



Caregivers' Attitudes Towards Youth Digital Mental Health Interventions during the COVID-19 Pandemic



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Introduction

- Digital mental health interventions (DMHIs) show good efficacy in treating a number of mental health conditions in youth (Ye et al., 2014; Garrido et al., 2019)
- Despite their potential benefits, uptake and consistent use of these interventions have been low (Torous et al., 2018; Greenhalgh et al., 2017)
- Since caregivers are often the gatekeepers to mental health services for youth, there is a need to understand caregivers' comfort with and concerns about their children using DMHIs
- Examining factors predicting these attitudes and understanding barriers can help identify ways to increase the use of DMHIs to address gaps in access to mental health care

Methods

Online survey (completed between 8/12/21- 8/16/21)

Participants:

- 4,853 parents and caregivers who had at least one child in a mentoring program (Age $M=36.29$, $SD=5.79$, 61.2% White, 20.2% Black/African American, 27.9% Latinx)
- More than half of children (64.41%, $N=3126$) had received professional help for mental or psychological challenges (psychotherapy, prescription medications)

Analysis:

- Frequency analysis was conducted for barriers to DMHI use
- Hierarchical multiple regression analyses were conducted to examine the factors that may predict caregivers' comfort with youth using DMHIs
- step one: demographic and clinical factors, step two: mental health attitude factors, step three: previous DMHI use

Results

- 41% reported that they would be comfortable with their child using these interventions, while more than 90% reported that they believed DMHIs can be helpful for their child's mental health
 - Only close to ten percent (9.44%, $N= 474$) reported their child had used a DMHI
 - Not knowing how to find DMHIs (27.14%) and preferring to handle mental health issues within the family (26.66%) were the most common concerns

Although many caregivers are comfortable with their children using digital mental health interventions and think it would be helpful, they don't know where to find them

- Regression model: Accounted for 29% of the variance in parent's comfort ($R^2 = .29$, $p<.001$).
 - Black, Asian, female, older caregivers, and caregivers who had a child with a neurodevelopmental disorder (ND) were *less comfortable* with their children using DMHIs ($\Delta R^2 = .03$, $F(15, 4137) = 8.01$, $p<.001$, $\beta = -.33$, $\beta = -.37$, $\beta = -.12$, $\beta = -.02$, $\beta = -.15$ respectively)
 - Greater comfort with and perceived helpfulness of therapy, more positive attitudes towards psychological support, and parent and child previous use of therapy contributed significantly to the model ($\Delta R^2 = .23$, $F(20, 4132) = 72.57$, $p<.001$)
 - Parents who had received therapy in the past for themselves were more comfortable with their children using DMHIs, whereas parents whose children had received therapy were less comfortable ($\beta = .17$, $\beta = -.38$)
 - Parents whose child has used DMHIs in the past were more comfortable with their child using DMHIs ($\Delta R^2 = .03$, $F(24, 4128) = 70.28$, $p<.001$, $\beta = .74$)

Discussion

- The gap between caregiver comfort (41%) and actual use of DMHIs by children (10%) suggests a huge potential for growth in the uptake of these interventions
- This gap may be explained by the major concern parents identified, not knowing how to find DMHIs
- This speaks to the need for better ways of dissemination through different avenues (i.e. mentoring programs), particularly since many evidence-based interventions available are not being accessed (Wasil et al., 2020)
- Demographic and clinical factors (race, gender, age, child ND), mental health treatment attitudes, and previous experience with DMHIs were associated with caregivers' comfort
- Future studies should further delve into reasons for discomfort, especially amongst Black and Asian parents, and how these can inform the design and dissemination of DMHIs for youth of color



References available by request