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Logging into therapy: Parent attitudes and intentions to use computer-based therapies for youth mental health

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ABSTRACT

Objectives: The first aim of this study was to describe parental attitudes towards and intentions to access, computer-based therapies for youth mental health problems. The second aim was to assess parental factors (demographic and clinical factors, personality, technology factors, mental health knowledge and attitudes, and knowledge of computer-based therapies) predicting attitudes and intentions to access computer-based therapies for youth.

Method: Three hundred and seventy-three Australian parents completed an online survey measuring: demographics; mental health service experience; personality; technology factors; mental health knowledge and attitudes; perceived benefits, problems, and helpfulness of computer-based therapies; and intentions to access services.

Results: Approximately 50% of parents reported accessing support for their child's mental health, yet only 6% had used a computer-based therapy. The majority of parents strongly endorsed all benefits of computer-based therapies, and appeared relatively less concerned by potential service problems. Computer-based therapies were perceived as *somewhat* to *extremely helpful* by 87% of parents and 94% indicated that they would utilise a computer-based therapy if their child required support and one was offered to them. Parental knowledge of computer-based therapies significantly predicted perceived helpfulness ($\Delta F = 19.23$ (1301), $p = <.001$) and intentions to access ($\Delta F = 10.91$ (1288), $p = .001$) computer-based therapies, above that of parent demographic characteristics, clinical factors, and engagement with technology.

Conclusions: Australian parents hold positive attitudes to the use of computer-based therapies.

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1. Introduction

Despite advancements in evidence-based treatments, youth mental health problems remain prevalent. Only 46.1% of Australians with a mental illness receive mental health services (Whiteford et al., 2014) and young people are among those least likely to access support (Slade et al., 2009). Computer-based therapies are well placed to improve access to evidence-based interventions for mental health problems in youth and circumvent many of the barriers to accessing treatment (Elkins et al., 2011). There is a growing body of research supporting the efficacy of computer-based therapies for young people across a variety of mental health problems (Donovan & March, 2014; Spence et al., 2011; Grist & Cavanagh, 2013; Sethi, 2013) with computer-based therapies demonstrating comparable levels of effectiveness to face-to-face interventions (Barak et al., 2008; Christensen et al., 2014; Grist & Cavanagh, 2013). Unfortunately, the uptake of these programmes has been recognised as being low in the past (Gun et al., 2011) and little is known about programme uptake within child and adolescent populations.

There are many factors that may contribute to the poor uptake of computer-based therapies. The theory of planned behaviour (Ajzen, 1985) emphasizes the role of attitudes in predicting behavioural intentions, which are in turn influenced by individual characteristics, knowledge, perceived benefits, and perceived problems. There is limited research exploring attitudes towards computer-based therapies for the treatment of mental health problems in young people, with the majority of studies focusing on the perceptions of mental health clinicians and the attitudes of consumers/clients themselves being relatively ignored. Clients of these services not only include young people, but also their parents who act as gatekeepers for child access to mental health support.

Apart from studies which have examined consumer feedback on specific interventions for programme development or pilot trial (Cunningham et al., 2006; Salloum et al., 2013), there is only one

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study that has examined attitudes of youth towards computer-based therapies generally. Horgan and Sweeney (2010) examined the attitudes of university students (aged 18–24 years) in the United Kingdom and found that the majority of students were willing to access mental health services online, with a third having done so already, and two thirds reporting that they would if they needed to. However, four out of five students reported a preference for traditional face-to-face support if both modes of therapy were available. Students who preferred internet support indicated that anonymity, privacy, confidentiality, accessibility, speed and cost were the greatest perceived benefits. Evidently, the only study that has examined attitudes towards computer-based therapies for youth mental health generally, has sampled young adults, not youth or their parents. Research conducted to date is therefore limited in its capacity to advance our understanding of consumer attitudes towards these services.

Although in its infancy, research is this area is important, as the results may be used to inform effective models of dissemination and targeted promotion aimed at increasing the uptake of computer-based therapies, so that children and adolescents can ultimately benefit from improved access to effective psychological services. Research in this area may also inform the design and development of future computer-based therapy programmes. The current study sought to explore parental perceptions about computer-based therapy for their children, as parents are typically the primary gatekeepers for child and adolescent mental health services. Parental attitudes towards support services can therefore either promote or hinder the uptake of programmes by young people. To the authors' knowledge, there has been no research conducted to date that has explored parental perceptions of these services, exclusive of user feedback on a specific intervention programme (Salloum et al., 2013). In addition to investigating the content of parental attitudes, it is also important to examine factors that may influence these attitudes towards computer-based therapy for youth.

The limited research conducted in the adult literature suggests that factors such as personality and use of technology may impact on attitudes towards computer-based therapies. For example, Klein and Cook (2010) found that lower trait loading on extraversion, neuroticism, agreeableness, and openness to experience was linked to adults' preference for e-therapies, although neuroticism was not related to preference in a study of young people conducted by Tsan and Day (2007). Greater technology access and higher computer fluency have also been linked with more positive clinician attitudes towards computer-assisted therapies for adult clients (Becker & Jensen-Doss, 2013), although no differences in technology access between those preferring 'e' versus 'non-e' therapies were found by Klein and Cook (2010).

Mental health knowledge and attitudes are positive predictors of help-seeking in traditional mental health services (Cometto, 2014; Jorm, 2012). Following this, there is preliminary yet consistent evidence to suggest that knowledge of, and experience with, computer-based therapies is also associated with higher intended uptake. Mental health professionals who had been exposed to computer-based therapies have been found to perceive more benefits for their use in child and adolescent populations (Fleming & Merry, 2013). Furthermore, it has been demonstrated that previous users of, and those with knowledge of, internet-based programmes provide higher ratings of acceptability and greater intentions to use computer programmes compared to those with no prior experience or with limited knowledge (Gun et al., 2011; Klein and Cook, 2010). Thus, it seems logical, and indeed suggested by researchers (e.g. Carper, McHugh & Barlow, 2013) that a pronounced lack of exposure to computer-based therapies could account, at least in part, for the low rates of uptake found.

It is evident that there is a shortage of empirical research examining predictors of attitudes and intended uptake of computer-based therapies and a complete absence of such research examining parental and youth predictors. What is available in the clinician and adult literature suggests that personality, technology factors, mental health knowledge and attitudes, and knowledge of computer-based therapies may be influential to attitudes and worthy of investigation.

The first aim of the current study was to describe in a quantitative manner, parental attitudes towards computerised therapy for youth, such that the child or adolescent is completing the therapy programme. Attitudes described included 1) perceived benefits of computer-based therapies, 2) perceived problems with computer-based therapies, 3) perceived helpfulness of computer-based therapies, and 4) intentions to access computer-based therapies for their children. Parental recommendations for the availability of computer-based therapies for youth were also of interest. The second aim of this study was to assess parental factors predicting attitudes and intentions to access computer-based therapies for youth. Parental factors of interest include 1) demographics, 2) personality, 3) technology factors, 4) mental health knowledge and attitudes, and 5) knowledge of computer-based therapies.

2. Method

2.1. Participants

Participants were parents who had at least one child aged 0–18-years old. Participants were 373 parents aged 18–56 years (M = 36.01, SD = 7.27), of whom n = 329 (88.2%) were female. Table 1 provides the demographic characteristics of participants. As is evident, the majority of participants resided in an urban locality, were married or in a defacto relationship, were currently engaged in study and some form of employment, and had completed tertiary education. The majority of participants' partners were in full-time employment and had a combined household annual income of less than $100,000.

The characteristics of participants' children were also reported. All participants had at least one child aged 0–18 years old. In total, all children of participants (i.e. not a target child) were aged between 0 and 28 years (M = 8.26, SD = 6.06), and 53.1% (n = 405) were male. The majority of parents reported having one or two children (M = 2.05, SD = 1.05). In total, 66.0% (n = 246) of parents reported at least one child with a current or past mental health problem, the most prevalent of which were anxiety (n = 146, 39.1%), behavioural problems (n = 114, 30.6%), bullying (n = 89, 23.9%), depression/mood (n = 58.

Table 1
Participant demographics.

Category	Group	n	%
Residential location[b]	Urban	302	82.1
	Rural	66	17.9
	Nil	91	24.4
Study[a]	Casual/part-time	135	36.2
	Full-time	147	39.4
	Unemployed	115	30.8
Employment[a]	Casual/part-time	150	40.2
	Full-time	108	29.0
	Secondary	72	19.3
Highest level of education[a]	Tertiary	244	65.4
	Post-graduate	57	15.3
	Married/defacto	266	71.3
Relationship[a]	Single–separated/divorced	58	15.5
	Single–never married	47	12.6
	Other	2	0.5
	Unemployed	26	9.8
Partner's employment[c]	Casual/part-time	28	10.6
	Full-time	211	79.6
	Secondary	56	21.1
Partner's highest level of education[c]	Tertiary	183	69.1
	Post-graduate	26	9.8
	Less than $60,000	141	37.8
Household annual income[a]	$61,000–$100,000	93	24.9
	$101,000–$140,000	79	21.2
	Greater than $141,000	90	16.1

[a] n = 373.
[b] n = 368.
[c] n = 265.

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