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Parents who seek services for their children may have beliefs about the causes of emotional and behavioral problems that are not consistent with current research findings. These beliefs may hinder parental help-seeking, especially among underserved minority groups. Thus, the authors explored perceptions held by parents with racial/ethnic backgrounds about the causes of mental illness in their children. Results indicate that African-American, Asian Pacific Islander, and Latino parents were less likely than Non-Hispanic White parents to attribute mental health problems in their children to a combination of biological, psychological, and sociological factors. Significant differences between racial/ethnic groups were also found.

For this study, a subsample of 1,338 parents were selected from the Patterns of Care (POC) Survey. The current sample included 270 African American (AA), 372 Latino, 109 Asian Pacific Islander (API), and 587 Non-Hispanic White (NHW) parents; their children were receiving services in San Diego County. *Data Trends* #35, #55, and #86 summarize studies of diagnoses, referral patterns, and barriers to care among participants in the POC survey, respectively.

For the current study, parents endorsed up to 11 global items on the Beliefs About the Cause of Child Problems—Parent Version, a measurement designed for the POC survey. These items were grouped under three categories: 1) *Biopsychosocial* (i.e., a combination of biological, psychological, and sociological factors). This category includes five items understood to influence mental health problems and toward which treatment is typically directed: *physical causes*, *personality*, *relational issues*, *familial issues*, and *trauma*; 2) *Sociological*. This category includes *friends*, *American culture*, *prejudice*, and *economic problems*; and 3) *Spiritual causes* (e.g., spirit possession), and *Nature disharmony* (i.e., disruption of the child's vital energy flow) comprise the final category.

A series of analyses uncovered a tendency among each racial/ethnic group to endorse each item in the biopsychosocial category significantly *less* often than did the NHW group. Of items in the sociological category, significant differences were found between minority and NHW parents for *American culture* and *prejudice* (see the textbox for major findings and implications).

Results also revealed significant differences between racial/ethnic groups for both the biopsychosocial and sociological categories. African American parents identified *physical* causes more often than API and Latino parents. Compared to API parents, AA respondents were also more likely to report that *personality* and *familial* factors caused mental health problems. Latino parents believed that *familial* problems adversely affected mental health more often than did API parents. When compared to Latino and AA parents, API respondents were more likely to endorse *American culture* as the cause of their children's problems. Further, more AA parents identified *prejudice* than did Latino parents.

#### Summary of Major Findings

- Parents from minority backgrounds were less likely to endorse items related to biopsychosocial causes than Non-Hispanic White parents were;
- Parents from minority backgrounds were more likely than Non-Hispanic White parents to endorse sociological differences, particularly those related to characteristics of American culture, and issues related to prejudice;
- There were some differences between parents in the different racial and ethnic groups, highlighting the need to understand the beliefs of each group rather than viewing all parents from minority backgrounds as having a similar view.

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The results of this study may help further our understanding of help-seeking patterns among AA, API, and Latino parents and their beliefs about the causes of child mental health problems. As suggested by the authors, if ethnic minority parents have explanatory beliefs about child problems that are less consistent with biopsychosocial causes, they may be unlikely to comply with the majority of treatments available to them.

The clinical implications of this study call for strategies that acknowledge and work directly with parental beliefs about the causes of mental illness. The authors recommend that clinicians and administrators direct some of their outreach efforts toward informing parents about possible relationships between sociological factors and the full range of what we know about possible causes for emotional and behavioral problems (p. 611). They also suggest that mental health services address problems that are sociological in nature—such as prejudice, or American culture for newly immigrated families—which may contribute to children’s emotional and behavioral problems.