Caregiver Attitudes Toward Digital Mental Health Interventions and Therapy: Exploring Support Systems for Children Impacted by Caregiver Substance Use

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Introduction

- Substance use disorders (SUDs) impact 20.4 million people in the United States (SAMHSA, 2019). The onset of the COVID-19 pandemic has exacerbated the struggles that people with SUDs may face, including higher rates of overdose and increased risk of negative COVID-19 outcomes.
- The resulting physical, mental, and relational challenges that can result from SUDs are not solely experienced the individual. Children who have a parent struggling with SUDs are at-risk for developing psychopathology (Raitasalo & Holmila, 2017), developing a SUD themselves later in life (Kilpatrick et al., 2000), and lower overall wellbeing (Kuppens et al., 2019).
- Though mental health interventions and professional support exist to strengthen protective factors for these at-risk youth, caregiver reluctance to engage youth in treatment remains a barrier (Contractor et al., 2010).
- Digital mental health interventions (DMHIs) present one possible effective solution to increase access to care for these vulnerable youth (see Kahl et al., 2020; Liverpool et al., 2020). Ultimately, caregivers are responsible for making treatment decisions for their children. Understanding caregiver attitudes towards services can inform practitioners on how to encourage use of these interventions for at-risk youth.

Methods

- **Participants**: Caregivers (N = 4,853) with at least one child in a mentoring program. 239 caregivers indicated that they either currently or previously struggled with a SUD.
- **Statistical analyses:** Chi-Square Tests of Independence were conducted to examine if engagement with psychotherapy or endorsement of barriers to DMHI use differed between caregivers with SUDs and caregivers without SUDs.

Results

- There are differences in **rates of children receiving therapy** across the SUD caregiver and non-SUD caregiver groups: $X^2(1, 4798) = 27.748$, $p < .001$

Caregivers with a substance use disorder (SUD) were more likely to endorse concerns around embarrassment or shame regarding therapy and online intervention usage for their child than caregivers without a SUD.

Caregivers with a SUD were more likely to endorse concerns around transportation to therapy for their child than caregivers without a SUD.

Youth who had a caregiver with a SUD were more likely to receive therapy than youth who did not have a caregiver with a SUD.

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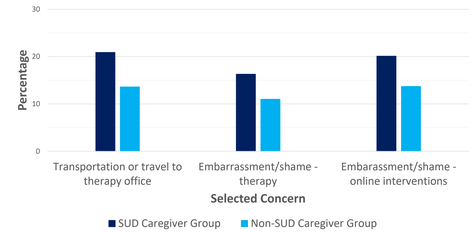
Results

Figure 1. Concern Endorsement by Group



- There are differences in **concerns endorsed** across the SUD caregiver and non-SUD caregiver groups:
  - Transportation or travel to a therapy office:
    - $X^2(1, 4811) = 10.189$, $p < .001$
  - Embarrassment or shame around therapy:
    - $X^2(1, 4811) = 6.485$, $p = .011$
  - Embarrassment or shame around online interventions:
    - $X^2(1, 4811) = 7.640$, $p = .006$

Discussion

- The present study highlights significant differences in concerns around transportation to therapy and embarrassment or shame around therapy and online interventions between the two caregiver groups.
- Because participants were already engaging their children in mentoring services, it is possible that the surveyed caregivers with a SUD were more open to engaging their children in therapy as well.
- Increasing access to DMHIs can offer a scalable solution for addressing the mental health needs of youth impacted by caregiver substance use, but practitioners should approach suggesting these interventions with care, as embarrassment or shame around needing support may impact a family's decision to engage a child in treatment.
- Feedback from these caregivers will be important when developing culturally relevant, destigmatizing interventions to support their youth.
- Future research may explore additional differences in attitudes across demographic groups. Focus groups or interviews can also provide opportunities to further examine how stigma and shame can impact DMHI usage and access to treatment for at-risk youth.