et al., 2020). This is despite growing autonomy and independence, and prioritisation of peer relationships (Chervonsky & Hunt, 2019).

Adolescent gender, emotional symptoms, and trust in parents were significant predictors of help-seeking from parents. Although gender was not significantly associated with general help-seeking behaviour, being female was a significant predictor for help-seeking from parents. Severe emotional symptoms were correlated with help-seeking from parents. This was expected; adolescents did ask for help (in general) when they had a problem, and stronger emotional symptoms implies more problems. Adolescents who trusted their parents more had significantly greater odds of asking their parents for help. Aguirre Velasco and colleagues (2020) claim, existing strong and trustworthy relationships with parents, teachers, GPs, and other health professionals are strong facilitators for help-seeking. This was supported by the current study.

Neither warm or angry parenting styles were significant predictors, despite several correlations with emotional symptoms and trust on their own, which was surprising and unexpected. The individual correlations may have been significant due to the large sample size, and hence were not predictors of help-seeking with the interference of other predictors.

One limitation of this study is the inclusion of only adolescents with both a mother and father living at home. Though this was beneficial for looking specifically at the key variable in this study, help-seeking from parents, it is likely this group has different help-seeking patterns to others in the adolescent population. Not all families have two opposite-sex parents, or two parents at all.

A second limitation of this study is that it did not examine mental health outside the scope of emotional problems. Other psychiatric issues (behavioural/conduct disorders, eating disorders, substance misuse) are also present within the adolescent population (Aguirre Velasco et al., 2020).

Thirdly, the SDQ emotional symptoms subscale is not a diagnostic measure for emotional mental health disorders – it can only suggest probable clinically significant issues with 46.3% diagnostic agreement (Hiscock et al., 2020). As such, some adolescents scores on this scale may not be reflective of the presence/absence of a mental health disorder. Furthermore, as a self-reported measure, the results may be subject to social desirability bias (Tang et al., 2018).

The implications for this research are on the focus of support and education to enable the best options and outcomes for adolescents and their mental health. Mental health support is essential for reducing self-harm and suicide in adolescents (Aguirre Velasco et al., 2020). Parents were the most frequent choice for help-seeking, and thus should be provided with the

knowledge for how to best help their children. Females, and those with stronger emotional problems, are most at risk; as such, interventions and teaching should be prioritised with these groups. Trust is conductive to adolescent disclosures and help-seeking, and is often stronger when parents have a warmer style of parenting. These are the attributes likely to facilitate adolescent help-seeking behaviour from parents for mental health problems. Future research could attempt to address the limitations of this study; including adolescents from different family structures, and examining the influence of the numerous other mental health difficulties on help-seeking behaviour.

Reference List

Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, *20*(293). https://doi.org/10.1186/s12888-020-02659-0

Alegre, A., Benson, M.J., & Pérez-Escoda, N. (2014). Maternal warmth and early adolescents' internalizing symptoms and externalizing behavior: Mediation via emotional insecurity. *Journal of Early Adolescence*, *34*(6), 712–735. https://doi.org/10.1177/0272431613501408

Bayer, J.K., Ukoumunne, O.C., Lucas, N., Wake, M., Scalzo, K., & Nicholson, J.M. (2011). Risk factors for childhood mental health symptoms: National Longitudinal Study of Australian Children. *Paediatrics*, *128*(4), e865-e879. https://doi.org/10.1542/peds.2011-0491

Chervonsky, E., & Hunt, C. (2019). Emotion regulation, mental health, and social wellbeing in a young adolescent sample: A concurrent and longitudinal investigation. *Emotion*, 19(2), 270-282. https://doi.org/10.1037/emo0000432

Christensen, D., Fahey, M.T., Giallo, R., & Hancock, K.J. (2017). Longitudinal trajectories of mental health in Australian children aged 4-5 to 14-15 years. *PLoS ONE*, *12*(11). https://doi.org/10.1371/journal.pone.0187974

Corry, D. A. S., & Leavey, G. (2017). Adolescent trust and primary care: Help-seeking for emotional and psychological difficulties. *Journal of Adolescence*, *54*, 1-8. http://doi.org/10.1016/j.adolescence.2016.11.003

Daraganova, G. (2017). Self-harm and suicidal behaviour of young people aged 14–15 years old. *Annual statistical report 2016*, 119-144.

Department of Social Services; Australian Institute of Family Studies; Australian Bureau of Statistics, 2018, "Growing Up in Australia: Longitudinal Study of Australian Children (LSAC) Release 7.2 (Waves 1-7)", ADA Dataverse, V8. https://doi.org/10.26193/F2YRL5

Elliott, M. C., Shuey, E. A., & Leventhal, T. (2016). Adolescent functioning in housing and family contexts: A mixed methods study. *Journal of Family Psychology*, *30*(6), 676-686. https://doi.org/10.1037/fam0000220

Farrant, B. (2014). Maladaptive parenting and child emotional symptoms in the early school years: Findings from the Longitudinal Study of Australian Children. *Australasian Journal of Early Childhood*, *39*(2), 118-125. https://doi.org/10.1177/183693911403900215

Heerde, J. A., & Hemphill, S. A. (2018). Examination of associations between informal help-seeking behavior, social support, and adolescent psychosocial outcomes: A meta-analysis. *Developmental Review*, *47*, 44-62. https://doi.org/10.1016/j.dr.2017.10.001

Hiscock, H., Mulraney, M., Efron. D., Freed, G., Coghill, D., Sciberras, E., Warren, H., & Sawyer, M. (2020). Use and predictors of health services among Australian children with mental health problems: A national prospective study. *Australian Journal of Psychology*, *72*, 31-40. https://doi.org/10.1111/ajpy.12256

Hyde, J.S., & Mezulis, A.H. (2020). Gender differences in depression: Biological, affective, cognitive, and sociocultural factors. *Harvard Review of Psychiatry*, *28*, 4-13. https://doi.org/10.1097/HRP.0000000000000230

Leavey, G., Rosato, M., Harding, S., Corry, D., Divin, N., & Breslin, G. (2020). Adolescent mental health problems, suicidality and seeking help from general practice: A cross-sectional study (Northern Ireland Schools and Wellbeing study). *Journal of Affective Disorders*, *274*, 535- 544. https://doi.org/10.1016/j.jad.2020.05.083

Leavey, G., Rothi, D., & Paul., R. (2011). Trust, autonomy and relationships: The help-seeking preferences of young people in secondary level schools in London (UK). *Journal of Adolescence*, *34*(4), 685-693. https://doi.org/10.1016/j.adolescence.2010.09.004

Lewis, A. J., Saw-Koew, J. H., Toumbourou, J. W., & Rowland, B. (2020). Gender differences in trajectories of depressive symptoms across childhood and adolescence: A multigroup growth mixture model. *Journal of Affective Disorders*, *260*, 463-472. https://doi.org/10.1016/j.jad.2019.09.027

Liddle, S. K., Vella, S. A., & Deane, F. P. (2021). Attitudes about mental illness and help seeking among adolescent males. *Psychiatric Research*, *301*(113965). https://doi.org/10.1016/j.psychres.2021.113965

McMahon, G., Creaven, A., & Gallagher, S. (2020). Stressful life events and adolescent wellbeing: The role of parent and peer relationships. *Stress and Health*, *36*, 299-310. https://doi.org/10.1002/smi.2923

Muris, P., Meesters, C., & van der Berg, F. (2003). The Strengths and Difficulties Questionnaire (SDQ): Further evidence for its reliability and validity in a community sample of Dutch children and adolescents. *European Child & Adolescent Psychiatry*, *12*, 1-8. https://doi.org/10.1007/s00787-003-0298-2

O'Connor, M., Romaniuk, H., Gray, S., & Daraganova, G. (2021). Do risk factors for adolescent internalising difficulties differ depending on childhood internalising experiences? *Social Psychiatry and Psychiatric Epidemiology*, *56*, 182-192. https://doi.org/10.1007/s00127-020-01931-8

Reeb, B.T., & Conger, K.J. (2011). Mental health service utilization in a community sample of rural adolescents: The role of father–offspring relations. *Journal of Pediatric Psychology*, *36*(6), 661-668. https://doi.org/10.1093/jpepsy/jsr016

Rothenberg, W.A., Lansford, J.E., Alampay, L.P., Al-Hassan, S.M., Bacchini, D., Bornstein, M.H., Chang, L., Deater-Deckard, K., Di Giunta, L., Dodge, K.A., Malone, P.S., Oburu, P., Pastorelli, C., Skinner. A.T., Sorbring, E., Steinberg, L., Tapanya, S., Tirado, L.M.U., & Yotanyamaneewong, S. (2020). Examining effects of mother and father warmth and control on child externalizing and internalizing problems from age 8 to 13 in nine countries, *Development and Psychopathology*, *32*, 1113-1137. https://doi.org/10.1017/S0954579419001214

Ryan, S.M., Toumbourou, J.W., & Jorm, A.F. (2014). Factors associated with service use for young adolescents with mental health problems: Findings from an Australian longitudinal study. *SAGE Open*, *4*(4). https://doi.org/10.1177/2158244014556286

Sechi, C., Vismara, L., & Lucarelli, L. (2020). Attachment to parents and peers and adolescent mental health: The mediating role of alexithymia. *Community Mental Health Journal*, *56*, 894-905. https://doi.org/10.1007/s10597-020-00553-3

Seidler, Z.E., Rice, S.M., Kealy, D., Oliffe, J.L., & Ogrodniczuk, J.S. (2020). Getting them through the door: A survey of men's facilitators for seeking mental health treatment. *International Journal of Mental Health and Addiction*, *18*, 1346-1351. https://doi.org/10.1007/s11469-019-00147-5

St George, J., Fletcher, R., & Palazzi, K. (2017). Comparing fathers' physical and toy play and links to child behaviour: An exploratory study. *Infant and Child Development*, *26*(e1958). https://doi.org/10.1002/icd.1958

Tang, A.-M., Deng, X.-L., Du, X.-X, & Wang, M.-Z. (2018). Harsh parenting and adolescent depression: Mediation by negative self-cognition and moderation by peer acceptance. *School Psychology International*, *39*, 22-37. https://doi.org/10.1177/0143034317709066

Vella, S. A., Gardner, L. A., Swann. C., & Allen, M.S. (2019). Trajectories and predictors of risk for mental health problems throughout childhood. *Child and Adolescent Mental Health*, *24*(2), 142-148. https://doi.org/10.1111/camh.12279

Wang, C., Williams, K. E., Shahaeian, A., & Harrison, L.J. (2018). Early predictors of escalating internalizing problems across middle childhood. *School Psychology Quarterly*, *33*(2), 200-212. https://doi.org/10.1037/spq0000218

Zubrick, S.R., Lucas, N., Westrupp, E. M., & Nicholson, J. M. (2014). Parenting measures in the Longitudinal Study of Australian Children: Construct validity and measurement quality, Waves 1 to 4. *LSAC technical paper*, *12*, 1-110.