Mothers’ Attitudes Toward Seeking Help for Their Children From School and Private Psychologists

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Tel Aviv University

What inhibits parents from seeking psychological help for their children? This study examined the attitudes of mothers of school-age children toward seeking psychological help from school psychological services and from private psychologists. Mothers express greater and more intense worries in relation to seeking help from school psychological services as compared to private psychologists. Hypothetical vignettes about a problematic child also showed that mothers prefer to refer both their own child and that of a friend to a private psychologist. Reducing the threat aroused by public sector psychologists should increase the utilization of psychological help for children.

Many children in need of psychological help do not receive it. In fact, only a small percentage of those requiring psychological help reach mental health services (Garland & Zigler, 1994; Kolko & Kazdin, 1993; Pavuluri, Lut, & McGee, 1996). The gap between the number of individuals in need of help and those receiving it has been called the “service gap” (Steffl & Prosperi, 1985). It appears that several emotional barriers prevent individuals from receiving psychological help. It is important that psychologists, particularly those in the public sector, and school authorities become aware of this problematic phenomenon.

Research in the field of help-seeking behavior examines the processes an individual undergoes from the onset of emotional distress to the stage of seeking professional help (Rogler & Cortez, 1993). Coping with ongoing emotional distress generally arouses the motivation to bring about relief. Fischer, Winer, and Abramowitz (1983) outlined five stages in the process of seeking help. In Stage 1, the individual recognizes that a problem exists and that it has or will have harmful consequences. In Stage 2, the individual reviews possibilities for resolving or reducing the problem. In Stage 3, the individual considering seeking help weighs the benefits and losses that turning to professional help is likely to incur. Although the individuals can benefit from professional help and as a result fulfill instrumental needs, seeking help is also associated with psychological costs that may prevent individuals from seeking help (Dubow, Lovko, & Kausch, 1990; Garland & Zigler, 1994; Nadler, 1991, 1997; Whittaker et al., 1990). In Stage 4, an event or occurrence takes place that mobilizes the individual to seek help. In the case of seeking psychological help, the event may be a worsening of the problem or intensification of symptoms. Finally, in Stage 5, the individual becomes convinced of the need for professional help and is ready to seek it.

Nadler and Fisher (1986) proposed a threat to self-esteem model in an attempt to explain attitudes and behaviors regarding help-seeking behavior. According to Nadler and Fisher, threat to self-esteem is a primary mediating influence on attitudes and behaviors related to seeking help. Apparently, the psychological component (attitudes, beliefs, intentions) has greater weight than practical considerations (financial costs, availability, time constraints) when making the decision to seek professional help (Hornblow, Bushnell, Wells, Joyce, & Oakley-Brown, 1990). When the threat to self-esteem is great, seeking help may be experienced as a blow to one’s self-worth. The threat of diminished self-worth may inhibit help-seeking behavior (Amato & Saunders, 1986; Nadler, 1991).

Understanding the processes affecting parents seeking help for their children is particularly important because it is generally parents who refer children for help (Ho & Chung, 1996). In a study conducted by Nock and Kazdin (2001), the authors found that parents’ anticipatory beliefs about therapy predicted subsequent barriers to treatment participation, treatment attendance, and premature termination of treatment. They also found that socioeconomic disadvantage and ethnic minority status, severity of child dysfunction, child age, and parental stress and depression predicted lower expectations and participation in treatment.

In addition to these barriers, there is likely to be a range of psychological barriers that affect parents’ willingness to refer their child to treatment. It is likely that a child’s emotional difficulties often arouse a sense of narcissistic injury in the parent, including feelings of low self-worth and inadequacy as a parent (Phares, Ehrbar, & Lum, 1996). It would therefore seem likely that parents considering psychological help for their children will be subject to similar defense mechanisms and emotional reactions (the weighing up of costs and benefits) that affect readiness to seek help for oneself.
A study of parents’ help-seeking behavior for 5–7-year-old children showed that parents face several barriers to seeking psychological help for their children, resulting in only 19% of children with behavior problems receiving psychological help (Pavuluri et al., 1996). The authors highlighted such barriers as fears and inhibitions. Similarly, Ho and Chung’s (1996) research reported a tendency of parents to refrain from seeking professional help because of a sense of embarrassment and inadequacy. In their study, parents preferred to cope with problems on their own or within their family support network. Kushner and Sher (1991) coined the term “treatment fearfulness” to reflect the subjective state of worry that arises out of fears and negative expectations regarding the process of seeking psychological help.

It is likely that many of the fears described by Kushner and Sher (1991) are relevant to parents considering seeking help for their children. These include a fear of embarrassment (Mayer & Timms, 1970; Sweetser, 1960), a fear of exposing “family secrets,” a fear of change (Bugental & Bugental, 1984), a fear related to a previous negative therapeutic experience, and a fear of stigma (Mechanic, 1970; Sweetser, 1960), a fear of exposing family secrets, a fear of negative therapeutic experience, and a fear of stigma (Mechanic, 1980; Steffl & Prosperi, 1985).

Research on help seeking indicates that different sources of help arouse different types of fears and concerns. In general, individuals prefer seeking help from informal help sources such as friends and family members rather than from formal, professional sources (Wills, 1992). Even among formal professional sources of help, individuals distinguish between help sources from which they are more or less willing to seek help (Tinsley, Brown, de St. Aubin, & Lucek, 1984). For example, psychologists working in the private sector report that some parents prefer to refer their children privately rather than to public psychological services because of fears concerning the latter. Although seeking help from both help sources involves certain “costs,” it is possible that referral to public sector child psychologists intensifies specific costs, thereby reducing parents’ willingness to seek help from school psychological services.

The current study compares two sources of professional help: child psychologists working within school psychological services and child psychologists working privately. Throughout almost every community in Israel, there are school psychological services that serve school-age students, their parents, and teachers (Raviv, 1989). Their services are provided free of charge, and any parent can approach them by way of the teacher or school counselor, or they may approach them directly. In contrast to referrals to private psychologists, which are completely confidential, school referrals involve the child’s teacher and school counselor in the treatment process. Following a referral, parents are invited to a meeting at the local school psychological services center, where the assessment and treatment of the child takes place. Although all files kept at the center are strictly confidential, relevant information is given to the referral source (i.e., the teacher) with parental consent. By comparing referrals to both private and public child psychologists, we sought to enhance our understanding of the fears associated with this process, including the threat to the self which inhibits mothers from seeking psychological help for their children. To this end, we used two research methodologies that assess the worries experienced by parents who are considering seeking psychological help for their children.

Analysis of Mothers’ Attitudes Toward Psychological Help

Participants were 380 mothers of third- to fifth-grade school-age children drawn from nine elementary schools in the greater Tel Aviv area (189 were mothers of boys and 191 were mothers of girls). Most of the mothers (93.3%) described their socioeconomic status as average to high. They reported a range of 10–26 years of education (M = 15.13, SD = 2.76). The number of children per family ranged between 1 and 5 (M = 2.62, SD = 0.83). Previous contact with a psychologist was reported by the mothers as follows: 22.9% of mothers sought help from a private psychologist (for themselves or their children) on one occasion, and 28.1% of the mothers sought help more than once. Regarding school psychologists, 25.8% sought help only once, and 21.4% more than once. Mothers’ level of satisfaction from help sources they used in the past was indicated on a 4-point scale, ranging from 1 (extremely unsatisfied) to 4 (very satisfied). Mean levels of satisfaction with psychological help (for those who were helped at least once) were 3.10 (SD = 0.81) for a private psychologist and 2.75 (SD = 0.94) for a school psychologist.

Worry Scales

Mothers were asked to indicate on a 5-point scale the degree to which they felt each item represented a considerable worry to parents seeking help for their child from school psychological services and private psychologists, ranging from 1 (not at all) to 5 (greatly). This questionnaire was adapted from a previous study (Propper, 2000) that found high Cronbach reliabilities for 13 items that describe parents’ fears and “costs” aroused by referring their children for psychological help from school and private psychologists, respectively. Ten of the 13 items were identical for both types of psychologists, whereas the remaining 3 items were specific to each of them (see the Appendix for a list of worry items).

Table 1 presents the factors obtained from the Worry Questionnaire in regard to referral to a school psychologist and a private psychologist. For both sources, one set of issues consists of worries regarding possible harm to the child, whereas the second set of issues pertains to worries regarding threats or costs to parents. Reliabilities (Cronbach) of the factors regarding a school psychologist were α = .85 and .83 for the parents and the child-related worries, respectively. Regarding the private psychologist, they were α = .77 and .85, respectively. The means of the 13 worry items are presented in Table 1.

Comparisons between the 13 items for each of the sources of help were conducted using paired t tests, with the Bonferroni correction for multiplicity (78 comparisons), α = .05. For both scales, the highest ratings were for worries related to possible harm to the child, and the lowest were for those considered to be threats to parents. For the school psychologist, the greatest worry pertained to the consequences of seeking help regarding the child’s future. The next concern related to the lack of discretion in the public system and the possible stigma associated with the child. The first two items were specific to the school psychologist. These worries were followed by concerns regarding fixation and inflation of the problem, the “power” attributed to the public system, doubting the psychologist’s professionalism, and the negative self-image of the child. The worry scores related to threats to parents were relatively low. The strongest worry regarding a private psy-
chologist was the financial cost of treatment, which was specific to the private psychologist; the second group of worries included the problem’s fixation, negative self-image, doubting the psychologist’s professionalism, and the economic interests of the psychologist.

In order to compare the two help sources (school vs. private) regarding the degree of worry, we used only the 10 items identical to both scales. A multivariate analysis of variance (MANOVA) on these 10 items, with the source as a within-subject variable and gender as a grouping variable, did not yield any effect for gender. The other effects were all significant: On average, worries regarding the child psychologist were greater than worries regarding a private psychologist. Worry factors of child harm and threat to parents a 1.84 1.16

In one scenario, participants were presented with an imaginary story about a child exhibiting aggressive behavior (externalizing problem). In the second scenario, mothers were presented with an imaginary story about a child suffering from social withdrawal (internalizing behavior). The scenarios depicted in the questionnaire were based on stories presented to mothers of kindergarten children in a study conducted by Mills and Rubin (1990), which were adapted for school-age children (Raviv, Raviv, Edelstein-Dolev, & Silberstein, in press). Ten school psychologists further validated the choice of vignettes by confirming that the externalizing and internalizing problems represent frequent problems in their daily work.

In the self-referral questionnaire version, mothers were asked to imagine that the child described was their own. In the other-referral version, mothers were asked to imagine that the child described was the classmate of their child, the son or daughter of a friend. For each version (self- or other-referral) and type of problem (externalizing or internalizing), the child described in the imaginary story was either male or female in order to match the gender of the participant’s child.

### Table 1

*Means and Standard Deviations of Worries Concerning a School Psychologist and a Private Psychologist*

<table>
<thead>
<tr>
<th>Item</th>
<th>Worry</th>
<th>School psychologist</th>
<th>Private psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>11</td>
<td>Implications for child’s future</td>
<td>3.64</td>
<td>1.38</td>
</tr>
<tr>
<td>12</td>
<td>Indiscretion of the public system</td>
<td>3.26</td>
<td>1.48</td>
</tr>
<tr>
<td>1</td>
<td>Stigma</td>
<td>3.25</td>
<td>1.42</td>
</tr>
<tr>
<td>2</td>
<td>Fixation and inflation of problem</td>
<td>3.05</td>
<td>1.36</td>
</tr>
<tr>
<td>13</td>
<td>“Power” of the public system</td>
<td>2.93</td>
<td>1.55</td>
</tr>
<tr>
<td>3</td>
<td>Doubting the psychologist’s profession</td>
<td>2.68</td>
<td>1.39</td>
</tr>
<tr>
<td>4</td>
<td>Negative self-image of the child</td>
<td>2.84</td>
<td>1.40</td>
</tr>
<tr>
<td>5</td>
<td>Undesirable Influence on the child</td>
<td>2.17</td>
<td>1.27</td>
</tr>
<tr>
<td>14</td>
<td>Economic interests of the psychologist</td>
<td>2.41</td>
<td>1.28</td>
</tr>
</tbody>
</table>

*a* Specific to the school psychologist.  
*b* Specific to the private psychologist.

Mothers’ willingness to seek psychological help for their own child (self-referral) or to refer the child of a friend (other-referral) was assessed through the presentation of two hypothetical scenarios. In one scenario, participants were presented with an imaginary story about a child exhibiting aggressive behavior (externalizing problem). In the second scenario, mothers were presented with an imaginary story about a child suffering from social withdrawal (internalizing behavior). The scenarios depicted in the questionnaire were based on stories presented to mothers of kindergarten children in a study conducted by Mills and Rubin (1990), which were adapted for school-age children (Raviv, Raviv, Edelstein-Dolev, & Silberstein, in press). Ten school psychologists further validated the choice of vignettes by confirming that the externalizing and internalizing problems represent frequent problems in their daily work.

In the self-referral questionnaire version, mothers were asked to imagine that the child described was their own. In the other-referral version, mothers were asked to imagine that the child described was the classmate of their child, the son or daughter of a friend. For each version (self- or other-referral) and type of problem (externalizing or internalizing), the child described in the imaginary story was either male or female in order to match the gender of the participant’s child.
In the self-referral male version relating to an externalizing problem, for example, mothers were presented with the following scenario:

Imagine that in the last report from your child’s teacher, you were told that for a long time now he has been hitting other children during recess. In class as well he forcefully takes things he wants from other children. Usually, he goes to a child, grabs the object he wants, and aggressively pushes the child.

The second scenario described an internalizing problem, phrased as follows (for the male version):

Imagine that in the last report from your child’s teacher, you were told that for a long time now he has not played with any other children during recess and spends almost all of his time alone. He also rarely participates in class and does not speak to any other children.

We alternated the order in which the two types of problems were presented in the questionnaire in an attempt to control for the effect of order of presentation on the participants’ responses.

Mothers were then asked about their willingness to seek help for their child from two professional help sources: a psychologist working in the school psychological services or a private psychologist. Responses were given on a 4-point scale, ranging from 1 (absolutely not) to 4 (definitely). In addition, mothers were asked to estimate their spouse’s willingness to seek help for their child (in the self-referral scenario) or the attitude of the friend’s husband toward seeking help (in the other-referral scenario). For these questions, participants were also asked to rank their answers on the same 4-point scale. These questions were asked for both scenarios.

The questionnaires were distributed to mothers waiting for a parent–teacher meeting at nine elementary schools in the greater Tel Aviv area. The schools comprised pupils from families of middle- and upper-middle-class socioeconomic status. Mothers were approached on an individual basis and were asked to take part anonymously in a study by answering a complete questionnaire. More than 90% of the mothers who were approached agreed to take part in the study. Mothers of boys received a version in which the child described was male, and mothers of girls were given a questionnaire in which the child described was female. The referral types (self or other) were randomly distributed.

Analyses of background variables and research variables did not show any significant difference between the two referral groups. Thus, it seems that the randomness of handing out the two questionnaires worked well. A MANOVA was conducted on intentions to seek help, with gender and referral (self- vs. other-referral) as grouping factors, and problem type (externalization vs. internalization), attribution (willingness to seek help attributed by mother to herself vs. willingness attributed to her spouse), and source of help (school vs. private psychologist) as within-subject factors. Results showed a main effect of attribution, \( F(1, 351) = 75.06, p < .01 \), with mothers’ self response higher than the response they attributed to their spouse (the total mean response of mothers’ attribution of their own willingness to seek help was 2.92, \( SD = 0.71 \), and of spouse, 2.67, \( SD = 0.81 \)).

No interactions were found between the attribution variable (mother vs. spouse) and any of the other variables. In other words, the effect of attribution was due to mothers’ attributing to their spouses less willingness to seek help than the willingness that they attributed to themselves, and this was unrelated to the child’s gender, the problem type, or the psychologist. We therefore conducted an additional analysis in which only the mothers’ responses were used. Results showed that the mean of willingness to seek help for other-referral was higher than for self-referral, \( F(1, 363) = 6.44, p < .05 \). They also showed that the mean willingness to seek help from a private psychologist was higher than from a school psychologist, \( F(1, 363) = 27.35, p < .01 \). Two interactions were also significant: Referral \( \times \) Source, \( F(1, 363) = 5.27, p < .05 \), and Gender \( \times \) Problem \( \times \) Source, \( F(1, 363) = 4.68, p < .05 \).

Regarding the Referral \( \times \) Source interaction, willingness to seek help from a school psychologist was higher for other-referral than for self-referral, but no such difference was found for a private psychologist (see Table 2). The means demonstrating the three-way interaction are presented in Table 3. Post hoc comparisons did not show any significant difference between the two genders for the four variables involved. These comparisons also showed that help seeking from a private psychologist was higher than from a school psychologist for all except the internalization problem regarding boys. Comparisons between problem types did not show any significant difference.

Given the finding that problem type had a negligible effect on willingness to seek help, for the remaining analyses we used the average scores given to the externalization and internalization problems. No relations were found between past help sought from a psychologist (in the school services or in the private sector) and willingness to seek help. Thus there is no evidence of an effect of previous contact on the intention to seek professional help. However, relations were found regarding satisfaction with help. In the self-referral version, intention to seek help from a psychologist was found to be positively related to satisfaction: for a school psychologist, \( r(48) = .30, p < .05 \); for a private psychologist, \( r(71) = .25, p < .05 \).

### The Relationship Between Help Seeking and Worries

Correlations show some relationship between intention to seek help from, and worries concerning, a school psychologist. Most of the significant correlations were negative. For the private psychologist, none of the worries was significant. Correlations between help-seeking intentions toward a school psychologist and the worry factor of child harm were as follows: for self-referral, \( r(377) = -.26, p < .01 \); for other-referral, \( r(377) = -.19, p < .01 \). Correlations between help-seeking intentions toward a school psychologist and the worry factor of threat to parents were as follows: for self-referral, \( r(377) = -.006 (ns) \); for other-referral, \( r(377) = .150, p < .05 \).

<table>
<thead>
<tr>
<th></th>
<th>School psychologist</th>
<th>Private psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td><strong>SD</strong></td>
<td><strong>M</strong></td>
</tr>
<tr>
<td>Self-referral</td>
<td>2.57</td>
<td>1.04</td>
</tr>
<tr>
<td>Other-referral</td>
<td>2.91</td>
<td>0.98</td>
</tr>
</tbody>
</table>

Table 2: Means and Standard Deviations of Willingness to Seek Help From a School Psychologist and a Private Psychologist, by Referral Type (Mothers’ Responses)
Regressions of help-seeking intentions were conducted separately for the two sources of help. The analyses were done for each of the two referral groups (self or other) separately. None of the background variables nor previous contact with a psychologist were significant in the regressions. However, the worry factors were significant in relation to the school psychologist. Table 4 presents the results regarding the school psychologist. We see that in both referral types, the worries concerning the child were negatively related to help seeking. Nevertheless, worries regarding parents were positively related to seeking help from a school psychologist.

Additional regressions of help-seeking intentions, including the above variables and previous satisfaction with psychological help, yielded the same predictors as before. Thus, previous satisfaction was not found to be a significant predictor in any of the four analyses. Because relations were found between previous satisfaction and worry factors, and also between previous satisfaction and help seeking, we assumed that the relations between help seeking and satisfaction were mediated by worries.

Implications and Applications

The present study explores the fears and concerns aroused in mothers who are considering seeking psychological help for their children from either a public or private sector child psychologist. In addition, the study examines mothers’ willingness to refer their own child or the child of a friend to these two sources of professional help. The results of the current study indicate that in both the direct Worry Questionnaire and the indirect hypothetical vignettes, mothers expressed greater concern regarding seeking psychological help from public as opposed to private psychologists.

Several plausible explanations exist for this preference for private psychologists. It is likely that the ability to choose a particular private psychologist (one recommended by a close friend/relative or someone well known in the profession) rather than an anonymous public sector psychologist plays a role in this preference. In addition, free services provided by the public sector are often devalued, and parents may be reacting to a choice between “generic” versus “name-brand” services (Erickson & Johansson, 1985).

However, the results of the current study highlight the worries that inhibit parents from seeking psychological help. Two central factors were found: The most noticeable factor includes items related to direct harm to the child or damage to his or her development and future. The second factor comprises items that highlight fears regarding damage to parents and their self-image, and related to financial costs.

Taken together, the main worries aroused by the school psychologist underscore a certain degree of doubt and a significant extent of distrust toward the public system. It appears that in reference to child psychologists, the greatest fears concern possible damage to the child. This fear is particularly pronounced in relation to the public sector. Despite the fact that treatment in the public sector is offered free of charge, the fear of indiscretion and the possible tarnishing of the child’s image have implications not only for the child but for the mother as well. For parents, the threat to self includes the threat to the child who is perceived as an extension of the parent. As a result, for some parents, the psychological costs outweigh financial considerations (Amato & Bradshaw, 1985; Ware, Manning, Duan, Wells, & Newhouse, 1984).

The more a parent worries about the possible harm to her child caused by referral to a school psychologist, and the less she is concerned about the cost to herself as a parent, the less willing she will be to refer her child to a school psychologist. Apparently, mothers consider potential damage to the child’s well-being to represent the major threat to treatment for their children. It appears that the defensiveness underlying the service gap relates to the child and not to the mother herself. This is in keeping with other studies that have found that women are more willing to seek psychological help for themselves because they are more willing to withstand the cost to their self-esteem if they deem the treatment necessary (Gross & McMullen, 1983; Nadler, 1997).

In the current study, the degree of mothers’ willingness to seek help for externalized problems (aggression) did not differ from

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### Table 3

Means and Standard Deviations of Willingness to Seek Help From a School Psychologist and a Private Psychologist, by Gender and Problem Type (Mothers’ Responses)

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Externalization</th>
<th>Internalization</th>
<th>Externalization</th>
<th>Internalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>189</td>
<td>2.81</td>
<td>2.83</td>
<td>3.07</td>
<td>3.02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.06</td>
<td>1.07</td>
<td>0.96</td>
<td>0.91</td>
</tr>
<tr>
<td>Girls</td>
<td>191</td>
<td>2.67</td>
<td>2.70</td>
<td>3.03</td>
<td>3.16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.07</td>
<td>1.09</td>
<td>0.96</td>
<td>0.95</td>
</tr>
</tbody>
</table>

### Table 4

Results of Stepwise Regressions Predicting Help Seeking From a School Psychologist, for Self-Referral and Other-Referral Versions

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Self-referral</th>
<th>Other-referral</th>
<th>Self-referral</th>
<th>Other-referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>ΔR²</td>
<td>β</td>
<td>ΔR²</td>
<td>β</td>
</tr>
<tr>
<td>1</td>
<td>WCSc</td>
<td>-.381*</td>
<td>-.372*</td>
<td>-.381*</td>
<td>-.372*</td>
</tr>
<tr>
<td></td>
<td>WPSc</td>
<td>.165*</td>
<td>.346*</td>
<td>.165*</td>
<td>.346*</td>
</tr>
<tr>
<td>R²</td>
<td>.112</td>
<td>.122</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. WCSc = worries related to child in regard to a school psychologist; WPSc = worries related to parents in regard to a school psychologist. * p < .01.
their willingness to seek help for internalizing problems (social withdrawal). This finding is also supported by other studies that did not find differences between seeking help for children with both types of problems (Raviv et al., in press; Verhulst & van der Ende, 1997; Zahner & Daskalakis, 1997). It appears, then, that the severity of the problem rather than the specific nature of the problem (internalizing or externalizing) determines the decision to seek help (Ho & Chung, 1996).

No relation was found between help-seeking intention regarding a hypothetical problem and previous contact with a psychologist. Perhaps the three categories did not adequately differentiate between short- and long-term experience. For example, the category “once” does not distinguish between a mother who left treatment after one session due to dissatisfaction and a mother who received effective help in one session. Nevertheless, it seems that satisfaction from previous contact is related to help-seeking intentions. Overall, mothers who had previous contact with a psychologist seemed to be quite satisfied. Level of satisfaction was greater for a private psychologist than for a school psychologist. Despite the positive relation between satisfaction and help-seeking intention in the self-referral version, we found no relations between these variables in the regression analyses, in which worries were also entered as predictors. It seems that worries, which may affect satisfaction from past experience (or vice versa), are the main variables that predict help-seeking intentions. These findings have implications for future research in the area of satisfaction from psychological help.

**Practical Recommendations**

The current study attempts to improve our understanding of the service gap phenomenon. In particular, it attempts to improve psychologists’ understanding of the service gap as it relates to the referral of children. Despite the theoretical nature of the study, several practical recommendations for psychologists and policymakers can be drawn from the findings.

First, greater emphasis should be placed on the legitimacy of using mental health services. This idea has been supported by studies that demonstrate that marketing, by means of media advertisements, positively affects attitudes toward mental health services both in the short and the long term (Nelson & Barbaro, 1985; Taylor, Lam, Roppel, & Barter, 1984).

In addition, given the particularly strong fear of public sector psychologists, increased contact between school psychological services, educational institutions, and parents should be encouraged. This should not only increase the awareness of the existence of public sector psychologists and the services they provide but also lead to more positive attitudes toward these services. Interventions that improve parents’ expectations and attitudes toward child therapy should enable psychologists to reach greater numbers of children in need of help.

In the case of school psychologists, interventions can take several forms. Because teachers are often the first to be aware of a child’s psychological difficulty, school psychologists have an important educational role to play with regard to the teaching staff. Informing teachers of the service gap phenomenon and sensitizing them to parents’ fears regarding the referral of children to school psychologists is an important first step. In particular, fears concerning the issue of confidentiality should be underscored. Educating parents about the nature of the referral process, both in practical and emotional terms, is also a necessary step. Not all problems require the involvement of the school, and parents should be advised and encouraged to approach school psychological services directly when appropriate. The list of worries found in the current study can serve as a springboard for discussions between school psychologists, teachers, and parents. Meaningful discussions of this nature may help to alleviate parents’ concerns and reduce the threat associated with referral to public sector psychologists. Reducing threat levels associated with psychological help, improving parental attitudes, and increasing their expectations about treatment should not only increase referral rates but also help to guarantee treatment attendance and subsequent outcome.

**References**


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Appendix

Worries Concerning a School Psychologist and a Private Psychologist, Presented According to the Two Factors

Harm to child

1. Stigma (‘disturbed child,” “problematic family”—what friends or neighbors will say or think . . .)
2. Fixation and inflation of problem beyond its current proportions
3. Doubting the psychologist’s professionalism (“We want the best for our child”; “Is the school psychologist good enough?”)
4. Negative self-image of the child (“I’m not normal”; “Something’s wrong with me”)
5. Influence on the child in undesirable directions (“My child will start behaving or thinking in ways I don’t want him/her to”)
6. Implications for child’s future (opening a file, “sullying” child’s school record)
7. Discretion of public system (confidential information will be passed on to undesirable sources)
8. “Power” of the public system (“They’ll force us to transfer our child to a special-needs framework or keep him/her back a year”)
9. Economic interests of the psychologist (the psychologist will increase the length of the treatment and exaggerate the problem in order to earn more money, etc.)

Threat to parents

10. Admission that the problem indeed exists
11. Exposing family “secrets”
12. Exposing child’s disturbance (“My child is emotionally or mentally flawed”)
13. Professional criticism of parenting skills (“Something is the matter with me”; “I’ll be ‘accused’ of neglecting my child”; “unsuccessful and not coping well”)
14. Time involved in bringing child to counseling
15. Financial cost
16. Good relations that might be created between the child and the psychologist, possibly at the expense of child’s relationship with parents (to whom will the child be more loyal?)

* Specific to the school psychologist.  * Specific to the private psychologist.