The Parent’s Role in Adolescent Care-Seeking: Building Research Evidence to Mobilize This Untapped Resource

Despite growing autonomy in adolescence, a large body of research shows that parents and caregivers play a critical role in promoting positive adolescent health outcomes through service access and treatment [1–4]. However, parental awareness of both health concerns and where to go for appropriate support is a key factor underlying this process [5,6]. This issue’s review and synthesis of the parental help-seeking intervention literature by Murphy et al. [7] represents an important step in thinking about how we can better leverage the evidence on parent involvement to promote adolescent health.

In their review, Murphy et al. [7] sought to synthesize the content and design of interventions intended to promote parental help-seeking behavior for a variety of adolescent health concerns. A key strength of this review is that the authors used a common components approach based on the behavioral change technique taxonomy [8] to identify the shared themes across interventions that had a strong methodology and showed change in help-seeking. Frequently used for behavioral interventions, this common components method seeks to identify the “active ingredients” of evidence-based programs [9,10]. As similar approaches have been used in recent research [11,12] including a report on adolescent health behavior programs from the National Academies of Sciences, Engineering, and Medicine [1], the use of these methods can move the field forward by promoting common understanding and discussion of active intervention components. Additionally, similar methods have shown great promise in breaking down interventions into their most successful parts to develop new, shorter, more accessible, and most importantly, more effective programs [13,14]. Thus, the use of this method offers both the opportunity for shared understanding and the promotion of work that could create more disseminable interventions.

Murphy et al. [7] found 18 studies that met criteria for their review, of which 9 found significant increases in help-seeking, 5 found no increase, and the remaining 4 found mixed results; however, only 6 were deemed to have strong design and methodology, and just 4 were identified as promising interventions for replication. Across all studies, the most common components of the parent-focused interventions were having a credible source deliver the intervention, providing both formal and informal social support, using prompts or cues for services and appointments, framing or reframing perspectives about the health concern, and providing information about the social and environmental consequences of the health concern.

A key next step in moving this work forward is to not just understand which components are common, but which components are effective. Just because the components are present across promising interventions, it does not necessarily mean they account for changes in help-seeking or are applicable across service settings, populations, or health outcomes. Unfortunately, there are several shortcomings of the existing research that limited the conclusions the authors could make in this regard. The first limitation is that most of the current literature on parental help-seeking comes from the mental health field. Parental help-seeking is a particularly important area of research for mental health, since adolescents with mental health concerns may have conditions that can interfere with their recognition of a problem or willingness to seek care. Thus, caregivers who are involved in the day-to-day lives of adolescents may be key partners in helping them to access this care. However, we cannot assume that what is effective for mental health can be broadly applied to other adolescent health concerns, such as reproductive health or substance use. There is therefore a need for research that examines the role of parental help-seeking in the context of these other health concerns to inform situations in which it would be most effective to focus such interventions on parents versus direct outreach to adolescents.

A second limitation of the existing research is that there are limited data to link these interventions to improved adolescent health outcomes. Of the four studies that were determined to be promising, two were universal interventions focused on parental knowledge and awareness outcomes and were not linked to actual treatment engagement. Although these low-intensity,
one-time educational interventions may have good potential, more work is needed to link these to improvements in health outcomes. The other two promising interventions demonstrated higher rates of mental health service engagement; however, these were more intensive interventions for higher risk youth. It is hard to know how these types of approaches would generalize to other populations and, while it is encouraging that attendance in mental health services increased, it would also be helpful to have linkages to behavioral health outcomes to support the importance of these types of interventions.

The research is clear that parents play an important, but currently untapped, role in care seeking for adolescents. Murphy et al.’s article provides a key first step in summarizing the active ingredients of existing interventions in a manner that can encourage shared understanding and discussion. However, it also highlights how much work still needs to be done regarding how to best engage and partner with parents to improve outcomes for all adolescents and should serve as a call for further research into this important topic.

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References