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Putting a Name to Mental Illness:
Do Labels Hurt or Help Adolescent Help-Seeking?

A Dissertation submitted in partial satisfaction
of the requirements for the degree of

Doctor of Philosophy

in

Sociology

by

Lexi S. Harari

June 2024

Dissertation Committee:
Dr. Bruce Link, Co-Chairperson
Dr. Sharon Oselin, Co-Chairperson
Dr. Amy Kroska

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2024

The Dissertation of Lexi S. Harari is approved:

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Finally, I want to acknowledge that many of the ideas contained in this dissertation stem from one of my earlier co-authored publications where my mentors and I introduced a new sociological perspective on labeling called "outsight":

Harari, Lexi, Sharon S. Oselin, and Bruce G. Link. 2023. "The Power of Self-Labels: Examining Self-Esteem Consequences for Youth with Mental Health Problems." *Journal of Health and Social Behavior* 64(4): 578-592.

ABSTRACT OF THE DISSERTATION

Putting a Name to Mental Illness:
Do Labels Hurt or Help Adolescent Help-Seeking?

by

Lexi S. Harari

Doctor of Philosophy, Graduate Program in Sociology
University of California, Riverside, June 2024
Dr. Bruce G. Link, Co-Chairperson
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A disturbingly high number of adolescents experience mental illness, with many delaying seeking help for years. In response, public mental health inspired-help-seeking models and interventions argue that mental health problems should be appropriately recognized and labeled using psychiatric terminology. Accordingly, labels enable adolescents to understand that their symptoms are attributable to an authentic illness that can and should be treated. This is seen as an empowering and hopeful experience that promotes help-seeking. Adolescents often self-label, or cognitively self-identify as someone who has a "mental illness" or a "mental health problem." They also receive parental labels, which occur when their parents similarly identify them. These labels do not always co-occur; rather, it is typical for adolescents to self-label in the absence of a

parental label (discordant self-label), receive a parental label in the absence of a self-label (discordant parental label). In some cases, adolescents self-label while receiving a parental label at similar times (concordant labels).

Chapter 2 investigates the effects of con/discordant labels on three distinct types of help-seeking: formal, informal, and school-based. The findings reveal that discordant self-labels are inconsequential for help-seeking while discordant parental labels may harm adolescents' help-seeking efforts. Only concordant labels were beneficial for help-seeking.

The following chapter expands this investigation to consider whether sociological processes inform adolescents' help-seeking decisions. While a public mental health-inspired insight perspective touts the benefits of labels, a sociologically oriented outsight perspective considers how associated stigma could undermine adolescent help-seeking by eroding self-concept. To examine this, Chapter 3 explores self-concept's mediating role in the relationship between con/discordant labels and help-seeking. The findings paint a complex picture of how adolescents arrive at the decision to seek help. Opposing an insight perspective, the findings show that labels diminish adolescents' self-concept. However, the findings also contrast with an outsight perspective – a diminished self-concept is associated with a greater likelihood of engaging in certain help-seeking behaviors.

This dissertation provides novel findings concerning how con/discordant labels play a role in adolescents' decisions to seek help. Furthermore, it challenges conventional thinking on how labels' effects on self-concept shape adolescents' help-seeking decisions.

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CHAPTER 1: INTRODUCTION

In the United States, treatment of mental illness has strongly adhered to a public mental health (PMH) perspective that relies on the accurate identification and labeling of mental illness as symptoms emerge. The fundamental assertion underlying this perspective is that help cannot be sought until the sufferer labels their symptoms as comprising a mental illness that warrants treatment (Rickwood 2020; Saunders and Bowersox 2007; Stiffman, Pescosolido, and Cabassa 2004). This assertion is evident in the many PMH-inspired help-seeking models and interventions that highlight the importance of labeling mental disorder—either by oneself or an influential other—as a crucial precursor to help-seeking.[1] Indeed, it is illogical for an individual with a mental health problem to seek help for a condition that they do not identify as having. In this context, labeling mental illness is given considerable weight as the first step in the path to help-seeking.[2]

Labeling mental disorder is especially critical for young people. Adolescents experience particularly high rates of mental illness, with many—especially anxiety, developmental, and behavioral disorders—developing as early as 8 years of age with a peak age of onset of 14 years old (Solmi et al. 2022). Yet, adolescents rarely access

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[1] This dissertation references and cites numerous help-seeking models and interventions that are inspired by a PMH perspective. For instance, Chapter 2's sFigures 2.1 and 2.2 presents two such help-seeking models which are widely cited by numerous researchers. Also see Rickwood (2020) for a popular help-seeking model inspired by the PMH perspective, and see Ma, Burn, and Anderson (2023) for a review of school-based interventions designed to assist young people in labeling their mental health problems in order to increase help-seeking.

[2] I use the psychiatric terms "mental health problem," "mental illness," and "mental disorder" interchangeably throughout this dissertation.

mental health care or seek help for the mental health problems they experience, leading some to consider mental illnesses the "chronic diseases of the young" (Insel and Fenton 2005: 590). Adolescents with treatable mental health problems often delay seeking help for years, and approximately half never receive treatment at all (Whitney and Peterson 2019). This is a pivotal concern since untreated mental health problems among young people comprise a major public health burden. Untreated mental illness often leads to several adverse outcomes for young people, such as diminished educational achievement, impaired peer relationships, social withdrawal and isolation, exposure to discrimination and prejudice, self-harm, and suicide (World Health Organization [WHO] 2021).

Many mental health problems adolescents experience can be treated to reduce symptoms and mitigate these adverse consequences (WHO 2021). Accordingly, improving the ability to label mental illness among adolescents is a major global public health priority because of its presumed importance for help-seeking (Nobre et al. 2021). A PMH perspective acknowledges that labeling mental illness occurs in different ways for adolescents. First, *self-labels* occur when young people identify their symptoms as comprising a mental health problem and subsequently use psychiatric terminology to self-identify as someone with a mental illness. In this way, self-labels are a cognitive phenomenon characterized by private beliefs such as "I have a mental illness" (Thoits 1985, 2016). Self-labels are relevant for adolescents who increasingly consume information about mental health and symptoms, especially from online sources (Burns et al. 2016; Lal, Nguyen, and Theriault 2018). They are thought to be especially important for facilitating the kinds of help-seeking that are readily available and preferred by

adolescents, such as disclosing one's mental health problem to a friend or trusted adult (Rickwood 2020).

Second, since parents/caretakers (hereafter referred to as "parents") are among the first to notice their child's mental illness (Boulter and Rickwood 2013), adolescents are likely to experience parental labels. In contrast to self-labels, *parental labels* are a type of informal label that are conferred by a parent – a layperson that does not possess the specialized medical training or knowledge to make a formal diagnosis (Triplett and Jarjoura 1994). As such, a parental label occurs when parents label their child as having a mental health problem ("My child is mentally ill," "My child suffers from a mental health problem"). A PMH perspective views parental labels as important predictors of young people's access to formal treatment services, such as visiting a private psychiatrist, psychologist, or other community-based clinician (Stiffman et al. 2004). This is because adolescents lack the legal autonomy to seek medical care independently, leading them to rely on their parents as "gatekeepers" of mental health treatment.

Importantly, these labels often do not co-occur for adolescents. Child-parent concordance, or agreement about a child's mental illness, is low to moderate at best (De Los Reyes et al. 2015). This points to a more complex experience for adolescents with mental health problems, characterized by three different scenarios: (*i*) adolescents self-label as having a mental illness in the absence of having a parent who agrees with such an identification, (*ii*) adolescents' parent(s) label them as having a mental illness without endorsing this self-identification themselves, or, more rarely, (*iii*) adolescents both self-label and receive a parental label at similar points in time. This dissertation refers to these

three scenarios as discordant self-labels, discordant parental labels, and concordant labels, respectively. Since a PMH perspective has not yet considered this nuance in adolescents' experiences of mental illness labels, it is unknown how each of these labeling processes shapes adolescent help-seeking.

To investigate this, Chapter 2 offers an analysis of the relationship between two types of mental illness labels—self- and parental labels—and adolescents' engagement with seeking help for the mental health problems they experience. This analysis capitalizes on an unusual but well-suited opportunity to draw from data collected from both adolescents aged 11-14 years old and their parents. This data, which originates from the Texas Stigma Study, contains relevant and thorough measures of mental illness labels, symptoms, and different types of help-seeking across a two-year study period (Link et al. 2020; Painter et al. 2017). The analysis assesses the effects of con/discordant labels on formal (therapist/doctor), informal (friend/trusted adult), and school-based (school counselor) help-seeking.

Chapter 2 investigates a solely PMH approach to mental illness labels. Accordingly, its logic rests on the assumption that mental illness labels are a beneficial circumstance for adolescents: once a young person labels their symptoms as comprising a psychiatric condition, the help-seeking process becomes more likely. What is often overlooked by this approach, however, is that it naturally brings to bear adolescents' identification with a condition that is associated with widespread stigmatization. Thus, while it is true that labeling mental illness can promote help-seeking, a contrasting sociological view recognizes that the stigma associated with such labels can also

engender more sinister consequences for adolescents. Self- and parental labels force adolescents to confront a host of stigmatizing attitudes, expectations, and prejudices associated with mental illness (Link and Phelan 2013; Rose et al. 2007). In this way, labels can act as a "double-edged sword": they encourage people to seek help for the mental health problems they experience but also force them to confront negative stereotypes that they might find to be personally relevant (Link and Phelan 2013).

Chapter 3 draws on sociological theories to test these contrasting perspectives when it comes to their claims of mental illness labels' effects on help-seeking. Central to this chapter is the outsight perspective (Harari, Oselin, and Link 2023), an integration of modified labeling and stigma theories that examines how adolescents look outward to their social context to consider how others might perceive them in a negative light should they self-label. From this perspective, stigma is a multifactorial process emanating from the assignment of a specific label to "deviant" groups ("mentally ill") that publicly distinguishes labeled individuals from non-deviant others. At the same time, negative stereotypes and attributes (i.e. worthlessness, inadequacy, and incompetence) are associated with the deviant label, which serves as a major vehicle for stigmatization (Link and Phelan 2001). Drawing from modified labeling theory in particular (Link et al. 1989), a fundamental assumption undergirding the outsight perspective is that, in general, young people are keenly aware of these negative stereotypes. Thus, once an adolescent self-labels as "mentally ill," they are likely to consider the possibility that these negative stereotypes are now personally relevant and applicable to oneself. In response, some adolescents enact protective strategies to block the application of negative stereotypes

and preserve self-concept.

The consequences of these labels might be especially salient for adolescents. Mental illness labels can mark adolescents as having a "spoiled identity" (e.g., "mentally ill"), thereby setting them apart from their non-deviant peers (Hinshaw 2007; Link and Phelan 2001). This is a critical consideration for adolescents since negative stereotypes can challenge their ability to "fit in" among their peers while building a competent and autonomous social identity (Côté 2006; Van Petegem et al. 2012). This could significantly erode self-concept for adolescents, diminishing their self-worth, self-value, and self-efficacy in such a way that they feel unworthy, or incapable of, achieving recovery or "feeling better" (Corrigan, Larson, and Rüsch 2009). These assertions strongly contrast with the PMH-inspired insight perspective, which contends that having "insight" into one's mental illness through recognition and labeling is beneficial for both self-concept and help-seeking. From this perspective, labels enable people to put a name to symptoms of a previously unknown origin, thereby restoring self-concept and increasing the likelihood of seeking help for a newly and appropriately labeled illness (e.g., Eads et al. 2021; Tekin 2011; Werkhoven, Anderson, and Robeyns 2022).

Chapter 3, then, offers an adjudication between two opposing perspectives on the effects of mental illness labels on help-seeking. On the one hand, an insight perspective claims that self- and parental labels are generally beneficial for help-seeking. This occurs via the restoration of a self-concept that was previously fragmented by unnamed and mysterious symptoms. Having now labeled the mental health problem at hand, one is now equipped with the knowledge that help can and should be sought, leading to

increased help-seeking. On the other hand, a sociological outsight perspective claims that the stigmatizing nature of labels can erode self-concept as adolescents consider the possibility that associated negative stereotypes are personally relevant (Harari et al. 2023). In turn, they experience a decreased willingness to engage in goal-oriented behaviors, such as help-seeking (Corrigan et al. 2009). Chapter 3 informs this debate by fitting statistical models that examine the mediating role of adolescents' self-concept in the associations between con/discordant labels and help-seeking that were explored in Chapter 2.

Both empirical chapters stratify adolescents into high-symptom and no/moderate-symptom groups,[3] with a particular focus on the highly symptomatic group. The reasons for this are twofold. First, testing these predictions among highly symptomatic adolescents would provide the strongest test of the perspectives described here. Experiencing a high number of symptoms, these adolescents are most likely to confront mental illness labels – whether from oneself or one's parents. If significant effects are found among this group, it would provide credible evidence that adolescents' help-seeking decisions are informed by such labels. Second, symptomatic adolescents would presumably benefit from help-seeking behaviors the most but are the least likely to receive help (Gulliver, Griffiths, and Christensen 2010). These analyses could offer valuable insight into potential processes that contribute to the high rates of unmet need among this group. Findings are also presented for adolescents with no/moderate

[3] Throughout the dissertation, I sometimes refer to the no/moderate-symptom group as the "moderately symptomatic" group, but it is important to keep in mind that this group includes adolescents with no or very few symptoms.

symptoms as they sometimes suffer from similar adverse consequences as their highly symptomatic counterparts, despite not always meeting the criteria for diagnosis (Copeland et al. 2015).

In sum, this dissertation employs a two-step analytic plan to investigate whether PMH or sociological perspectives predominate when it comes to predicting adolescents' help-seeking behaviors. Having a well-suited opportunity to analyze data collected from both adolescents aged 11-14 years old and their parents, the analyses focus on two types of mental illness labels that are likely to be particularly salient for adolescents: self- and parental labels. Despite the abundance of research on how adults experience mental illness, labels, and associated stigma, comparatively little research has examined how adolescents uniquely experience stigmatization, and, in turn, how it might undermine the willingness to seek help for the mental health problems they experience (DeLuca 2020; Villatoro et al. 2022). As such, this dissertation contributes to a critical area of inquiry worthy of investigation for the many young people who do not receive help for the mental health problems they are confronted with.

REFERENCES

Bernburg, Jón Gunnar. 2019. "Labeling Theory." Pp. 179-196 in *Handbook of Crime and Deviance* (2nd ed.), edited by M. D. Krohn, N. Hendrix, G. P. Hall, and A. J. Lizotte. Switzerland: Springer Nature.

Boulter, Erica, and Debra Rickwood. 2013. "Parents' Experience of Seeking Help for Children with Mental Health Problems." *Advances in Mental Health* 11(2): 131-142.

Burns, Jane M., Tracey A. Davenport, Lauren A. Durkin, Georgina M. Luscombe, and Ian B. Hickie. 2010. "The Internet as a Setting for Mental Health Service Utilisation by Young People." *Medical Journal of Australia* 192(S11): S22-S26.

Copeland, William E., Dieter Wolke, Lilly Shanahan, and E. Jane Costello. 2015. "Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study." *JAMA Psychiatry* 72(9): 892-899.

Corrigan, Patrick W., Jonathon E. Larson, and Nicolas Rüsch. 2009. "Self-Stigma and the 'Why Try' Effect: Impact on Life Goals and Evidence-Based Practices." *World Psychiatry* 8(2): 75-81.

Côté, James E. 2006. "Emerging Adulthood as an Institutionalized Moratorium: Risks and Benefits to Identity Formation." Pp. 85-116 in *Emerging Adults in America: Coming of Age in the 21st Century*, edited by J. J. Arnett and J. L. Tanner. American Psychological Association.

De Los Reyes, Andres, Tara M. Augenstein, Mo Wang, Sarah A. Thomas, Deborah A. G. Drabick, Darcy E. Burgers, and Jill Rabinowitz. 2015. "The Validity of the Multi-Informant Approach to Assessing Child and Adolescent Mental Health." *Psychological Bulletin* 141(4): 858-900.

DeLuca, Joseph S. 2020. "Conceptualizing Adolescent Mental Illness Stigma: Youth Stigma Development and Stigma Reduction Programs." *Adolescent Research Review* 5: 153-171.

Eads, Ray, Mo Yee Lee, Chang Liu, and Nancy Yates. 2020. "The Power of Perception: Lived Experiences with Diagnostic Labeling in Mental Health Recovery without Ongoing Medication Use." *Psychiatric Quarterly* 92: 889-904.

Gulliver, Amelia, Kathleen M. Griffiths, and Helen Christensen. 2010. "Perceived Barriers and Facilitators to Mental Health Help-Seeking in Young People: A Systematic Review." *BMC Psychiatry* 10: 113.

Insel, Thomas R., and Wayne S. Fenton. 2005. "Psychiatric Epidemiology: It's Not Just About Counting Anymore." *Archives of General Psychiatry* 62(6): 590-592.

Lal, Shalini, Valentin Nguyen, and Joanie Theriault. 2018. "Seeking Mental Health Information and Support Online: Experiences and Perspectives of Young People Receiving Treatment for First-Episode Psychosis." *Early Intervention in Psychiatry* 12(3): 324–30.

Link, Bruce G., Francis T. Cullen, Elmer Struening, and Patrick E. Shrout. 1989. "A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment." *American Sociological Review* 54: 400-423.

Link, Bruce G., and Jo C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology* 27: 363-385.

Link, Bruce G., and Jo C. Phelan. 2013. "Labeling and Stigma." Pp. 525-541 in *Handbook of the Sociology of Mental Health*, edited by C. S. Aneshensel and J. C. Phelan. Dordrect: Springer.

Link, Bruce G., Melissa J. DuPont-Reyes, Kay Barkin, Alice P. Villatoro, Jo C. Phelan, and Kris Painter. 2020. "A School-Based Intervention for Mental Illness Stigma: A Cluster Randomized Trial." *Pediatrics* 145(6): e20190780.

Ma, Karen Kei Yan, Anne-Marie Burn, and Joanna K. Anderson. 2023. "School-Based Mental Health Literacy Interventions to Promote Help-Seeking – A Systematic Review." *Child and Adolescent Mental Health* 28(3): 408-424.

Nobre, Joana, Ana Paula Oliveira, Francisco Monteiro, Carlos Sequeira, and Carme Ferré-Grau. 2021. "Promotion of Mental Health Literacy in Adolescents: A Scoping Review." *International Journal of Environmental Research and Public Health*. 18(18): 9500.

Painter, Kirsten, Jo C. Phelan, Melissa J. DuPont-Reyes, Kay F. Barkin, Alice P. Villatoro, and Bruce G. Link. 2017. "Evaluation of Antistigma Interventions with Sixth-Grade Students: A School-Based Field Experiment." *Psychiatric Services* 68(4): 345-52.

Rickwood, Debra. 2020. "Help-Seeking in Young People." Pp. 35–52 in *Youth Mental Health: Approaches to Emerging Mental Ill-Health in Young People*, edited by A. R. Young, P. D. McGorry, and J. Cotter. London: Routledge.

Rose, Diana, Graham Thornicroft, Vanessa Pinfold, and Aliya Kassam. 2007. "250 Labels Used to Stigmatise People with Mental Illness." *BMC Health Services Research* 7: 97.

Saunders, Stephen M., and Nicholas W. Bowersox. 2007. “The Process of Seeking Treatment for Mental Health Problems.” *Mental Health and Learning Disabilities Research and Practice* 4(2): 99-123.

Solmi, Marco, Joaquim Radua, Miriam Olivola, Enrico Croce, Livia Soardo, Gonzalo Salazar de Pablo, Jae Il Shin, James B. Kirkbride, Peter Jones, Jae Han Kim, Jong Yeob Kim, Andrè F. Carvalho, Mary V. Seeman, Christopher U. Correll, and Paolo Fusar-Poli. 2022. “Age at Onset of Mental Disorders Worldwide: Large-Scale Meta-Analysis of 192 Epidemiological Studies.” *Molecular Psychiatry* 27: 281-295.

Stiffman, Arlene Rubin, Bernice Pescosolido, and Leopoldo J. Cabassa. 2004. “Building a Model to Understand Youth Service Access: The Gateway Provider Model.” *Mental Health Services Research* 6(4): 189-198.

Tekin, Şerife. 2011. “Self-Concept through the Diagnostic Looking Glass: Narratives and Mental Disorder.” *Philosophical Psychology* 24(3): 357-380.

Thoits, Peggy A. 2016. “’I’m Not Mentally Ill’: Identity Deflection as a Form of Stigma Resistance.” *Journal of Health and Social Behavior* 57(2): 135-151.

Thoits, Peggy A. 1985. “Self-Labeling Processes in Mental Illness: The Role of Emotional Deviance.” *American Journal of Sociology* 91(2): 221-249.

Triplett, Ruth A., and G. Roger Jarjoura. 1994. “Theoretical and Empirical Specification of a Model of Informal Labeling.” *Journal of Quantitative Criminology* 10(3): 241-276.

Van Petegem, Stijn, Wim Beyers, Maarten Vansteenkiste, and Bart Soenens. 2012. “On the Association Between Adolescent Autonomy and Psychosocial Functioning: Examining Decisional Independence from a Self-Determination Theory Perspective.” *Developmental Psychology* 48(1): 76-88.

Villatoro, Alice P., Melissa J. DuPont-Reyes, Jo C. Phelan, and Bruce G. Link. 2022. “‘Me’ Versus ‘Them’: How Mental Illness Stigma Influences Adolescent Help-Seeking Behaviors for Oneself and Recommendations for Peers.” *Stigma and Health* 7(3): 300-310.

Werkhoven, Sander, Joel H. Anderson, and Ingrid A. Robeyns. 2022. “Who Benefits from Diagnostic Labels for Developmental Disorders?” *Developmental Medicine & Child Neurology* 64(8): 944-949.

Whitney, Daniel G., and Mark D. Peterson. 2019. “US National and State-Level

Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children." *JAMA Pediatrics* 173(4): 389-391.

World Health Organization. 2021. "Mental Health of Adolescents." Retrieved Feb 27, 2024 (https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health)

CHAPTER 2: The Effects of Con/Discordant Self- and Parental Mental Illness Labels on Adolescent Help-Seeking

ABSTRACT

Adolescents suffer from high rates of mental disorder but often delay seeking help, and, in some cases, never seek help at all. A public mental health perspective touts the importance of identifying and labeling mental disorder as the first step in facilitating help-seeking for adolescents. This study examines how labeling mental illness informs adolescents' decisions to seek formal, informal, and school-based forms of help. Two types of mental illness labels are examined: (1) self-labels, or adolescents' cognitive self-identification as someone with a "mental illness" or "mental health problem," and (2) parental labels, where parents identify their adolescent child as having a mental illness. This study draws from data collected from 11-14 years old adolescents and their parents during the Texas Stigma Study (Painter et al. 2017; Link et al. 2020), which provides a well-suited opportunity to investigate this issue with its relevant measures of labels, symptoms, and help-seeking. The findings indicate that self- and parental labels that occur in isolation from one another (discordant labels) are not beneficial for help-seeking, and, in some cases, can decrease adolescents' likelihood of seeking help. The concordance of these labels matters a great deal if they are to assist adolescents in seeking help for the mental health problems they experience.

INTRODUCTION

Adolescents are at disturbingly high risk for developing mental health problems early in the life course, including anxiety, mood, impulse-control, and behavioral disorders (Ghandour et al. 2018). Approximately 40% of U.S. adolescents experience a diagnosable mental illness in any given year, and half of all such cases begin by the age of 14 (Kessler et al. 2007). Yet, most adolescents do not seek help until many years after symptoms first emerge, and, in many cases, help is never sought (Avenevoli et al. 2015; Whitney and Peterson 2019). Untreated mental illness leaves young people vulnerable to several adverse outcomes, such as impaired social functioning, poor academic performance, self-harm, and suicide – all of which can have lifelong repercussions by hindering healthy adolescent development and the transition to adulthood (Kuehn 2005; Patel et al. 2007). The extent of untreated mental illness among young people is so significant that it has been called a "teen mental health crisis" and an "epidemic."[4]

In response, clinicians and researchers in public mental health (PMH), including psychiatrists, psychologists, and general practitioners, have developed help-seeking models to clarify the processes young people undergo when accessing treatment for a mental health problem. These models identify the myriad influences that inform adolescents' decisions regarding whether to seek mental health care, such as sociocultural factors (Cauce et al. 2002), parental and familial context (Logan and King 2001; Reardon et al. 2017), and socioeconomic level (Benuto et al. 2020). While each model draws

[4] See, for example: https://theweek.com/covid-19/1013492/understanding-the-teen-mental-health-crisis and https://www.edweek.org/leadership/why-america-has-a-youth-mental-health-crisis-and-how-schools-can-help/2023/10

attention to different sets of influences, they all stress the importance of recognizing mental health problems when symptoms first emerge as an initial step in the help-seeking process (e.g., Rickwood 2020). As such, there exists a widespread recognition that labeling mental illness is an important precursor to help-seeking since it facilitates the ability to attribute symptoms to a specific condition that can be treated. In this way, help-seeking for younger people is conceptualized as a pathway that begins with the labeling of symptoms as "something that requires help-seeking" – either by oneself or influential others (Rickwood 2020: 37). Ideally, labels should facilitate adolescents' engagement with licensed clinicians and evidence-based treatment, but other sources of help can also be beneficial, such as close friends or supportive adults within one's school or community (Leavey, Rothi, and Paul 2011; Rickwood, Deane, and Wilson 2007; Sears 2020).

The importance of labels to a PMH approach to treating mental illness is evident in the many interventions designed to promote mental health literacy (MHL) among both adolescents and their parents. MHL refers to the knowledge needed to accurately label mental health problems, symptoms, and available treatment options (Jorm 2012). A lack of MHL, indicative of a failure to label mental illness, among both young people and their parents has been identified as a major barrier to adolescent help-seeking (Barrow and Thomas 2022; Gulliver, Griffiths, and Christen 2010; Reardon et al. 2017). As such, many MHL interventions target either adolescents (for a review, see Patafio et al. 2021) or parents (Deitz et al. 2009; Gilbo et al. 2015; Story et al. 2016), each with the goal of enhancing the ability to accurately label mental disorder among young people.

A PMH perspective acknowledges that labeling can occur in different ways for

adolescents. For one, those adhering to a PMH perspective emphasize the importance of *self-labeling*, where adolescents label their own mental illness or, alternatively, *parental labels*, where parents/caretakers (hereafter referred to "parents") label their child as having a mental health problem. Self-labels occur when young people cognitively identify their symptoms using psychiatric terminology (i.e. "I have a mental illness" or "I have a mental health problem") (Thoits 1985, 2016). In contrast, parental labels are a type of informal label that occur when individuals without medical authority (e.g., parents) affix a mental illness label to the adolescent ("My child suffers from a mental illness") (Triplett and Jarjoura 1994).

Self- and parental labels are presumed to play unique but important roles in adolescents' decisions to seek help. Self-labeling, by privately identifying one's own mental illness, is assumed to facilitate the types of help-seeking that adolescents prefer and can easily access without parents' assistance, such as talking to a supportive friend or adult at school (Rickwood 2020; Sears 2020). On the other hand, parental labels are likely to facilitate formal help-seeking behaviors that ultimately lead to engagement with licensed clinicians and other medical professionals (Stiffman, Pescosolido, and Cabassa 2004). This is because accessing formal treatment services is a complex process for adolescents who are legally obligated to acquire parental permission to do so in most states, rendering them unable to make autonomous medical decisions until eighteen years of age. As a result, a PMH perspective identifies parents as "gatekeepers" who should be able to label their child's mental health problem (Cauce et al. 2002; Reardon et al. 2017; Stiffman et al. 2004). Taken together, those in PMH pinpoint either the ability of the

adolescent or parent to label mental illness as among the first steps in adolescent help-seeking. Once either label is applied, the help-seeking process can begin and should ideally lead to beneficial treatment and the amelioration of symptoms.[5]

While both labels are likely to be pertinent for adolescents, they often do not co-occur; child-parent agreement about a child's mental health problem is low to moderate at best (De Los Reyes and Kazdin 2005). That is, adolescents often self-label in the absence of a parental label or, in other cases, receive a parental label without self-labeling. Recent studies indicate that these parent-child discrepancies can have negative implications for treatment outcomes (e.g., Goolsby et al. 2018). This points to the co-occurrence, or lack thereof, of mental illness labels as a potentially significant predictor of young people's decisions to initially seek help for a mental health problem. Yet, help-seeking models and interventions overlook the concordance between self- and parental labels, leading to the assumption that all labels, regardless of their co-occurrence, facilitate help-seeking (see sFigures 2.1 and 2.2). A scan of the extant literature indicates that there are no prior studies examining how con/discordant labels shape initial decisions to seek help among this age group.

The present study draws on unique data collected during the Texas Stigma Study with adolescents aged 11-14 years old and their parents across a two-year study period

[5] It is important to note that there are contrasting perspectives on mental illness labels. Sociological perspectives, for instance, contend that labels can facilitate help-seeking, but can also force adolescents to confront stigma. In this way, labels might be a "double-edged sword" that have beneficial effects for help-seeking but are also deleterious for adolescents' self-concept (Link and Phelan 2013). This possibility, which has been paid inconsistent attention by those adhering to a PMH perspective, is explored further in Chapter 3.

with relevant measures of labels, symptoms, and help-seeking (Link et al. 2020; Painter et al. 2017). Specifically, the analysis investigates whether mental illness labels (and their co-occurrence or lack thereof between parents and children) informs adolescents' decisions to seek different forms of help for the mental health problems they experience, including from a therapist or doctor (formal help-seeking), a friend or supportive adult (informal help-seeking), or a school counselor (school-based help-seeking). In doing so, the present study provides empirical evidence that informs popular help-seeking models, interventions, and educational campaigns' claims that mental illness labels are generally beneficial for help-seeking. Moreover, by considering whether labels co-occur, the present study adds a certain nuance to adolescents' experiences with mental illness labels that has been thus far overlooked by a PMH perspective.

HELP-SEEKING AMONG ADOLESCENTS

Before providing a more thorough consideration of the PMH perspective's view on mental illness labels, I first turn to a discussion of help-seeking among adolescents. Arriving at the decision to seek help is a complex process for this age group whose unique stage of the life course makes their experiences with help-seeking distinct from that of adults. In general, help-seeking refers to "behavior[s] performed by an individual who perceive themselves as needing assistance with a problem, whereby the intended outcome of this behavior is addressing the problem faced" (Heerde and Hemphill 2018: 45). In the context of mental health, different forms of help-seeking exist, and the distinction between them is pivotal for adolescents who are not always able to quickly access formal treatment services independently. Formal, informal, and school-based help-

seeking are all likely considerations for this age group, as I describe below.

First, *formal help-seeking* occurs when an adolescent consults with a mental health clinician, such as a psychiatrist, psychologist, general heath practitioner, or other trained professional who is qualified to diagnose and treat mental illness. While formal help-seeking comprises the “ideal source of help” since it can lead to evidence-based treatment and medication (Yap, Reayley, and Jorm 2013: 255), it is not always the first source of help adolescents turn to. The reasons for this are twofold. First, adolescents cannot always seamlessly seek out or utilize formal services because, in many states, parental approval is needed to make medical decisions until the age of 18. Second, adolescents often perceive mental health clinicians as untrustworthy, impersonal, and uncaring (Corry and Leavey 2017; Lindsey et al. 2013).

Instead, adolescents often turn to *informal help-seeking*, where help is sought from friends or other supportive persons in one’s social network or community (Rickwood et al. 2007). Studies find that adolescents prefer to seek support from informal sources before seeking help from mental health professionals (Rickwood et al. 2007; Rowe et al. 2014; Sheffield, Fiorenza, and Sofronoff 2004). Peer relationships are a particularly salient source of support for adolescents as they provide an avenue for self-expression with someone they trust, without the fear of confronting negative stereotypes (Kranke et al. 2015; Singh, Zaki, and Farid 2019). Peers can validate and normalize adolescents’ experiences with a mental health problem, help them to feel less alone, provide them support, or at the very least, be tolerant of them (Kranke et al. 2015; Moses 2010). Thus, informal help-seeking may serve as an adolescent’s first opportunity to

openly discuss their mental health problems in a nonjudgmental context, which could encourage them to engage with formal treatment services later.

Besides informal and formal types of help-seeking, adolescents often engage in *school-based help-seeking* from teachers and other supportive adults within school. Seeking help from a school counselor is distinct from informal and formal help-seeking for two reasons. First, school counselors neither fall within informal sources of help, which include peers and other trusted confidantes, nor formal sources of help, which are comprised of medical professionals. School counselors are not necessarily regarded by adolescents as confidantes since young people can have difficulty trusting them in ways that they do not with peers (Barker 2007; Helms 2003). Second, the school context is a unique one for adolescent help-seeking. Unlike the other two sources of help-seeking examined here, school counselors play a dual role in the lives of adolescents: they are perceived as sources of social control who enforce rules and punish students, but also as "helpers" who can offer emotional, moral, and social support (Barker 2007; Helms 2003). Yet, they do not possess the medical authority or training to diagnose adolescents with a mental health problem in the same way that formal sources of help do. These differences warrant categorizing school counselors as a distinct source of help for adolescents with mental health problems.

Despite their differences from informal and formal sources of help, supportive adults in school contexts—particularly school counselors—have been recognized as effective and timely sources of help for adolescents with mental illness (Vostanis et al. 2013). For one, the onset of many mental health problems typically occurs during school-

age years (Kessler et al. 2007; Solmi et al. 2022), meaning that adolescents can seek out school counselors as symptoms first emerge. Moreover, school counselors are easily and readily accessible sources of support for adolescents – talking to a school counselor does not require legal consent from parents as is the case with formal treatment services.

Counterintuitively, informal and school-based sources of help have the potential to impede adolescents' recovery outcomes because they do not always possess the specialized medical knowledge or training needed to help adolescents manage symptoms (Srebnick, Cauce, and Baydar 1996). This indicates that, if occurring independently, these help-seeking behaviors may not be sufficient to help adolescents overcome or navigate mental health problems. Instead, their benefits for adolescents' long-term recovery trajectories may stem from the fact that both peers and school counselors serve as a "referral pathway" that increase adolescents' likelihood of seeking formal help later (Rickwood et al. 2004; Rickwood 2020; Stiffman et al. 2004).

CON/DISCORDANT MENTAL ILLNESS LABELS

The present study has a specific focus on the co-occurrence of labels from parents and adolescents – an element of mental illness labels that has not been adequately integrated into a PMH perspective. Yet, adolescents and their parents often hold discrepant views about whether the adolescent is experiencing a mental health problem (De Los Reyes et al. 2015). When such discrepancies occur, adolescents find themselves in one of two scenarios, both of which could have significant implications for help-seeking and recovery efforts: (*i*) self-labeling as someone with a mental illness in the absence of parents who agree (*discordant self-labels*), or (ii) parents labeling the adolescent as

having a mental illness without the adolescent endorsing such a label themselves (*discordant parental labels*). In cases where adolescent-parent agreement occurs, self-labels and parental labels are applied concurrently at similar points in time (*concordant labels*). Each of these scenarios could have unique effects on help-seeking, which are elaborated on in further detail below.

"Any Label Will Do"

One possibility is that, by virtue of identifying a condition that warrants treatment, all mental illness labels—regardless of type or con/discordance—should similarly facilitate adolescents' help-seeking behaviors. Above all, the PMH perspective touts the ubiquitously beneficial nature of mental illness labels since they enable young people to appropriately identify a problem as it emerges and, by extension, available treatment options (Nobre et al. 2021). This fundamental assertion underlies the many help-seeking models and interventions that pinpoint labeling mental illness as among the first key steps in adolescents' decisions to seek help for the mental health problems they experience (e.g., Rickwood et al. 2007; Rickwood 2020; Stiffman et al. 2004).[6]

Some help-seeking models emphasize the role of self-labeling while others give more consideration to parental labels (Reardon et al. 2017; Rickwood et al. 2007; Rickwood 2020; Stiffman et al. 2004). In either case, the key assumption is that either such label is beneficial for help-seeking since they can "compassionately convey"

[6] Examples of PMH-inspired interventions that frame labeling as integral to recovery are numerous and do not make any distinctions between discordant and concordant labels. For instance, one recent intervention targeting adolescents ("Honest, Open, Proud") contains a curriculum centered around how high school-aged youths should "properly" self-label mental illness but makes no mention of parents or parental labels (Mulfinger et al. 2018).

diagnoses and, by extension, available treatments for those diagnoses (Ruscio 2004; Blashfield and Burgess 2007; Lilienfield, Smith, and Watts 2013). In fact, this perspective asserts that labels are not only beneficial for all types of help-seeking but are *necessary* in that help or treatment would be difficult to access until labels that identify the problem have been applied. Moreover, the beneficial effects of labels are presumed to be true for all types of help-seeking, although adolescents prefer to disclose their mental health problems to informal sources first, such as close friends (Rickwood et al. 2007). The broad assumption that labels, whether con/discordant, predict increased help-seeking behaviors leads to the first possible outcome and hypothesis:

> **Hypothesis 1 (H_1)**: Self-labels and parental labels, whether con/discordant, predict increased formal, informal, and school-based help-seeking behaviors ("Any Label Will Do").

"Discordant, but Necessary"

A second possibility is that discordant labels—despite representing discrepant beliefs between parent and adolescent—can still be advantageous for help-seeking, depending on the type of label and help being sought. Discordant labels are a common occurrence in families with children experiencing mental health problems (De Los Reyes and Kazdin 2005). These discrepancies could stem from a number of sources, but a major cause is presumed to be poor mental health literacy on behalf of the child or parent, or, in other words, the inability to recognize the child's symptoms as a legitimate mental health problem in need of treatment (De Los Reyes and Kazdin 2005). In spite of this, discordant labels still point to a scenario in which the adolescent's mental health problem is appropriately labeled by at least one person, suggesting possible benefits for help-

seeking. However, benefits might differ by type of label (self-label or parental label) and the source of help being sought (formal, informal, or school-based). As I describe below, discordant self-labels are presumed be more advantageous for increasing the informal and school-based help-seeking behaviors that adolescents find preferable, such as disclosing one's mental health problem to a close friend or school counselor (Rickwood et al. 2007; Rickwood 2020). Conversely, discordant parental labels should encourage adolescents' engagement with formal help-seeking behaviors due to their reliance on parental consent to access formal treatment (Boulter and Rickwood 2013; Stiffman et al. 2004).[7]

Discordant self-labels.

Discordant self-labels occur when an adolescent self-identifies as having a mental health problem in the absence of a parent who agrees with such an identification. This scenario may be especially relevant for adolescents who increasingly consume information about mental health on the Internet from sources such as TikTok, YouTube, self-help websites, and discussion forums (Burns et al. 2016; Pretorious et al. 2019). Young people use these sources to search for information regarding the symptoms they experience and will subsequently self-identify, or self-label, as having a specific mental health problem (e.g., Rutter et al. 2023) – something easily accomplished without a parent's involvement or knowledge.

[7] Discordant labels have long been referred to in the psychiatric literature as parent-child or multi-informant discrepancies, which were first documented by Lapouse and Monk (1958) several decades ago. They found that most parent-child dyads (52%) in their sample disagreed about the child's behavioral health issue. Since then, a burgeoning body of research has established that discordant labels are typical among families with children who have mental health problems (De Los Reyes et al. 2015).

Self-labels have been given significant consideration in the PMH literature for decades as a critical first step in the decision to seek help, whether among young people or adults. To put it succinctly: "The process of seeking treatment is initiated when a person recognizes that a problem exists. Until a person achieves this step, voluntary treatment seeking will not occur" (Saunders and Bowersox 2007: 101). In line with this, massive efforts are made to promote self-labeling, with several educational campaigns, interventions, advertisements, and organizations encouraging young people to self-label as having a mental illness so that appropriate treatment can be identified and sought out (e.g., Frosch et al. 2010; Mulfinger et al. 2018; Rickwood 2020; Time to Change 2021).

The central idea behind self-labeling is that, from a PMH perspective, they enable affected individuals to independently identify symptoms that had previously unknown origins. Having now accurately labeled the problem in psychiatric terms, the person is now aware that a mental health problem exists and that seeking help is a reasonable and appropriate response (Saunders and Bowersox 2007). In a study of individuals who had been diagnosed with a mental illness, for example, one participant said of their diagnostic label: "I had some information about what was going on with me. That was good to know. There was something I could do about it" (Eads et al. 2021).

Despite their presumed importance, self-labels, when not accompanied by a parental label, leave young people with limited options to seek help due to legal regulations that require parental permission to access medical treatment. If a parent does not endorse their child's mental health problem, it is likely there would be disagreement or poor communication regarding how best to assist the child in achieving treatment

goals (De Los Reyes and Kazdin 2005). For this reason, discordant self-labels may be unlikely to facilitate formal help-seeking behaviors. On the other hand, discordant self-labels could encourage adolescents to seek the kinds of help-seeking that they can engage in independently without the assistance or knowledge of a parent. This could include both informal and school-based help-seeking behaviors, such as reaching out to a close friend, confidante, or trusted adult in one's social support network or community (Rickwood et al. 2007; Rickwood 2020).

Honest, Open, Proud (HOP; Mulfinger et al. 2018) is one such PMH-inspired intervention that assists youths in how to appropriately self-label and disclose their mental health problems to others – without the involvement of parents or parental labels. In a HOP curriculum module for high school-aged youths (sFigure 2.3), adolescents are encouraged to engage in "self-talk" to identify different aspects of their identity. To successfully complete this module, adolescents must self-label as a "person with a mental health challenge." By omitting any mention of the adolescent's parent, this curriculum presumes that discordant self-labels are sufficient to improve recovery outcomes.[8]

Discordant parental labels.

When parent-child discrepancies occur, they often stem from discordant parental labels: a parent affixes a label to their symptomatic child who does not endorse a mental health problem themselves (De Los Reyes and Kazdin 2005; Van Roy et al. 2010). This is

[8] In fact, the only mention of parents in the HOP curriculum does not come until an "unwanted disclosure" statement on the last page of the curriculum. This statement reassures adolescents that any information about their mental health will not be disclosed to their parents, unless certain exceptions are met (i.e. the adolescent poses a threat to his or herself or others).

a common occurrence as children frequently do not report feeling genuinely distressed by the symptoms they experience and are therefore reluctant to label them as a mental illness (Phares and Danforth 1994). Children are also more likely to mislabel their mental health problems compared to parents, attributing them to external issues (e.g., stress) rather than an authentic condition that warrants treatment (De Los Reyes and Kazdin 2005).

Even if occurring in the absence of a child's self-label, parental labels are viewed as a crucial precursor for adolescents' formal help-seeking. Adolescents often lack the legal autonomy to access formal medical services; therefore, without a parental label signifying the parent's identification of their child as having a condition in need of treatment, formal help-seeking is less likely to occur. Since formal help-seeking leads to the ideal source of help for adolescents—that is, mental health professionals who possess a specialized role in delivering mental health care—parental labels are lent considerable weight in determining adolescents' recovery outcomes (Boulter and Rickwood 2013).

Recognizing that adolescents lack the legal autonomy to access formal treatment services on their own, Stiffman, Pescosolido, and Cabassa (2004) developed the Gateway Provider Model (GPM) to better understand young people's unique pathways into mental health treatment. The GPM has a specific focus on the individuals in adolescents' lives who are among the first to recognize and label a young person's mental health problem. This can include a variety of laypeople and professional individuals, but special consideration is given to parents due to adolescents' lack of legal autonomy to access medical treatment. Accordingly, it is imperative that parents, as "gatekeepers" to treatment for their children, label symptoms as they emerge so that they can guide their

child into treatment. Overall, the GPM argues that the "advice, encouragement, and guidance" of parents, along with the appropriate identification of their child as having a mental illness, is adequate to promote formal help-seeking (Stiffman et al. 2004: 190). The argument that discordant labels can have beneficial effects for help-seeking that differ depending on the type of label and source of help being sought leads to a second hypothesis:

> **Hypothesis 2 (H_2)**: Discordant self-labels predict increased informal and school-based help-seeking behaviors, while discordant parental labels predict increased formal help-seeking behaviors ("Discordant, but Necessary").

"*Any Cold Foot Will Block"*

Yet another possibility, perhaps having received the least attention by those adhering to a PMH perspective, is that only the concordance of labels can truly facilitate help-seeking among adolescents. Concordant labels are synonymous with child-parent or multi-informant agreement – a mutual understanding between parent and child that a mental health problem exists and that some form of help should be sought to remedy it (De Los Reyes et al. 2015). In other words, help-seeking will not occur until both a self-label *and* parental label are applied at similar points in time. In this scenario, the absence of one label (i.e. a discordant label) represents a major discrepancy in a family's perception of the child's mental health problem, which can serve as a major impediment to the child's willingness to seek help.

Although few in number, some studies examine how parent-child concordance shapes treatment outcomes for young people experiencing mental health problems. While these studies do not always assess concordant *labels* specifically, they do examine parent-

child concordance regarding the degree to which the child is experiencing symptoms. In general, these studies find that child-parent concordance predicts improved treatment outcomes. In one such study, Goolsby et al. (2018) find that parent-child concordance is associated with greater treatment success. Similarly, another study found that parent-child agreement about treatment goals predicts greater frequency of visiting therapy (Brookman-Frazee et al. 2008). In a study of 7-17 years old youths undergoing cognitive behavioral therapy for anxiety, youths were less likely to experience diagnostic remission if there was parent-child discordance prior to treatment (Becker-Haimes et al. 2018). These studies provide valuable insight into how parent-child concordance is beneficial for youths' treatment adherence and symptom reduction. There is still a lack of empirical studies, however, that examine whether concordant labels inform young peoples' initial decisions to seek help, especially from informal and school-based sources. Instead, current help-seeking models omit the potential necessity of concordant labels as precursors to help-seeking – a single label is assumed to be adequate (refer again to sFigures 2.1 and 2.2 to see how this presents itself in help-seeking models).

In sum, there is a dissonance between help-seeking models and interventions designed to explain adolescent help-seeking on the one hand and the literature on parent-child concordance on the other. The former continues to overlook the potential significance of concordant labels for help-seeking, but the latter points to their beneficial effects for recovery outcomes (Goolsby et al. 2018). This leads to the third and final hypothesis:

> **H_3 ("Any Cold Foot Will Block")**: Concordant self- and parental labels predict increased formal, informal, and school-based help-seeking behaviors, while

discordant labels are inconsequential for help-seeking.

Summary of Hypotheses

The three hypotheses described above are presented in Table 2.1. Overall, a PMH perspective touts the ubiquitously beneficial nature of mental illness labels for all types of help-seeking. This suggests that both discordant and concordant labels should predict increased help-seeking behaviors, regardless of the type of help being sought (H_1: “Any Label Will Do”). Yet, certain help-seeking models and interventions inspired by the PMH perspective draw more nuanced assumptions about the type of mental illness label (self-label or parental label) having more explanatory power in predicting specific kinds of help-seeking behaviors over others. Specifically, adolescents who self-label are more easily able to seek out the informal and school-based types of help that are readily accessible (Rickwood et al. 2007; Rickwood 2020). Lacking a parent who agrees, they may be unable to engage with the specialized treatment services that formal help-seeking offers. On the other hand, due to the reliance on parental consent to make medical decisions, discordant parental labels might be better facilitators of adolescents’ formal help-seeking (H_2: “Discordant, but Necessary”). A third and final possibility is that only concordant labels promote help-seeking, while discordant labels are inconsequential (H_3: “Any Cold Foot Will Block”).

MENTAL ILLNESS LABELS AND HELP-SEEKING: THE EVIDENCE

Each of the three hypotheses presented above reflects a PMH perspective’s assertion that mental illness labels are pivotal in promoting adolescent help-seeking. This is evidenced in the many help-seeking models and interventions used to help understand unmet need

among young people (e.g., Rickwood 2020; Stiffman et al. 2004). Research that considers con/discordant labels and their effects on adolescent help-seeking has been thus far neglected. However, there are bodies of literature that separately examine the effects of self-labels and parental labels on different types of help-seeking behaviors among young people, especially formal help-seeking. These studies are briefly summarized below.

Self-Labels

Among adults in clinical samples, self-labels predict greater treatment adherence (McEvoy et al. 2006; Mintz, Addington, and Addington 2004), indicating that the ability to recognize and label one's own mental health problem is beneficial for obtaining positive recovery outcomes. Another study found that, while self-labels do predict a greater likelihood of seeking help from a mental health professional, adults who self-label are also more likely to possess highly stigmatizing views of mental illness compared to those who do not self-label (Horsfield et al. 2020). While studies like these are helpful in clarifying how self-labels shape adults' decisions to seek help, it is unknown whether they extend to younger age groups who are uniquely affected by mental illness and associated labels (DeLuca 2020; Hinshaw 2005).

A small number of studies examine self-labels' effects on help-seeking among younger age groups specifically. For instance, a recent study found that self-labels increased adolescents' formal and informal help-seeking behaviors, but not school-based help-seeking (Villatoro et al. 2022). Other studies that examine both adolescents and young adults find that self-labels predict more positive attitudes towards and greater

willingness to take psychiatric medications, but that exposure to stigma-related stress and perceived stigma might dampen these beneficial effects (Rüsch et al. 2013; Xu et al. 2016). These authors all caution that, while self-labels appear to facilitate engagement with formal treatment, they also force individuals to confront the stigma that accompanies them. It is unknown whether stigma might dampen or diminish the beneficial effects these labels might otherwise have for help-seeking.

Parental Labels

Compared to the literature on self-labels, research examining how adolescents experience parental labels and whether they inform decisions to seek help are minimal. Older studies found that parental recognition of child mental illness (i.e., parental labels) leads to higher rates of treatment engagement (formal help-seeking) among children (e.g., Sayal 2006; Wu et al. 1999). Yet, systematic reviews of more recent studies conclude that there is insufficient evidence to ascertain the relationship between parental labels and children's help-seeking behaviors (Ryan et al. 2015; Peyton, Goods, and Hiscock 2022). Multiple reviews find that, while interventions have been successful in enhancing the ability to label child mental illness among parents, they do not meaningfully increase their intent to assist in children's help-seeking behaviors (Kusaka et al. 2022; Xu et al. 2018). Therefore, it may be critical for interventions to go beyond targeting parents' ability to label child mental illness. Instead, they should employ a family-based approach that builds mental health literacy simultaneously for both parent and child while building family cohesion and more effective parent-child communication (Kusaka et al. 2022; Xu et al. 2018). Additional studies are needed to determine why parental labels are not

clearly linked to increased formal help-seeking among young people, despite a PMH perspective's contention that such labels are integral precursors to treatment engagement for this age group.

CONTRIBUTIONS TO EXISTING RESEARCH

In general, research on mental illness labels focuses largely on adults – indeed, how adults experience mental illness and associated labels has been a core focus of medical sociology, mental health sociology, and public health for decades (Link et al. 1989; Livingston and Boyd 2010). Yet, it is likely that adolescents experience mental health problems differently from adults, including how mental illness labels inform the decision-making process when it comes to seeking help for a mental health problem (DeLuca 2020; Hinshaw 2005). The present study also helps fill another significant omission in the existing literature – that is, the lack of attention paid to how con/discordant labels differentially predict distinct types of help-seeking.[9] By using the data available collected from both adolescents and their parents, the present study takes into account the frequent occurrence of discordant labels for this age group (De Los Reyes et al. 2015). Scholars in PMH and sociology alike continue to make calls for additional research into the factors that influence help-seeking decisions among adolescents, and, more specifically, whether and how mental illness labels inform these decisions (Nobre et al. 2021).

Although it is unknown whether help-seeking is contingent upon the

[9] There are, however, a small number of studies that examine how parent-child discordance shapes young people's recovery outcomes, such as number of therapy visits and diagnosis remission (see, for example, Goolsby et al. 2018). These studies illuminate how discordance can potentially impinge on young persons' recovery efforts once already receiving formal treatment services but does not clarify whether it inhibits initial help-seeking behaviors.

con/discordance of labels, the existing literature points to self-labels being beneficial for help-seeking among younger persons (e.g., Rüsch et al. 2013).[10] Paradoxically, parental labels appear to be less helpful in increasing adolescents' help-seeking behaviors (Xu et al. 2018), but additional research is needed since the evidence thus far is inconclusive. A number of limitations prevent definitive conclusions from being drawn. First, the existing studies of self-labels include adults aged anywhere between 13 and 35 (e.g., Rüsch et al. 2013; Xu et al. 2016), obscuring how self-labeling is related to help-seeking exclusively among younger persons. This is a concern because, as mentioned above, findings on adults are likely to be ungeneralizable to younger persons who inhabit a unique developmental stage of the life course (DeLuca 2020; Hinshaw 2005).

This paucity of research on the effects of mental illness labels on help-seeking among adolescents specifically is a significant omission in the literature that cannot be overstated (but see Villatoro et al. 2022 for a recent study using the same data that examines how self-labels predict help-seeking). Highly symptomatic adolescents are likely to contend with self- and parental labels – for example, through identifying their symptoms using information found on social media (Lal et al. 2007), or through interaction with parents (Boulter and Rickwood 2013). Clearly, additional research on these two labels is warranted to determine how their con/discordance informs the help-seeking process among young people specifically.

Second, most studies examine solely formal help-seeking as an outcome since it is

[10] It is possible, though, that factors such as stigma could dampen the beneficial effects labels have for help-seeking by undermining adolescents' self-concept and psychological well-being (Harari et al. 2023; Rüsch et al. 2013; Xu et al. 2016).

considered the “ideal source of help” for younger persons experiencing mental health problems (Yap et al. 2013: 255). This is especially true for the minimal research that examines con/discordant labels, which has an almost exclusive focus on treatment outcomes after formal help has already been sought (e.g., Goolsby et al. 2018). However, informal help-seeking is an important (but overlooked) outcome, since friends and trusted confidantes are perceived by adolescents as nonjudgmental persons to disclose one’s mental health problem (Kranke et al. 2015; Singh et al. 2019). Moreover, informal and school-based sources of help often act as a referral pathway to engagement with formal services later (Rickwood et al. 2007; Rickwood 2020). These sources of help should not be ruled out as unimportant, especially since they are avenues in which to eventually access formal treatment.

Lastly, a PMH perspective pinpoints either self-labeling *or* parental labeling as an important precursor to help-seeking. As a result, help-seeking models and interventions often target only the adolescent or parents’ ability to label mental disorder, but not both concurrently.[11] Underlying these models and interventions, then, is the implicit assumption that a discordant self-label or parental label is adequate to initiate help-seeking. It is true that discordant labels reflect the reality for the many adolescents who experience mental illness; that is, there is a mismatch in the timing of the application of

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[11] For example, many interventions that aim to enhance adolescents’ ability to label mental illness are school based, where parents/caretakers have no involvement. An astonishingly low number of interventions and empirical investigations of barriers to help-seeking among adolescents consider the role of parents. In a review of interventions targeting help-seeking, most interventions were classroom-based, meaning that they were delivered outside of the adolescent’s home and did not involve parents. Similarly, the same review found only three of 54 (6%) studies examining barriers to help-seeking among young people included adolescents and their parents (Aguirre-Velasco et al. 2020).

these labels such that adolescents often self-label in the absence of a parental label or vice versa (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015). However, there is inadequate research to ascertain whether discordant labels are adequate to truly facilitate help-seeking for adolescents in the way that PMH perspectives claim.

THE PRESENT STUDY

This study aims to clarify whether the con/discordance of mental illness labels shapes adolescents' decisions regarding whether to seek help for the mental health problems they experience. The analysis comprises a specific focus on whether labels' con/discordance has unique effects that differ by the source of help being sought. To accomplish this, the analysis draws from data collected from adolescents who are 11-14 years old and their parents, with relevant measures of self-labels, parental labels, and help-seeking (Link et al. 2020; Painter et al. 2017). The nature of this data allows for a unique and well-suited opportunity to assess whether the con/discordance of these labels is consequential for three important but distinct forms of help-seeking behaviors: formal, informal, and school-based.

Child-parent disagreement about whether a child has a mental illness is high, indicating that self-labels and parental labels often occur in isolation of one another (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015). This means that adolescents confronting mental health problems find themselves in one of two scenarios described earlier: (*i*) an adolescent self-labels as someone who has a mental illness in the absence of a parent endorsing that self-identification, or (*ii*) an adolescent is labeled by a parent as having a mental illness without endorsing such a self-identification themselves. To reflect

this nuance in adolescents' experiences with mental illness labels, the present analysis uses the data available—collected from both adolescents and their parents—to categorize adolescents as having either discordant self-labels, discordant parental labels, or concordant self- and parental labels. By doing so, the analysis adjudicates between the hypotheses proposed in Table 2.1, which posit differing associations that are conditional on con/discordance and type of help-seeking.

DATA AND METHODS

Sample

Data come from a longitudinal study of youth aged 11-14 years old that includes relevant measures of self-labeling, parental labeling, and different forms of help-seeking (Link et al. 2020; Painter et al. 2017). This study, called the Texas Stigma Study, resulted from a grant from the National Institute of Mental Health (corresponding PI: Dr. Bruce Link) in which a team of stigma researchers at Columbia University (Drs. Link, Phelan, DuPont Reyes, and Villatoro) joined community-based investigators from the My Health My Resources (MHMR) organization in Tarrant County, Texas. Drs. Kris Painter and Kay F. Barkin of MHMR implemented an extensive data collection that this project is able to draw from (Painter et al. 2017). The study was initially designed to evaluate a classroom-based intervention designed to reduce mental illness stigma among 6th grade youth in 14 schools in a Texas school district. In addition to a baseline pre-test/post-test conducted in school, a longitudinal evaluation with four follow-ups (at 6-, 12-, 18-, and 24-months) was conducted over the course of two years with both youth and their parents inside their homes. Both students and parents gave assent and consent to participate prior to the start

of the study. Additional details of the Texas Stigma Study, including selection of participants, study design, and procedures, are described in other publications (Link et al. 2020; Painter et al. 2017).

Fourteen middle schools in an urban city in Texas participated in the study, and all sixth-grade students from these schools were invited to participate. In response, 751 (60% of those invited) students agreed to participate, and 57% (n = 427) of those students agreed to participate in at least one follow-up (with 422 parents/caretakers similarly participating in at least one follow-up). Among the 427 youth who participated in the longitudinal assessment, 412 participated in the 6-month follow-up, 370 in the 12-month follow-up, 338 in the 18-month follow-up, and 312 in the 24-month follow-up. The present study utilizes data from the longitudinal component of the study, which contained relevant measures of labeling, help-seeking, and covariates at each of the four waves. This study was approved by the Institutional Review Boards of MHMR of Tarrant County and Columbia University Medical Center.

At baseline, the average age of students was 11.5 years old and the average age of parents was 38.4 years old. This sample closely resembles the publicly available data on classroom enrollment on age, race/ethnicity, gender, and socioeconomic status (Arlington Independent School District 2019) and is similar to census data from the city in which the study was conducted on parental educational attainment (U.S. Census Bureau 2019). The analytic sample was diverse in terms of race/ethnicity and socioeconomic status, with 44.4% self-identified as Latino, 22.4% as Black, 26.3% as White, and 7.4% as Other. Reported caregiver educational attainment was 17% less than high school, 59% high

school graduate or some college, and 23% college graduate.

Measures

Formal help-seeking is measured with three unique items asking youths if they ever "talked about a mental health problem" that they have experienced with either a 1) doctor or 2) a therapist or counselor, outside of a school setting (1 = *yes*, 0 = *no*). The third item asks youths if they have "ever taken medication for a mental health problem" (1 = *yes*, 0 = *no*). Items are summed to create a count variable ranging from 0-3 representing the total number of formal help-seeking behaviors that the youth engaged in.

Informal help-seeking was measured similarly to formal help-seeking, but with two unique items asking youths if they ever "talked about a mental health problem" that they have experienced with either a friend or a religious leader (e.g., priest or rabbi) (1 = *yes*, 0 = *no*). Items were summed to create a count ranging from 0-2 representing the number of informal help-seeking behaviors youths engaged in. The formal and informal help-seeking measures are count rather than binary outcomes to gain a more detailed picture of adolescents' help-seeking behaviors. Accessing help from more than one source of help could be more beneficial than accessing only one. **School-based help-seeking** was measured with a single unique item asking youths if they had ever discussed a mental health problem with a school counselor (1 = *yes*, 0 = no). These measures of help-seeking have been validated previously and used in prior studies that use the same data (Painter et al. 2017; Villatoro et al. 2022).

Self-labels, a cognitive phenomenon whereby adolescents self-identify as someone who is experiencing a mental health problem or mental illness, are measured

with two unique items. The first asks whether youths ever identified as someone who has had a "mental health problem" in the past six months. Because younger persons may not be familiar with the wide range of mental health problems that exist, a number of symptoms were included in the question as examples, including "being anxious, depressed, hyperactive, withdrawn, or always getting into trouble." The second question asks whether youths agreed with the statement "I have a mental illness." Both items are dichotomous and were combined to create a single measure of self-labeling (1 = *yes*, 0 = *no*) since self-labeling with only a "mental illness" was relatively infrequent (6%-7% of youths across waves). **Parental labels**, whereby parents identify their child as someone who has a mental health problem, are measured with a single item (1 = *yes*, 0 = *no*) asking parents/caregivers, "Was there ever a time in the past six months when your child seemed to have an emotional or behavioral problem, like being anxious, depressive, hyperactive, withdrawn, or always getting into trouble?"

Mental health help-seeking models and interventions emphasize that either adolescents should self-label or have parents label their mental health problems in order to initiate the help-seeking process (Reardon et al. 2017; Rickwood et al. 2007; Rickwood 2020; Stiffman et al. 2004). As such, the data available allows for a unique opportunity to assess whether the concordance or discordance of these labels matters for adolescents' help-seeking behaviors. To investigate this, four distinct categories were created that represent adolescents' experiences with mental illness labels conferred by oneself and parents occurring at the 6-, 12-, 18-, and 24-month follow-ups of the longitudinal assessment. Specifically, adolescents were categorized as having a

discordant self-label if they self-labeled but did not receive a parental label in that specific wave. If adolescents had received a parental label but did not self-label at a particular wave, they were categorized as having a *discordant parental label*. Lastly, if adolescents self-labeled and simultaneously received a parental label in a particular wave, they were categorized as having *concordant labels*. For instance, the same adolescent could be categorized as having a discordant self-label at 6 months if they self-labeled but did not receive a parental label, then categorized as having a discordant parental label at 12 months if they had stopped self-labeling but then received a parental label, and then categorized as having concordant labels at 18 months if they self-labeled and received a parental label at that time. Those who did not have a self-label or a parental label served as the reference group. This coding scheme allows for adolescents to go "in and out of" different labeling dynamics depending on the labels they experienced at each of the four follow-ups.

Symptoms were measured with a 21-item self-report questionnaire derived from the Diagnostic Interview Schedule for Children Version IV (α = .87; Shaffer et al. 2000). This measure encompasses a wide variety of mental health problems that youths may experience, including depressed affect ("Felt really sad or depressed most all day for several days in a row?"), anxiety ("Worried too much about a number of different things?"), attention-deficit/hyperactivity disorder ("Often had trouble keeping your mind on what you are doing?"). Each item is coded as 1 if the respondent reported not experiencing that particular symptom and 2 if the respondent did report experiencing it. All items were summed and averaged.

The primary analysis is stratified by symptom group: those adolescents experiencing **high symptoms** and those experiencing **no/moderate symptoms**. This was to better illuminate the effects of labels on help-seeking for the group that would presumably benefit from help the most: those adolescents who are experiencing high numbers of distressing symptoms. It is also important, however, to see what effects labels have for their moderately symptomatic counterparts, whose low number of symptoms may not meet diagnostic criteria but could still cause enough distress to warrant help or treatment (Copeland et al. 2005). Across the four waves, 628 adolescents were categorized as having high symptoms and 700 were categorized as having low symptoms.[12]

Adolescents who self-rated their symptoms above the median (fiftieth percentile) at any point during the four follow-ups were categorized as having high symptoms, while adolescents who consistently self-rated their symptoms below the median were categorized as having no/moderate symptoms. Adolescents at the median had a symptom score of 1.33, with adolescents at the fiftieth percentile reporting experiencing approximately seven distinct symptoms.

Covariates

Self-identified gender is measured with a binary indicator (1 = *female*, 0 = *male*). Self-identified race/ethnicity is also measured with binary indicators for Black and Latino respondents, with White/Other as the reference group. Parent/caretaker educational

[12] There was a total of 380 missing observations for symptoms across the four follow-ups; these observations were excluded from the analysis. See Footnote 14.

attainment is a continuous variable coded as 1 = less than high school, 2 = high school diploma/GED, 3 = some college, and 4 = Bachelor's degree or higher. The language spoken at the child's home was measured with a binary variable (1 = *not English, 0 = English*). Familiarity with mental illness was measured using an abbreviated version of the Level of Contact Report (Holmes et al. 1999). This measure contains five items that measure respondents' degree of intimate contact with people with mental illness. This includes seeing someone with a mental illness on television (the least amount of contact), having a classmate, friend, or relative with mental illness, and living with someone who has a mental illness (the most contact). Finally, analyses also control for intervention assignment (with those who were assigned to the no intervention control group as the referent) and time to account for any effects of the intervention or the study period on help-seeking.

Analysis

This study examines the effects of concordant and discordant mental illness labels on three different types of help-seeking: informal, formal, and school-based. Using the *nbreg* command in Stata, negative binomial regression models revealed evidence of overdispersion (the variance being greater than the mean) on the informal and formal help-seeking count outcomes. Estimation of the overdispersion parameter in these models suggested that negative binomial models were appropriate. For these outcomes, count generalized estimating equations (GEEs) with a log-link function and binomial family were used to account for clustering of observations over the four follow-ups. For school-based help-seeking, a binary outcome, binomial GEE models were used. All models

adjusted for symptom levels, age, gender, race/ethnicity, parental or caregiver education, language spoken in the child's home, familiarity with mental illness, the intervention, and time. Robust standard errors are used to reflect the clustering of students within schools. These analyses are stratified by symptom group: results are first shown for the high symptom group followed by findings for the no/moderate symptom group.

3%-10% of respondents had missing information on covariates, while a range of 7%-30% of respondents had missing data for the labeling variables depending on the follow-up. Most missing data for covariates came from the variable measuring parent/caregiver educational attainment. The results presented contain imputed values for this covariate and the independent and dependent variables, while respondents who were missing on other covariates were excluded from the analysis, resulting in a final analytic sample of 609 high-symptom respondents (212, 194, 89, and 114 respondents at each follow-up, respectively) and 669 no/moderate-symptom respondents (189, 157, 141, and 182 respondents at each follow-up, respectively).[13,14] Imputation procedures were carried out using multiple imputation chained procedures in Stata SE 18 and 20 datasets were imputed and combined using Rubin's rules (Rubin 1987; Stata 2023).

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[13] Multiple imputation models were having issues converging due to the small amount of missing data for these covariates.

[14] There were 380 missing observations for symptoms across the four waves. These 380 observations (only 22% of total observations for this variable) were excluded from the analysis. 11 respondents were missing data on symptoms in the first wave, 63 in the second wave, 188 in the third wave, and 118 in the fourth wave. Since there were 628 high-symptom adolescents and 700 no/moderate-symptom adolescents total across all four waves, excluding those missing on other covariates led to a final analytic sample of 609 high-symptom adolescents and 669 no/moderate-symptom adolescents.

RESULTS

First, Figure 2.1 provides a visualization of the sample stratified by adolescents who experienced either high or no/moderate symptoms throughout the four follow-ups. This figure shows how many adolescents from each symptom group experienced discordant self-labels, discordant parental labels, concordant labels, and each type of help-seeking (informal, formal, school-based). Overall, there are fewer adolescents who experienced high numbers of symptoms (n = 609) compared to no/moderate symptoms (n = 669). Unsurprisingly, the highly symptomatic adolescents were generally exposed to mental illness labels (of the four labeling groups: 19% discordantly self-labeled, 17% discordantly parental labeled, 22% concordantly labeled, and 42% had no labels) more so than their moderately symptomatic counterparts (of the four labeling groups: 7% discordantly self-labeled, 15% discordantly parental labeled, 7% concordantly labeled, and 71% had no labels). However, those with no/moderate symptoms still experienced mental illness labels, indicating that these individuals were experiencing enough symptoms that self-identification with a mental health problem occurred. It is also unsurprising that the highly symptomatic adolescents also engaged in all three types of help-seeking behaviors more frequently or at similar rates than the less symptomatic adolescents (among high-symptom group: 23% formal, 18% informal, 7% school-based; among no/moderate-symptom group: 11% formal, 9% informal, 7% school-based). This provides a first indication that adolescents with high numbers of symptoms confront mental illness labels and seek help for their labeled conditions more so than their less symptomatic peers, consistent with the PMH perspective.

Tables 2.2 and 2.3 present descriptive statistics for relevant variables by each labeling group (no labels, discordant self-labels, discordant parental labels, concordant labels) for the high-symptom and no/moderate-symptom subsamples, respectively. These statistics are presented for the first follow-up to provide a baseline characterization of the adolescents at the start of the longitudinal component of the study. The tables also report *F*-values or likelihood-ratio chi-square tests (LR χ^2) as appropriate from regression models to investigate whether the four labeling groups differ significantly from one another on each variable. To test for these differences, linear regression models were used for continuous variables, negative binomial regression models for count variables, logistic regression models for binary variables, and multinomial regression models for categorical variables.

Among highly symptomatic adolescents ($n = 218$, Table 1), consistent with a PMH perspective, labeling groups significantly differed on two of three outcomes of interest. Specifically, results from t-tests show that those with concordant labels reported higher engagement with formal ($t = -3.91$, $p < .001$) and informal help-seeking ($t = -1.92$, $p < .05$) compared to their non-labeling counterparts. Notably, however, those with discordant self- or parental labels did not report higher engagement with help-seeking behaviors compared to non-labelers. This pattern points to a need to investigate whether sociological processes that focus on the stigmatizing nature of labels undermining the help-seeking process are operating in the context of discordant labels. The *F* tests and LR χ^2 tests revealed other significant differences among the labeling groups on the following variables: race/ethnicity, primary language spoken at home, and parent/caretaker's

educational attainment. These significant differences point to a need to control for these variables in subsequent analyses. Fewer patterns were found for adolescents in the no/moderate symptom group. There were some significant differences between labelers and non-labelers with respect to race/ethnicity, language spoken at home, and participation in the curriculum component of the intervention.

Tables 2.4 and 2.5 present results from GEE models for the high-symptom and no/moderate-symptom subsamples, respectively. For negative binomial regression models, incidence rate ratios (IRRs) are presented; for binomial logistic regression models, odds ratios (ORs) are presented. Where applicable, the results also show whether adolescents with discordant labels significantly differ from those with concordant labels. Recall that the coding procedure placed adolescents into one of the four labeling categories during four follow-ups over the two-year study period: no labels (the referent), discordant self-labels, discordant parental labels, and concordant labels. Therefore, the following analysis captures the effects of adolescents' moving in and out of these categories on help-seeking behaviors at each of the four follow-ups. Effects are considered statistically significant at $p < .05$ and marginally significant at $p < .10$.

In Table 2.4, discordant self-labels, or an adolescent self-labeling as having a "mental illness" or "mental health problem" in the absence of a parental label, did not increase nor decrease any type of help-seeking, net of covariates. Discordant parental labels, or a parent labeling their child as having a "mental health problem" in the absence of an adolescent self-labeling, did not have any significant effect on school-based help-seeking. However, discordant parental labels did have a significant negative effect on

formal help-seeking (IRR = 0.55, $p < .05$) and marginally significant negative effect on informal help-seeking (IRR = 0.46, $p < .10$). Concordant labels, or when adolescents' self-labels were accompanied by parental labels, were significantly associated with all three types of help-seeking, including formal (IRR = 2.33, $p < .01$), informal (IRR = 1.86, $p < .05$), and school-based help-seeking (OR = 3.41, $p < .05$) for highly symptomatic adolescents. Age was significantly associated with all three types of help-seeking such that older adolescents engaged in more help-seeking behaviors. Finally, adolescents whose parents had attended college were less likely to engage in formal and school-based help-seeking.

Table 2.5 presents similar results from GEE models examining mental illness labels' effects on help-seeking, but for the no/moderate-symptom subsample. Overall, mental illness labels had no discernable effects on help-seeking for adolescents experiencing no/moderate symptoms. The one exception is a significant positive effect of concordant labels on formal help-seeking (IRR = 3.24, $p < .01$). The otherwise insignificant findings for the no/moderate-symptom group are notable and point to labeling processes being inconsequential for adolescent help-seeking for those with fewer but still potentially distressing symptoms.

For both highly and moderately symptomatic adolescents, those with concordant labels were significantly more likely to engage in more formal help-seeking behaviors compared to their counterparts with either type of discordant label (self- or parental). For highly symptomatic adolescents only, those with concordant labels were significantly more likely to engage in more informal help-seeking behaviors than those with discordant

parental labels. These findings may be unsurprising given the insignificant and negative effects of discordant self- and parental labels on formal and informal help-seeking. However, it provides additional evidence that concordant labels have strong benefits for multiple types of help-seeking behaviors while simultaneously pointing to the potentially disadvantageous nature of discordant labels, especially if conferred by a parent.

In a supplementary analysis (not shown), GEE models that included interactions between each labeling group and the symptom groups (labels × symptoms) were analyzed. These interactions were not significant, indicating that highly symptomatic adolescents did not significantly differ from their moderately symptomatic counterparts for any of the associations described above.

DISCUSSION

Dominant PMH perspectives, strongly adhered to by help-seeking models and interventions, rely on the use of labels—including both self- and parental labels—to facilitate help-seeking among young people. From this perspective, without adolescents self-labeling or being labeled by parents who are the “gatekeepers” of mental health treatment, help-seeking will be undermined (Reardon et al. 2017; Rickwood et al. 2007; Stiffman et al. 2004). What the PMH perspective has thus far overlooked, however, is the con/discordance of labels; that is, adolescents often self-label in the absence of a parental label (discordant self-labels) or receive a parental label in the absence of a self-label (discordant parental label). A PMH approach to treating mental illness continues to frame labels as important facilitators of help-seeking without considering this salient feature of adolescents’ labeling processes.

At the heart of this analysis are adolescents who confront mental illness labels as well as potentially distressing or unsettling symptoms during a critical period of development. The findings discussed below have a particular focus on adolescents who are highly symptomatic; that is, those adolescents who experience a high number of symptoms and would presumably benefit from receiving the types of help examined here. Table 2.6 presents a summarization of the results by showing the direction of each relationship between con/discordant labels, broken down by type of help-seeking. The analysis reveals strong support for the third hypothesis ("Any Cold Foot Will Block"), which stresses the importance of concordant labels in predicting increased adolescent help-seeking. Indeed, this hypothesis finds strong support for all three types of help-seeking behaviors examined here (formal, informal, school-based) among high-symptom adolescents, but only for formal help-seeking among their moderately symptomatic counterparts. The findings oppose both the first ("Any Label Will Do") and second hypotheses ("Discordant, but Necessary"), which posited that all labels or discordant labels are beneficial for help-seeking, respectively. The concordance of labels matters a great deal if they are to assist adolescents in seeking help for the mental health problems they experience.

Discordant Self-Labels

First, the insignificant findings of a discordant self-label on each type of help-seeking behavior examined here suggest that self-labels, on their own, are not beneficial for adolescent help-seeking, failing to support H_1 ("Any Label Will Do"). An adolescent who appropriately attributes their symptoms to a "mental illness" or "mental health

problem"—in the absence of a parental label—is no more likely to seek help compared to their non-labeling counterparts, or adolescents who experience concordant labels. This is true even for informal and school-based help-seeking behaviors that do not require parental involvement or knowledge, leading us to reject H_2 ("Discordant, but Necessary"). This contrasts with the PMH perspective's assertion that self-labels can be an integral first step in the help-seeking process for adolescents with mental health problems (Rickwood et al. 2007; Rickwood 2020).

This is an important finding for two reasons. First, adolescents prefer to disclose their experiences with a mental health problem to someone they trust, such as a close friend or supportive adult, before turning to formal treatment services (Rickwood et al. 2007). In light of the insignificant effects on informal and school-based help-seeking, these findings indicate that discordant self-labels may not be adequate to initiate the kinds of help-seeking that precede formal treatment services. Second, given the insignificant effects on all three types of help-seeking, self-labels are not solely a beneficial circumstance, and are unlikely to increase adolescents' likelihood of seeking out an "ideal source of help" such as a psychiatrist or psychologist if they occur in the absence of a parental label (Yap et al. 2013:255).[15] While other studies find that self-labels predict increased adolescent help-seeking (e.g., Villatoro et al. 2022), these findings suggest that

[15] Although not examined here, the insignificant effects lend some credibility to sociological perspectives that emphasize the potential drawbacks of mental illness labels. Sociological perspectives do not claim that self-labels are disadvantageous for help-seeking, but they do point to a potential interference in the help-seeking process that could dampen labels' beneficial effects. It could be that the stigmatizing nature of self-labels decreases their advantageous effects for help-seeking by eroding self-concept (e.g., Harari et al. 2023; Rüsch et al. 2013; Xu et al. 2016). This possibility is explored in more detail in the following chapter.

this might be conditional on the self-label occurring concordantly with a parental label, as I describe below. These insignificant effects add a certain nuance to the role of mental illness labels, and self-labels in particular, in adolescents' help-seeking decisions.

Discordant Parental Labels

While discordant parental labels are inconsequential for school-based help-seeking, they significantly *decrease* adolescents' formal and informal help-seeking behaviors.[16] These findings strongly oppose both hypotheses H_1 and H_2, indicating that (discordant) labels are not always beneficial for help-seeking, including the formal help-seeking behaviors that parental labels are presumed to facilitate. The notion that parental labels could serve as barriers to adolescent help-seeking has not yet been recognized by those adhering to PMH perspectives and challenges conventional thinking about the usefulness of parental labels in the help-seeking process. The negative effect on formal help-seeking in particular contradicts help-seeking models and interventions that place great importance on parental labels as a crucial precursor to adolescents' engagement with formal treatment services (Reardon et al. 2017; Stiffman et al. 2004). While these relationships are not found for adolescents experiencing no/moderate symptoms, they are present for those that are highly symptomatic – meaning that discordant parental labels inhibit help-seeking behaviors for those who presumably need help the most.[17]

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[16] The negative effect on informal help-seeking, however, is marginally significant at $p < .10$.
[17] Similarly to the insignificant effects of self-labels (see Footnote 15), these findings could lend support to a sociological perspective. It could be that discordant parental labels point to a stigmatizing familial context for adolescents with mental health problems, leading to the subsequent internalization of stigma and a decreased willingness or desire to obtain positive recovery outcomes (Corrigan et al. 2009).

This is an important finding given the common occurrence of discordant parental labels (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015). A scenario where parents label their child in the absence of the child endorsing such a label themselves could have major implications for help-seeking, which may help explain the negative effects of discordant parental labels found here. For one, discordant parental labels could indicate a familial context characterized by ineffective or low parent-child communication, low family cohesion, and poor family functioning. In this context, a child may be unwilling to collaborate with their parents to enter treatment and/or attain recovery goals. Another possibility is that a discordant parental label could indicate a scenario in which the child does not feel genuinely distressed by the symptoms they experience. If young people do not label their symptoms as a mental health problem because they do not feel distressed by symptoms, it is unlikely that they will engage in help-seeking behaviors or participate in treatment, even in in the presence of a parental label (Brookman-Frazee et al. 2008; De Los Reyes and Kazdin 2005; Phares and Danforth 1994).

Concordant Labels

Finally, in strong support of H_3 (“Any Cold Foot Will Block”), perhaps the most notable finding is that it is *only* the concordance of these two types of labels—self- and parental labels—that has any positive effect across all three types of help-seeking behaviors examined here. This is especially important in light of the strong positive effects on formal help-seeking specifically regardless of the number of symptoms adolescents experience, since licensed clinicians can deliver evidence-based treatment and

medications. Moreover, those with concordant labels were significantly more likely to engage in more formal help-seeking behaviors than their discordantly labeled counterparts, regardless of the number of symptoms experienced. When viewed in combination with the results for discordant labels discussed above, these findings point to benefits of labels for help-seeking, but only if there is child-parent concordance in labeling the adolescent's mental health problem at similar points in time. This concordance could signify a harmonious understanding between parent and child that a problem exists, and that treatment is an appropriate solution for that problem.

Importantly, H_3 was the only hypothesis that found support among moderately symptomatic adolescents, but only for formal help-seeking; that is, concordant labels significantly increased these adolescents' formal, but not informal or school-based, help-seeking behaviors. This verifies the general importance of concordant labels in the help-seeking process for adolescents regardless of the number of symptoms they experience. Yet, the lack of support for the other hypothesized relationships points to an inconsequential role of labels in the help-seeking process for moderately symptomatic adolescents for informal and school-based help-seeking. This is notable given that these adolescents likely experience distressing or unsettling symptoms even if they do not meet criteria for a clinical diagnosis (Copeland et al. 2015). Additional research is warranted to identify which mechanisms and processes promote help-seeking for adolescents with subclinical levels of symptoms.

Overall, the findings suggest that self- and parental labels do not support and may actually undermine the help-seeking process if occurring in isolation from one another,

but have strong benefits for adolescents' help-seeking behaviors if they co-occur at similar points in time. This is a more nuanced approach to mental illness labels that has not been given full consideration by help-seeking models or the many interventions designed to enhance the ability to label child mental illness. These interventions continue to target either adolescents *or* parents, which may explain why they have failed to meaningfully increase adolescents' help-seeking behaviors. Instead, interventions should also attempt to help families become more cohesive and have more effective communication (e.g., Xu et al. 2018), which could also have the effect of increasing child-parent concordance in labels. The PMH perspective would therefore benefit from considering how labels may only have the desired effect of facilitating help-seeking if they co-occur.

CONCLUSION

The goal of this study was to discern the effects of different types of mental illness labels on adolescent help-seeking. Concerns surrounding the large proportion of young people with untreated mental illness continue to grow, with many likening it to an "epidemic" and a "crisis." These concerns take on added importance when considering the adverse outcomes adolescents with untreated mental health problems are vulnerable to, including disturbingly high rates of self-harm and suicide (Kuehn 2005; Patel et al. 2007). Parent-child disagreement regarding adolescents' mental health problems and/or associated symptoms is high (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015), indicating that discordant labels are a frequent occurrence for young people. Yet, scant research has examined how con/discordance between labels informs adolescents' decisions to seek

help for the mental health problems they experience.

The findings from the present study illustrate that some types of labels—such as discordant self-labels that occur independently of a parental label—are largely inconsequential for help-seeking. On the other hand, parental labels, widely touted to be among the most important first steps in help-seeking by those in PMH (Reardon et al. 2017; Stiffman et al. 2004), could undermine the help-seeking process for adolescents if they occur in the absence of a self-label. The findings of either insignificant or negative effects of discordant labels on help-seeking challenges conventional thinking about the broader usefulness of mental illness labels in identifying mental health problems if the goal is to increase help-seeking. Ultimately, it is only the concordance of these labels, or self-labels and parental labels co-occurring at similar times, that increases adolescents' help-seeking behaviors, while other mechanisms may be more important for adolescents with fewer symptoms. These findings add nuance to existing PMH perspectives by highlighting the specific scenarios in which mental illness labels may be beneficial—or inhibitive—for adolescent help-seeking.

REFERENCES

Aguirre-Velasco, Antonia, Ignacio Silva Santa Cruz, Jo Billings, Magdalena Jimenez, and Sarah Rowe. 2020. "What are the Barriers, Facilitators, and Interventions Targeting Help-Seeking Behaviours for Common Mental Health Problems in Adolescents? A Systematic Review." *BMC Psychiatry* 20: 293.

Arlington Independent School District. 2011. *Student Ethnicity Report by Campus: September 1, 2011.* Accessed at https://www.aisd.net/district/about/student-data/

Avenoli, Shelli, Joel Swendsen, Jian-Ping He, Marcy Burstein, and Kathleen Ries Merikangas. 2015. "Major Depression in the National Comorbidity Survey—Adolescent Supplement: Prevalence, Correlates, and Treatment." *Journal of the American Academy of Child & Adolescent Psychiatry* 54(1): 37-44.

Barker, Gary. 2007. *Adolescents, Social Support, and Help-Seeking Behaviour: An International Literature Review and Programme Consultation with Recommendations for Action.* Switzerland: World Health Organization.

Barrow, Emma, and George Thomas. 2022. "Exploring Perceived Barriers and Facilitators to Mental Health Help-Seeking in Adolescents: A Systematic Literature Review." *Educational Psychology in Practice* 38(2): 173-193.

Becker-Haimes, Emily M., Amanda Jensen-Doss, Boris Birmaher, Philip C. Kendall, and Golda S. Ginsburg. 2018. "Parent-Youth Informant Disagreement: Implications for Youth Anxiety Treatment." *Clinical Child Psychology and Psychiatry* 23(1): 42-56.

Benuto, Lorraine T., Jena Casas, Frances Gonzales, and Rory Newlands. 2020. "The Behavioral Model of Health: Education, Behavioral Health Factors, and Stigma as Predictors of Help-Seeking Attitudes." *Community Mental Health Journal* 56: 1275-1283.

Bernburg, Jón Gunnar. 2019. "Labeling Theory." Pp. 179-196 in *Handbook of Crime and Deviance* (2nd ed.), edited by M. D. Krohn, N. Hendrix, G. P. Hall, and A. J. Lizotte. Switzerland: Springer Nature.

Blashfield, Roger K., and Danny R. Burgess. 2007. "Classification Provides an Essential Basis for Organizing Mental Disorders." Pp. 93-117 in *The Great Ideas of Clinical Science: 17 Principles that Every Mental Health Professional Should Understand*, edited by S. O. Lilienfeld and W. T. O'Donohue. Routledge.

Boulter, Erica, and Debra Rickwood. 2013. "Parents' Experience of Seeking Help for Children with Mental Health Problems." *Advances in Mental Health* 11(2): 131-

142.

Brookman-Frazee, Lauren, Rachel A. Haine, Elaine N. Gabayan, and Ann F. Garland. 2008. "Predicting Frequency of Treatment Visits in Community-Based Youth Psychotherapy." *Psychological Services* 5(2): 126-138.

Burns, Jane M., Emma Birrell, Marie Bismark, Jane Pirkis, Tracey A. Davenport, Ian B. Hickie, Melissa K. Weinberg, and Louise A. Ellis. 2016. "The Role of Technology in Australian Youth Mental Health Reform." *Australian Health Review* 40(5): 584-590.

Cauce, Ana Mari, Melanie Domenech-Rodriguez, Matthew Paradise, Bryan N. Cochran, Jennifer Munyi Shea, Debra Srebnik, and Nazli Baydar. 2002. "Cultural and Contextual Influences in Mental Health Help Seeking: A Focus on Ethnic Minority Youth." *Journal of Consulting and Clinical Psychology* 70(1): 44-55.

Copeland, William E., Dieter Wolke, Lilly Shanahan, and E. Jane Costello. 2015. "Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study." *JAMA Psychiatry* 72(9): 892-899.

Corry, Dagmar Anna S., and Gerard Leavey. 2017. "Adolescent Trust and Primary Care: Help-Seeking for Emotional and Psychological Difficulties." *Journal of Adolescence* 54: 1-18.

Deitz, Diane K., Royer F. Cook, Douglas W. Billings, and April Hendrickson. 2009. "A Web-Based Mental Health Program: Reaching Parents at Work." *Journal of Pediatric Psychology* 34(5): 488-494.

De Los Reyes, Andres, and Alan E. Kazdin. 2005. "Informant Discrepancies in the Assessment of Childhood Psychopathology: A Critical Review, Theoretical Framework, and Recommendations for Further Study." *Psychological Bulletin* 131(4): 483-509.

De Los Reyes, Andres, Tara M. Augenstein, Mo Wang, Sarah A. Thomas, Deborah A. G. Drabick, Darcy E. Burgers, and Jill Rabinowitz. 2015. "The Validity of the Multi-Informant Approach to Assessing Child and Adolescent Mental Health." *Psychological Bulletin* 141(4): 858-900.

DeLuca, Joseph S. 2020. "Conceptualizing Adolescent Mental Illness Stigma: Youth Stigma Development and Stigma Reduction Programs." *Adolescent Research Review* 5: 153-171.

Eads, Ray, Mo Yee Lee, Chang Liu, and Nancy Yates. 2021. "The Power of Perception: Lived Experiences with Diagnostic Labeling in Mental Health Recovery without

Ongoing Medication Use." *Psychiatric Quarterly* 92: 889-904.

Frosch, Dominick L., David Grande, Derjung M. Tarn, and Richard L. Kravitz. 2010. "A Decade of Controversy: Balancing Policy with Evidence in the Regulation of Prescription Drug Advertising." *American Journal of Public Health* 100(1):24-53.

Gilbo, Caroline, Tess Knight, Andrew J. Lewis, John W. Toumbourou, and Melanie D. Bertino. 2015. "A Qualitative Evaluation of an Intervention for Parents of Adolescents with Mental Disorders: The Parenting Challenging Adolescents Seminar." *Journal of Child and Family Studies* 24: 2532-2543.

Goolsby, Julia, Brendan A. Rich, Benjamin Hinnant, Serene Habayeb, Lisa Berghorst, Andres De Los Reyes, and Mary K. Alvord. 2018. "Parent-Child Informant Discrepancy is Associated with Poorer Treatment Outcome." *Journal of Child and Family Studies* 27: 1228-1241.

Gulliver, Amelia, Kathleen M. Griffiths, and Helen Christensen. 2010. "Perceived Barriers and Facilitators to Mental Health Help-Seeking in Young People: A Systematic Review." *BMC Psychiatry* 10: 113.

Harari, Lexi, Sharon S. Oselin, and Bruce G. Link. 2023. "The Power of Self-Labels: Examining Self-Esteem Consequences for Youth with Mental Health Problems." *Journal of Health and Social Behavior* 64(4): 578-592.

Heerde, Jessica A., and Sheryl A. Hemphill. 2018. "Examination of Associations Between Informal Help-Seeking Behavior, Social Support, and Adolescent Psychosocial Outcomes: A Meta-Analysis." *Developmental Review* 47: 44-62.

Helms, Jeffrey L. 2003. "Barriers to Help Seeking Among 12th Graders." *Journal of Educational and Psychological Consultation* 14(1): 27-40.

Hinshaw, Stephen P. 2005. "The Stigmatization of Mental Illness in Children and Parents: Developmental Issues, Family Concerns, and Research Needs." *Journal of Child Psychology and Psychiatry* 46(7): 714-734.

Holmes, E. Paul, Patrick W. Corrigan, Princess Williams, Jeffrey Canar, and Mary Ann Kubiak. 1999. "Changing Attitudes About Schizophrenia." *Schizophrenia Bulletin* 25(3): 447-456.

Horsfield, Philip, Susanne Stolzenburg, Stefanie Hahm, Samuel Tomczyk, Holger Muehlan, Silke Schmidt, and Georg Schomerus. 2020. "Self-Labeling as Having a Mental or Physical Illness: The Effects of Stigma and Implications for Help-Seeking." *Social Psychiatry and Psychiatric Epidemiology* 55: 907-916.

Jorm, Anthony F. 2012. "Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health." *American Psychologist* 67(3): 231-243.

Kessler, Ronald C., G. Paul Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and T. Bedirhan Ustun. 2007. "Age of Onset of Mental Disorders: A Review of Recent Literature." *Current Opinion in Psychiatry* 20(4): 359-64.

Kranke, Derrick, Sally E. Jackson, Debbie A. Taylor, Joan Landguth, and Jerry Floersch. 2015. "'I'm Loving Life': Adolescents' Empowering Experiences of Living with a Mental Illness." *Qualitative Social Work* 14(1): 102-118.

Kuehn, Bridget M. 2005. "Mental Illness Takes Heavy Toll on Youth." *JAMA* 294(3): 293-295.

Kusaka, Sakurako, Satoshi Yamaguchi, Jerome Clifford Foo, Fumiharu Togo, and Tsukasa Sasaki. 2022. "Mental Health Literacy Programs for Parents of Adolescents: A Systematic Review." *Fronters in Psychology* 13: 816508.

Lal, Shalini, Valentin Nguyen, and Joanie Theriault. 2018. "Seeking Mental Health Information and Support Online: Experiences and Perspectives of Young People Receiving Treatment for First-Episode Psychosis." *Early Intervention in Psychiatry* 12(3): 324–30.

Lapouse, Rema, and Mary A. Monk. 1956. "An Epidemiology Study of Behavior Characteristics in Children." *American Journal of Public Health* 48(9): 1134-1144.

Leavey, Gerard, Despina Rothi, and Rini Paul. 2011. "Trust, Autonomy and Relationships: The Help-Seeking Preferences of Young People in Secondary Level Schools in London (UK)." *Journal of Adolescence* 34(4): 685-693.

Lilienfield, Scott O., Sarah F. Smith, and Ashley L. Watts. 2013. "Issues in Diagnosis: Conceptual Issues and Controversies." Pp. 1-35 in *Psychopathology: History, Diagnosis, and Empirical Foundations* (2nd ed.), edited by W. E. Craighead, D. J. Mikllowitz, and L. W. Craighead. Hoboken, NJ: John Wiley & Sons.

Lindsey, Michael A., Kerri Chambers, Cara Pohle, Peggy Beall, and Alicia Lucksted. 2013. "Understanding the Behavioral Determinants of Mental Health Service Use by Urban, Under-Resourced Black Youth: Adolescent and Caregiver Perspectives." *Journal of Child and Family Studies* 22: 107-121.

Link, Bruce G., Francis T. Cullen, Elmer Struening, and Patrick E. Shrout. 1989. "A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment." *American Sociological Review* 54: 400-423.

Link, Bruce G., and Jo C. Phelan. 2013. "Labeling and Stigma." Pp. 525-541 in *Handbook of the Sociology of Mental Health*, edited by C. S. Aneshensel and J. C. Phelan. Dordrect: Springer.

Link, Bruce G., Melissa J. DuPont-Reyes, Kay Barkin, Alice P. Villatoro, Jo C. Phelan, and Kris Painter. 2020. "A School-Based Intervention for Mental Illness Stigma: A Cluster Randomized Trial." *Pediatrics* 145(6): e20190780.

Livingston, James D., and Jennifer E. Boyd. 2010. "Correlates and Consequences of Internalized Stigma for People Living with Mental Illness: A Systematic Review and Meta-Analysis." *Social Science & Medicine* 71(12): 2150-2161.

Logan, Deirdre E., and Cheryl A. King. 2001. "Parental Facilitation of Adolescent Mental Health Service Utilization: A Conceptual and Empirical Review." *Clinical Psychology: Science and Practice* 8: 319-3333.

McEvoy, Joseph P., Jackie Johnson, Diana Perkins, Jeffrey A. Lieberman, Robert M. Hamer, Richard S. E. Keefe, Mauricio Tohen, Ira D. Glick, and Tonmoy Sharma. 2006. "Insight in First-Episode Psychosis." *Psychological Medicine* 36: 1385-1393.

Mintz, Alisa R., Jean Addington, and Donald Addington. 2004. "Insight in Early Psychosis: A 1-Year Follow-Up." *Schizophrenia Research* 67(2-3): 213-217.

Moses, Tally. 2010. "Being Treated Differently: Stigma Experiences with Family, Peers, and School Staff among Adolescents with Mental Health Disorders." *Social Science & Medicine* 70(7): 985-993.

Mulfinger, Nadine, Sabine Müller, Isabel Böge, Vehbi Sakar, Patrick W. Corrigan, Sara Evans-Lacko, Luise Nehf, Julia Djamali, Anna Samarelli, Michael Kemper, Christian Ruckes, Gerhard Libal, Nathalie Oexle, Michele Noterdaeme, and Nicholas Rüsch. 2018. "Honest, Open, Proud for Adolescents with Mental Illness: Pilot Randomized Controlled Trial." *Journal of Child Psychology and Psychiatry* 59(6): 684-691.

Nobre, Joana, Ana Paula Oliveira, Francisco Monteiro, Carlos Sequeira, and Carme Ferré-Grau. 2021. "Promotion of Mental Health Literacy in Adolescents: A Scoping Review." *International Journal of Environmental Research and Public Health* 18(18): 9500.

Painter, Kirsten, Jo C. Phelan, Melissa J. DuPont-Reyes, Kay F. Barkin, Alice P. Villatoro, and Bruce G. Link. 2017. "Evaluation of Antistigma Interventions with Sixth-Grade Students: A School-Based Field Experiment." *Psychiatric Services*

68(4): 345-52.

Patafio, Brittany, Peter Miller, Ryan Baldwin, Nicholas Taylor, and Shannon Hyder. 2021. "A Systematic Mapping Review of Interventions to Improvement Adolescent Mental Health Literacy, Attitudes and Behaviors." *Early Intervention in Psychiatry* 15: 1470-1501.

Patel, Vikram, Alan J. Flisher, Sarah Hetrick, and Patrick McGorry. 2007. "Mental Health of Young People: A Global Public-Health Challenge." *Lancet* 369: 1302-13.

Peyton, Daniel, Marquelle Goods, and Harriet Hiscock. 2022. "The Effect of Digital Health Interventions on Parents' Mental Health Literacy and Help Seeking for Their Child's Mental Health Problem: Systematic Review." *Journal of Medical Internet Research* 24(2): e28771.

Phares, Vicky, and Jeffrey S. Danforth. 1994. "Adolescents', Parents', and Teachers' Distress Over Adolescents' Behavior." *Journal of Abnormal Child Psychology* 22: 721-732.

Pretorius, Claudette, Derek Chambers, Benjamin Cowan, and David Coyle. 2019. "Young People Seeking Help Online for Mental Health: Cross-Sectional Survey Study." *JMIR Mental Health* 6(8): e13524.

Reardon, Tessa, Kate Harvey, Magdalena Baranowska, Doireann O'Brien, Lydia Smith, and Cathy Creswell. 2017. "What Do Parents Perceive are the Barriers and Facilitators to Accessing Psychological Treatment for Mental Health Problems in Children and Adolescents? A Systematic Review of Qualitative and Quantitative Studies." *European Child & Adolescent Psychiatry* 26: 623-647.

Rickwood, Debra J., Frank P. Deane, and Coralie J. Wilson. 2007. "When and How do Young People Seek Professional Help for Mental Health Problems?" *The Medical Journal of Australia* 187(S7): S35-S39.

Rickwood, Debra. 2020. "Help-Seeking in Young People." Pp. 35–52 in *Youth Mental Health: Approaches to Emerging Mental Ill-Health in Young People*, edited by A. R. Young, P. D. McGorry, and J. Cotter. London: Routledge.

Rowe, Sarah L., Rebecca S. French, Claire Henderson, Dennis Ougrin, Mike Slade, and Paul Moran. 2014. "Help-Seeking Behaviour and Adolescent Self-Harm: A Systematic Review." *Australian & New Zealand Journal of Psychiatry* 48(12): 1083-1095.

Rubin, Donald B. 1987. *Multiple Imputation for Nonresponse in Surveys*. Wiley.

Rüsch, Nicolas, Karsten Heekeren, Anastasia Theodoridou, Diane Dvorsky, Mario Müller, Tobias Paust, Patrick W. Corrigan, Susanne Walitza, and Wulf Rössler. 2013. "Attitudes Towards Help-Seeking and Stigma Among Young People with Psychosis." *Psychiatry Research* 210(3): 1313-1315.

Ruscio, John. 2004. "Diagnoses and the Behaviors they Denote: A Critical Evaluation of the Labeling Theory of Mental Illness." *The Scientific Review of Mental Health Practice: Objective Investigations of Controversial and Unorthodox Claims in Clinical Psychology, Psychiatry, and Social Work* 3(1): 5-22.

Rutter, Lauren A., Jacqueline Howard, Prabhvir Lakhan, Danny Valdez, Johan Bollen, and Lorenzo Lorenzo-Luaces. 2023. "'I Haven't Been Diagnosed, but I Should Be'—Insight into Self-Diagnoses of Common Mental Health Disorders: Cross-Sectional Study." *JMIR Formative Research* 7: e39206.

Ryan, Siobhan M., Anthony F. Jorm, John W. Toumbourou, and Dan I. Lubman. 2015. "Parent and Family Factors Associated with Service Use by Young People with Mental Health Problems: A Systematic Review." *Early Intervention in Psychiatry* 9: 433-466.

Saunders, Stephen M., and Nicholas W. Bowersox. 2007. "The Process of Seeking Treatment for Mental Health Problems." *Mental Health and Learning Disabilities Research and Practice* 4(2): 99-123.

Sayal, Kapil. 2006. "Annotation: Pathways to Care for Children with Mental Health Problems." *Journal of Child Psychology & Psychiatry* 47(7): 649-659.

Sears, Heather A. 2020. "Adolescents' First Choice for Help: Distinguishing Characteristics of Youth Who Select a Friend, a Parent, or No One." *Journal of Youth and Adolescence* 49: 1731-1746.

Shaffer, David, Prudence Fisher, Christopher P. Lucas, Mina K. Dulcan, and Mary E. Schwab-Stone. 2000. "NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, Differences from Previous Versions, and Reliability of Some Common Diagnoses." *Journal of the American Academy of Children and Adolescent Psychiatry* 39(1): 28-38.

Sheffield, Jeanie K., Erika Fiorenza, and Kate Sofronoff. 2004. "Adolescents' Willingness to Seek Psychological Help: Promoting and Preventing Factors." *Journal of Youth and Adolescence* 33(6): 495-507.

Singh, Sarbhan, Rafdzah Ahmad Zaki, and Nik Daliana Nik Farid. 2019. "A Systematic Review of Depression Literacy: Knowledge, Help-Seeking, and Stigmatising Attitudes Among Adolescents." *Journal of Adolescence* 74: 154-172.

Solmi, Marco, Joaquim Radua, Miriam Olivola, Enrico Croce, Livia Soardo, Gonzalo Salazar de Pablo, Jae Il Shin, James B. Kirkbride, Peter Jones, Jae Han Kim, Jong Yeob Kim, Andrè F. Carvalho, Mary V. Seeman, Christopher U. Correll, and Paolo Fusar-Poli. 2022. "Age at Onset of Mental Disorders Worldwide: Large-Scale Meta-Analysis of 192 Epidemiological Studies." *Molecular Psychiatry* 27: 281-295.

Srebnik, Debra, Ana Mari Cauce, and Nazli Baydar. 1996. "Help-Seeking Pathways for Children and Adolescents." *Journal of Emotional and Behavioral Disorders* 4(4): 210-220.

Statacorp. 2023. *Stata Statistical Software*: *Release 18.* College Station, TX: StataCorp LLC.

Stiffman, Arlene Rubin, Bernice Pescosolido, and Leopoldo J. Cabassa. 2004. "Building a Model to Understand Youth Service Access: The Gateway Provider Model." *Mental Health Services Research* 6(4): 189-198.

Story, Chandra R., Ann D. Kirkwood, Sharon Parker, and Bridget E. Weller. 2016. "Evaluation of the Better Todays/Better Tomorrows Youth Suicide Prevention Program: Increasing Mental Health Literacy in Rural Communities." *Best Practices in Mental Health* 12(1): 14-25.

Thoits, Peggy A. 2016. "'I'm Not Mentally Ill': Identity Deflection as a Form of Stigma Resistance." *Journal of Health and Social Behavior* 57(2): 135-151.

Thoits, Peggy A. 1985. "Self-Labeling Processes in Mental Illness: The Role of Emotional Deviance." *American Journal of Sociology* 91(2): 221-249.

Time to Change. 2021. "Time to Change: Let's End Mental Health Discrimination." https://www.timetochange.org.uk.

Triplett, Ruth A., and G. Roger Jarjoura. 1994. "Theoretical and Empirical Specification of a Model of Informal Labeling." *Journal of Quantitative Criminology* 10(3): 241-276.

U.S. Census Bureau. 2019. *American Fact Finder: Educational Attainment 2009-2013 American Community Survey 5-Year Estimates.* Accessed at www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Van Roy, Betty, Berit Groholt, Sonja Heyerdahl, and Jocelyne Clench-Aas. 2010. "Understanding Discrepancies in Parent-Child Reporting of Emotional and

Behavioural Problems: Effects of Relational and Socio-Demographic Factors." *BMC Psychiatry* 10: 56.

Villatoro, Alice P., Melissa J. DuPont-Reyes, Jo C. Phelan, and Bruce G. Link. 2022. "'Me' Versus 'Them': How Mental Illness Stigma Influences Adolescent Help-Seeking Behaviors for Oneself and Recommendations for Peers." *Stigma and Health* 7(3): 300-310.

Vostanis, Panos, Neil Humphrey, Natasha Fitzgerald, Jessica Deighton, and Mirana Wolpert. 2013. "How Do Schools Promote Emotional Well-Being Among Their Pupils? Findings from a National Scoping Survey of Mental Health Provision in English Schools." *Child and Adolescent Mental Health* 18(3): 151-157.

Wellford, Charles F., and Ruth A. Triplett. 1993. "The Future of Labeling Theory: Foundations and Promises." Pp. 1-22 in *New Directions in Criminological Theory*, edited by F. Adler and W. S. Laufer. New Brunswick: Transaction.

Whitney, Daniel G., and Mark D. Peterson. 2019. "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children." *JAMA Pediatrics* 173(4): 389-391.

Wu, Ping, Christina W. Hoven, Hector R. Bird, Robert E. Moore, Patricia Cohen, Margarita Alegria, Mina K. Dulcan, Sherryl H. Goodman, Sarah McCue Horwitz, Judith H. Lichtman, William E. Narrow, Donald S. Rae, Darrel A. Regier, and Margaret T. Roper. 1999. "Depressive and Disruptive Disorders and Mental Health Service Utilization in Children and Adolescents." *Journal of the American Academy of Child & Adolescent Psychiatry* 38(9): 1081-1090.

Xu, Ziyan, Fangfang Huang, Markus Kösters, Tobias Staiger, Thomas Becker, Graham Thornicroft, and Nicholas Rüsch. 2018. "Effectiveness of Interventions to Promote Help-Seeking for Mental Health Problems: Systematic Review and Meta-Analysis." *Psychological Medicine* 48: 2658-2667.

Xu, Ziyan, Mario Müller, Karsten Heekeren, Anastasia Theodoridou, Diane Dvorsky, Sibylle Metzler, Alison Brabban, Patrick W. Corrigan, Susanne Walitza, Wulf Rössler, and Nicolas Rüsch. 2016. "Self-Labelling and Stigma as Predictors of Attitudes Towards Help-Seeking among People at Risk of Psychosis: 1-Year Follow-up." *European Archives of Psychiatry and Clinical Neuroscience* 266: 79-82.

Yap, Marie, Nicola J. Reavley, and Anthony Jorm. 2014. "The Associations Between Psychiatric Label Use and Young People's Help-Seeking Preferences: Results from an Australian National Survey." *Epidemiology and Psychiatric Sciences* 23(1): 51-59.

TABLES AND FIGURES

Table 2.1. Summary of Hypotheses of Relationships Between Mental Illness Labels and Help-Seeking

	Formal help-seeking	Informal help-seeking	School-based help-seeking
No labels	H_1-H_3: ↓	H_1-H_3: ↓	H_1-H_3: ↓
Discordant self-labels	H_1: ↑ H_2: – H_3: –	H_1: ↑ H_2: ↑ H_3: –	H_1: ↑ H_2: ↑ H_3: –
Discordant parental labels	H_1: ↑ H_2: ↑ H_3: –	H_1: ↑ H_2: – H_3: –	H_1: ↑ H_2: – H_3: –
Concordant labels	H_1: ↑ H_2: – H_3: ↑	H_1: ↑ H_2: – H_3: ↑	H_1: ↑ H_2: – H_3: ↑

Note: An upward pointing arrow (↑) denotes a hypothesized increase in help-seeking while a downward pointing arrow (↓) denotes a hypothesized decrease. A dash (–) indicates that the hypothesis makes no claims about the association.
H_1: Hypothesis 1 (“Any Label Will Do”), H_2: Hypothesis 2 (“Discordant, but Necessary”), H_3: Hypothesis 3 (“Any Cold Foot Will Block”)

Table 2.2. Descriptive Statistics (Mean [SD] or %) of Variables by Labeling Group at Beginning of Follow-Up, Texas Stigma Study, High-Symptom Subsample (n = 218)

	No labels (n = 82)	Discordant self-labels (n = 36)	Discordant parental labels (n = 52)	Concordant labels (n = 36)	Total sample (n = 218)	Statistical Test
Help-seeking behaviors						
Formal help-seeking (0-3)	.30 (.68)	.20 (.53)	.19 (.57)	1.00 (1.19)[a]	.19 (.45)	LR $\chi^2(3)$=17.75, $p < .001$
Informal help-seeking (0-2)	.20 (.46)	.12 (.33)	.10 (.36)	.39 (.60)[a]	.36 (.77)	LR $\chi^2(3)$=8.85, $p < .05$
School-based help-seeking (%)	2%	3%	10%	11%	6%	LR $\chi^2(3)$=5.54, n.s.
Age (11-14 years)	11.51 (.57)	11.60 (.55)	11.36 (.60)	11.3 (.48)	11.46 (.56)	F(3)=2.05, n.s.
Race/ethnicity (%)						LR $\chi^2(6)$=18.87, $p < .01$
White/Other	19%	34%[a]	36%[a]	56%[a]	33%	
Black	27%	26%	30%	22%	26%	
Latino	54%	40%	34%[a]	22%[a]	41%	
Gender (1 = female)	59%	53%	48%	44%	52%	LR $\chi^2(3)$=2.55, n.s.
Language spoken at home (1 = Spanish/other)	37%	31%	18%[a]	11%[a]	27%	LR $\chi^2(3)$=11.72, $p < .01$
Mental illness familiarity (0-1)	.31 (.32)	.27 (.27)	.28 (.29)	.37 (.33)	.31 (.31)	F(3)=0.81, n.s.
Caretaker's education (%)						LR $\chi^2(9)$=33.90, $p < .001$
Less than high school	28%	6%[a]	14%[a]	0%[a]	16%	
High school diploma/GED	27%	25%	14%	12%[a]	21%	
Some college	33%	50%	43%	50%	40%	
Bachelor's degree or higher	12%	19%	29%[a]	38%[a]	24%	
Intervention (%)						
Curriculum only	43%	47%	50%	61%	50%	LR $\chi^2(3)$=3.49, n.s.
Contact only	51%	50%	50%	28%	45%	LR $\chi^2(3)$=6.30, n.s.
Materials only	35%	44%	31%	33%	34%	LR $\chi^2(3)$=1.81, n.s.

[a] Denotes whether an overall statistically significant difference was found from *t* tests comparing non-labelers and each labeling group at $p < .05$

Note: LR = likelihood ratio

Table 2.3. Descriptive Statistics (Mean [SD or %) of Variables by Labeling Group at Beginning of Follow-Up, Texas Stigma Study, No/Moderate Symptom Subsample (n = 198)

	No labels (n = 124)	Discordant self-labels (n = 15)	Discordant parental labels (n = 39)	Concordant labels (n = 13)	Total sample (n = 198)	Statistical Test
Help-seeking behaviors						
Formal help-seeking (0-3)	.21 (.73)	.27 (.59)	.22 (.67)	.77 (1.01)	.25 (.73)	LR $\chi^2(3)$=2.71, n.s.
Informal help-seeking (0-2)	.14 (.43)	.13 (.35)	.11 (.46)	.15 (.38)	.13 (.42)	LR $\chi^2(3)$=0.17, n.s.
School-based help-seeking (%)	7%	13%	5%	0%	7%	LR $\chi^2(3)$=0.87, n.s.
Age (11-14 years)	11.51 (.56)	11.53 (.52)	11.68 (.53)	11.31 (.48)	11.51 (.57)	F(3)=1.75, n.s.
Race/ethnicity (%)						LR $\chi^2(6)$=19.53, $p < .01$
White/Other	31%	26%	44%	62%[a]	35%	
Black	12%	47%[a]	24%[a]	15%	18%	
Latino	57%	27%[a]	32%[a]	23%[a]	47%	
Gender (1 = female)	56%	80%	62%	69%	60%	LR $\chi^2(3)$=4.22, n.s.
Language spoken at home (1 = Spanish/other)	48%	27%	24%[a]	8%[a]	38%	LR $\chi^2(3)$=15.29, $p < .01$
Mental illness familiarity	22%	33%	22%	26%	23%	F(3)=1.03, n.s.
Caretaker's education (%)						LR $\chi^2(9)$=16.02, n.s.
Less than high school	22%	13%	19%	8%	19%	
High school diploma/GED	33%	27%	19%	23%	28%	
Some college	26%	53%	22%	54%	30%	
Bachelor's degree or higher	20%	7%	39%	15%	23%	
Intervention (%)						
Curriculum only	31%	67%[a]	41%	62%[a]	40%	LR $\chi^2(3)$=10.44, $p < .05$
Contact only	52%	40%	54%	23%	49%	LR $\chi^2(3)$=4.89, n.s.
Materials only	40%	40%	31%	15%	36%	LR $\chi^2(3)$=4.27, n.s.

[a] Denotes whether an overall statistically significant difference was found from t tests comparing non-labelers and each labeling group at $p < .05$

Note: LR = likelihood ratio

Table 2.4. Generalized Estimating Equation Regression Models Examining Mental Illness Labels on Help-Seeking Behaviors, Phase 2 High Symptom Subsample (Obs = 609; *N* = 272)

	Formal help-seeking[a]		Informal help-seeking[a]		School-based help-seeking[b]	
	IRR	[95% CI]	IRR	[95% CI]	OR	[95% CI]
Labels (1 = yes, 0 = no)						
Discordant self-label	0.96	[0.59, 1.56]	1.35	[0.84, 2.18[	1.53	[0.43, 5.40]
Discordant parental label	0.55*[c]	[0.30, 0.98]	0.46†	[0.21, 1.05]	1.31	[0.39, 4.35]
Concordant labels	2.33**	[1.38, 3.94]	1.86*	[1.13, 3.06]	3.41*	[1.29, 8.96]
Covariates						
Age (years)	1.42†	[0.95, 2.11]	1.66**	[1.13, 2.42]	1.94†	[0.91, 4.11]
Black	1.21	[0.71, 2.08]	1.25	[0.72, 2.14]	0.96	[0.28, 3.30]
Latino	1.00	[0.48, 2.08]	1.12	[0.54, 2.33]	0.98	[0.29, 3.24]
Gender (1 = female)	0.98	[0.62, 1.57]	1.13	[0.71, 1.79[	0.91	[0.38, 2.18]
English	0.55	[0.28, 1.08]	0.59	[0.30, 1.18]	0.55	[0.19, 1.62]
Mental illness familiarity	1.26	[0.59, 2.66]	1.37	[0.68, 2.75]	0.51	[0.09, 2.99]
Symptoms	0.81	[0.31, 2.06[	1.55	[0.55, 4.33]	1.13	[0.15, 8.23[
Time	1.04	[0.91, 1.20]	1.16†	[0.99, 1.36]	1.21†	[0.97, 1.75]
Caretaker's education						
High school diploma/GED	0.71	[0.29, 1.71]	1.42	[0.55, 3.64]	0.40	[0.10, 1.61]
Some college	0.46*	[0.21, 1.00]	0.66	[0.26, 1.70]	0.23*	[0.07, 0.79]
Bachelor's degree or higher	0.90	[0.39, 2.03]	1.55	[0.59, 4.06]	0.83	[0.23, 2.97]
Intervention						
Curriculum	1.00	[0.60, 1.65]	1.22	[0.75, 1.98]	0.37†	[0.14, 1.01]
Contact	0.73	[0.46, 1.17]	0.88	[0.57, 1.35]	0.53	[0.22, 1.29]
Materials	1.48†	[0.94, 2.32]	1.13	[0.69, 1.85]	1.00	[0.42, 2.35]

Note. IRR = incidence rate ratio; CI = confidence interval; GEE = generalized estimating equations OR = odds ratio
[a] GEE negative binomial regression model. [b] GEE binomial logistic regression model. [c] Signifies whether concordant labels have a significant and positive effect on help-seeking compared to those with a discordant self- or parental label.
† $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

Table 2.5. Generalized Estimating Equation Regression Models Examining Mental Illness Labels on Help-Seeking Behaviors, Phase 2 No/Moderate Symptom Sub-sample (Obs = 669, N = 289)

	Formal help-seeking[a]		Informal help-seeking[a]		School-based help-seeking[b]	
	IRR	[95% CI]	IRR	[95% CI]	OR	[95% CI]
Labels (1 = yes, 0 = no)						
Discordant self-label	0.89[c]	[0.35, 2.24]	1.35	[0.52, 3.46]	1.81	[0.53, 6.16]
Discordant parental label	0.91[c]	[0.38, 2.18]	1.06	[0.39, 2.85]	0.83	[0.24, 2.94]
Concordant labels	3.24**	[1.49, 7.11]	1.85	[0.76, 4.47]	1.44	[0.37, 5.55]
Covariates						
Age (years)	0.72	[0.41, 1.27]	0.85	[0.50, 1.45]	0.82	[0.40, 1.71]
Black	0.80	[0.34, 1.84]	0.76	[0.31, 1.87]	0.54	[0.15, 1.90]
Latino	0.89	[0.43, 1.81]	1.64	[0.70, 3.84]	0.90	[0.33, 2.43]
Gender (1 = female)	1.00	[0.53, 1.90]	0.88	[0.47, 1.64]	0.99	[0.43, 2.27]
English	1.60	[0.83, 3.07]	0.89	[0.39, 2.00]	1.55	[0.60, 4.00]
Mental illness familiarity	1.24	[0.42, 3.69]	1.45	[0.52, 4.09]	1.16	[0.22, 6.08]
Symptoms	1.21	[0.17, 8.87]	3.24	[0.30, 35.41]	0.96	[0.04, 26.11]
Time	0.86	[0.70, 1.06]	0.97	[0.78, 1.21]	0.90	[0.69, 1.21]
Caretaker's education						
High school diploma/GED	1.24	[0.48, 3.16]	1.23	[0.49, 3.10]	1.15	[0.32, 4.16]
Some college	1.03	[0.38, 2.77]	1.17	[0.43, 3.23]	1.38	[0.34, 5.56]
Bachelor's degree or higher	1.32	[0.50, 3.49]	0.65	[0.19, 2.17]	1.25	[0.28, 5.49]
Intervention						
Curriculum	0.90	[0.42, 1.94]	0.98	[0.46, 2.08]	0.77	[0.26, 2.33]
Contact	1.26	[0.68, 2.34]	1.52	[0.83, 2.79]	1.13	[0.49, 2.66]
Materials	0.93	[0.48, 1.82]	0.82	[0.39, 1.70]	0.74	[0.28, 1.98]

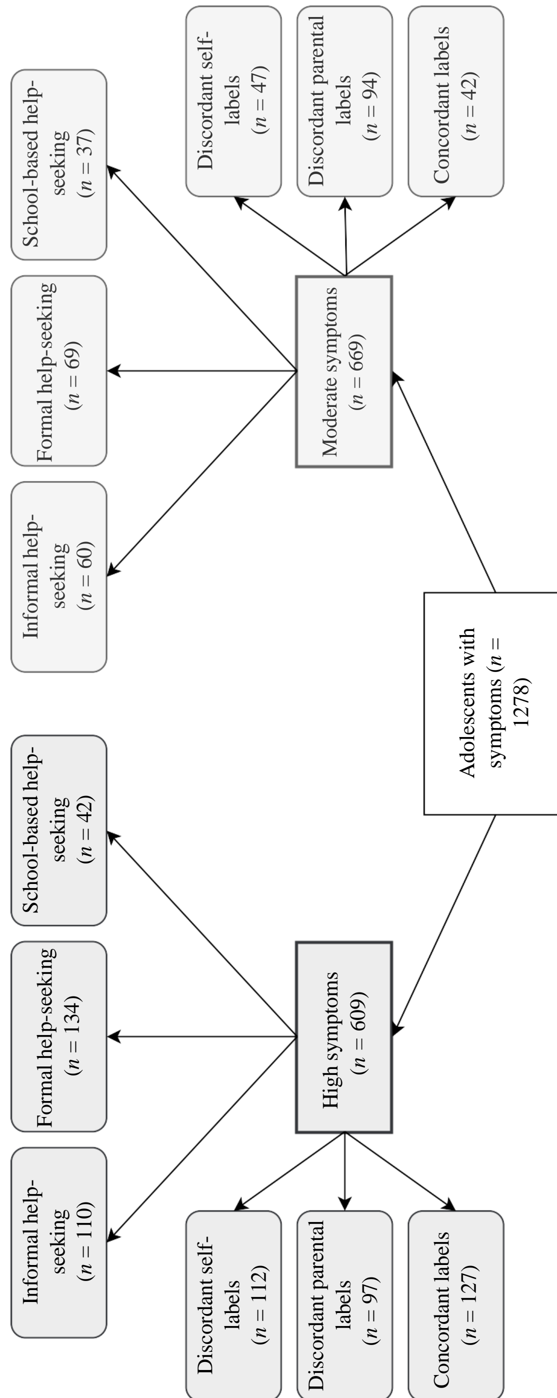
Note. IRR = incidence rate ratio; CI = confidence interval; GEE = generalized estimating equations OR = odds ratio
[a] GEE negative binomial regression model. [b] GEE binomial logistic regression [c] Signifies whether concordant labels have a significant and positive effect on help-seeking compared to those with a discordant self- or parental label
† $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

Table 2.6. Summary of Results from Generalized Estimating Equations Regression Models

High-symptom adolescents			
	Formal help-seeking	Informal help-seeking	School-based help-seeking
Discordant self-labels	n.s.	n.s.	n.s.
Discordant parental labels	-	-	n.s.
Concordant labels	+	+	+
No/moderate-symptom adolescents			
	Formal help-seeking	Informal help-seeking	School-based help-seeking
Discordant self-labels	n.s.	n.s.	n.s.
Discordant parental labels	n.s.	n.s.	n.s.
Concordant labels	+	n.s.	n.s.

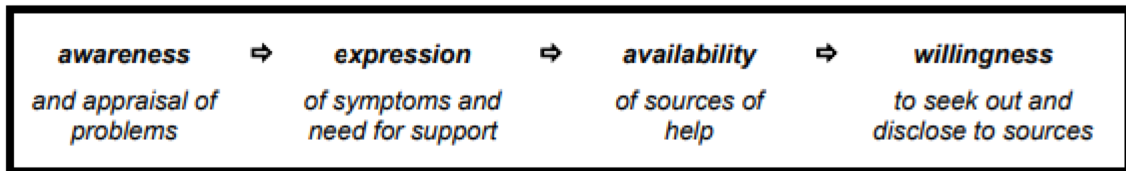
Note: Only (H_3: "Any Cold Foot Will Block") was supported for high-symptom adolescents. This hypothesis was supported for only formal help-seeking among no/moderate-symptom adolescents.

Figure 2.1. Overview of Adolescents with High or No/Moderate Symptoms, Phase 2 of Texas Stigma Study



SUPPLEMENTARY MATERIALS

sFigure 2.1. Conceptual Help-Seeking Model for Young People

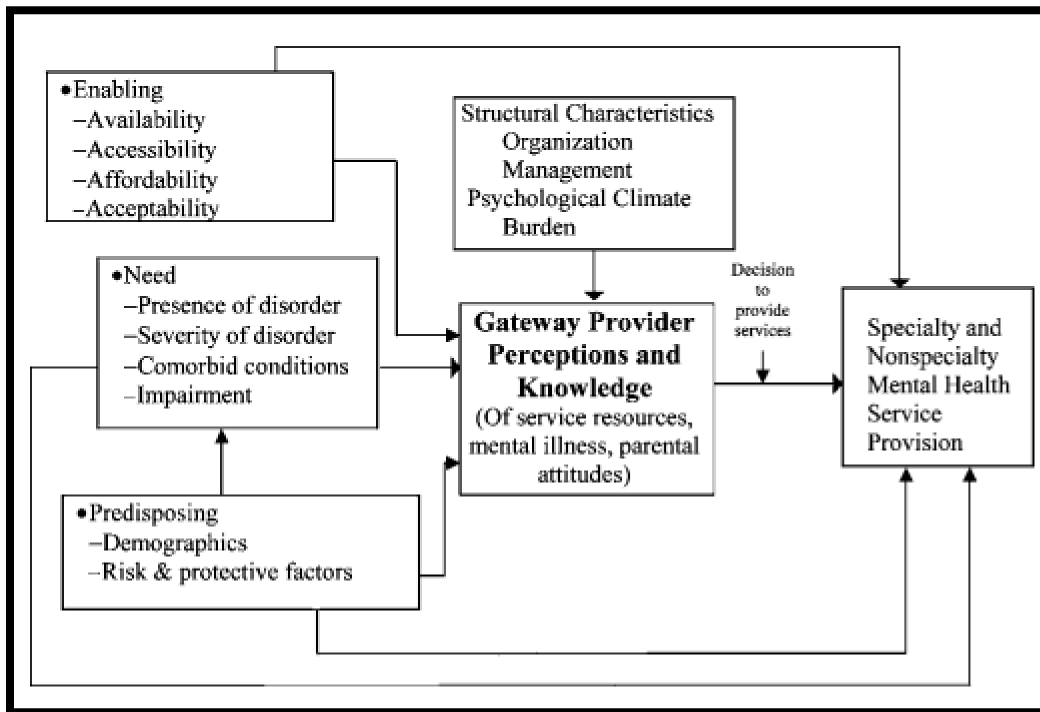


Reprinted from Rickwood, Debra, Frank P. Deane, Coralie J. Wilson, and Joseph Ciarrochi. 2005. "Young People's Help-Seeking for Mental Health Problems." *Australian E-Journal for the Advancement of Mental Health* 4(3): Supplement.

sFigure 2.1 presents a popular conceptual model of the help-seeking process among young people (Rickwood et al. 2005). This help-seeking model is widely cited in over 2,000 publications. Many of these publications use this model as a conceptual framework to better understand why young people do or do not make the decision to seek help for the mental health problems they experience. Of relevance is the model's emphasis on the need for young people to recognize and identify symptoms as comprising a mental health problem that warrants help or treatment as an appropriate solution (i.e. self-labeling). As Rickwood et al. (2005: 8) state: "The [help-seeking] process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. The awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing." Put another way, the emphasis is on the young person his or herself self-labeling as having a mental health problem worth treating, as well as devising appropriate ways to communicate this to others. The possibility that significant others in the young person's life, such as one's parents, may be the first to notice symptoms and confer a parental label is overlooked.

Conversely, the help-seeking models that emphasize parents' initial identification of their child as having a mental health problem sometimes omit the potential importance of self-labels. One such example is the Gateway Provider Model (GPM) (Stiffman, Pescosolido, and Cabassa 2004), another widely cited model designed to understand unmet need among young people with mental health problems (sFigure 2.2). Much like the model presented in sFigure 2.1, the GPM essentially begins with "gatekeepers" (i.e. parents) having the knowledge to accurately label symptoms as comprising a specific mental health problem that can be treated. As Stiffman et al. (2004: 190) state, "[Gatekeepers'] knowledge and awareness of services and assessment of youth's symptoms, diagnosis, and impairment are essential in recommending/suggesting services for youth." A number of other factors are described as part of the help-seeking process for young people, including structural and psychological variables. However, the potential importance of the child self-labeling his or her own mental illness during the help-seeking process is omitted.

sFigure 2.2. The Gateway Provider Model for Help-Seeking

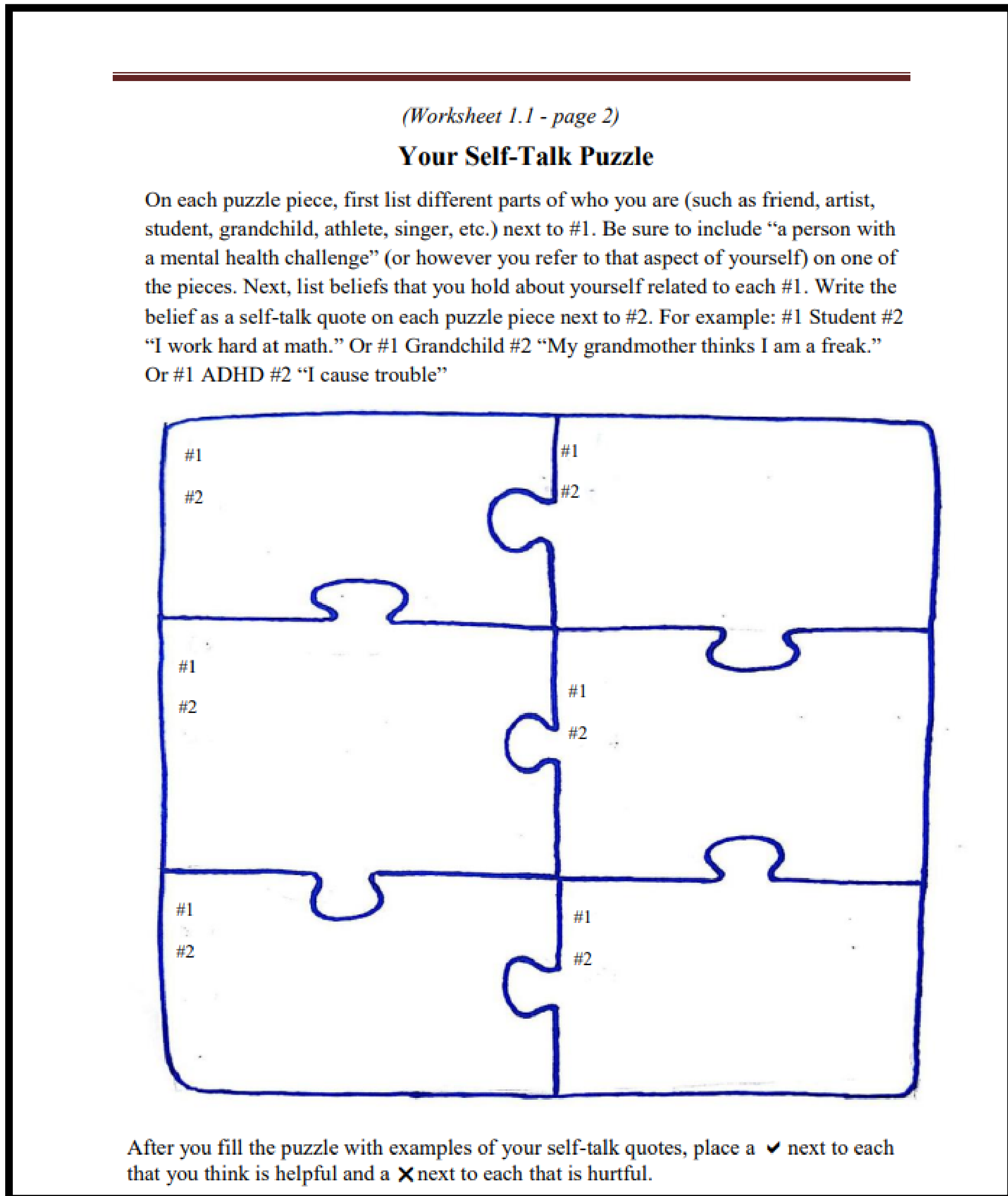


Reprinted from Stiffman, Arlene Rubin, Bernice Pescosolido, and Leopoldo J. Cabassa. 2004. "Building a Model to Understand Youth Service Access: The Gateway Provider Model." *Mental Health Services Research* 6(4): 189-198.

By focusing on only one type of label, popular help-seeking models such as these implicitly assume that all labels—whether discordant or concordant—are adequate to initiate the help-seeking process. Accordingly, an adolescent who self-labels in the absence of a parental label may eventually seek out certain sources of help, especially informal sources (sFigure 2.1). Similarly, a parental label occurring in the absence of a self-label may be enough to encourage the child to seek out help, especially formal treatment services (sFigure 2.2). Even recent help-seeking models that acknowledge self- *and* parental labels do not see their concordance as necessary for help-seeking. For example, Rickwood (2020: 37) states, "The help-seeking process for mental disorders

begins with the development of symptoms, which need to be recognised by the person experiencing the symptoms *or* significant others and appraised as something that requires help-seeking action" (emphasis added). Here, it is either a self-label or a parental label that is purported to be an adequate precursor to help-seeking, but not both simultaneously.

sFigure 2.3. Honest, Open, Proud Curriculum Module for High School-Aged Youths


(Worksheet 1.1 - page 2)

Your Self-Talk Puzzle

On each puzzle piece, first list different parts of who you are (such as friend, artist, student, grandchild, athlete, singer, etc.) next to #1. Be sure to include "a person with a mental health challenge" (or however you refer to that aspect of yourself) on one of the pieces. Next, list beliefs that you hold about yourself related to each #1. Write the belief as a self-talk quote on each puzzle piece next to #2. For example: #1 Student #2 "I work hard at math." Or #1 Grandchild #2 "My grandmother thinks I am a freak." Or #1 ADHD #2 "I cause trouble"

After you fill the puzzle with examples of your self-talk quotes, place a ✔ next to each that you think is helpful and a ✘ next to each that is hurtful.

Reprinted from Wisconsin Initiative for Stigma Elimination. 2016. "Honest, Open, Proud to Eliminate the Stigma of Mental Health Challenges: High School." *Mountain* (https://hopprogram.org/wp-content/uploads/2022/04/HOP_HS_Workbook_5.17.2017-min.pdf

CHAPTER 3: The Double-Edged Sword of Self- and Parental Mental Illness Labels: Adolescents' Self-Concept and Help-Seeking

ABSTRACT

A medicalized insight approach to treating mental illness claims that appropriately recognizing and labeling one's mental illness is vital to improve rates of unmet need among young people. This occurs by allowing young people to put a name to their mental health problem, which is seen as an empowering circumstance that promotes self-concept and help-seeking. A counterbalancing sociological outsight perspective points to the stigmatizing nature of mental illness labels as being damaging for self-concept and help-seeking efforts. This study adjudicates between these two perspectives by examining the potential mediating role of self-concept in the association between mental illness labels and help-seeking. Two types of mental illness labels, and their co-occurrence or lack thereof, are examined: self-labels and parental labels. Drawing on well-suited data collected from adolescents aged 11-14 and their parents, the analysis partially supports a sociological outsight perspective. Adolescents' self-concept is significantly harmed by certain kinds of mental illness labels. Yet, those with healthier self-concepts are less likely to seek informal and school-based types of help. Adolescents who feel positively about themselves are not likely to seek help for mental health problems, meaning that labels' beneficial effects for help-seeking occur partially because they erode adolescents' self-concept.

INTRODUCTION: "INSIGHT" AND THE IMPORTANCE OF LABELING MENTAL ILLNESS

In the first chapter, I highlighted the disturbingly large extent of untreated mental illness among adolescents in the United States. To briefly reiterate, among the approximately 40% of U.S. adolescents experiencing a diagnosable mental illness in any given year, less than half receive formal treatment (Avenevoli et al. 2015; Kessler et al. 2007; Whitney and Peterson 2019). The problem of untreated mental illness among young persons is so significant that it has been described as an "epidemic" and a "crisis" in urgent need of a solution.[18] Young people experiencing untreated mental health problems often confront a host of adverse social, educational, and economic outcomes (World Health Organization 2021). Moreover, suicide is among the leading causes of death for adolescents in the U.S. (Centers for Disease and Control 2024). Since these negative outcomes can be greatly mitigated if help is sought soon after symptoms emerge, identifying the reasons why young people are reluctant to seek help has garnered significant interest among researchers across a wide swath of disciplines, such as public mental health, epidemiology, and sociology.

In response to the growing concern about untreated adolescent mental illness, practitioners and researchers interested in public mental health—such as psychiatrists, psychologists, and other clinicians—have investigated how younger persons arrive at the decision to seek help for the mental health problems they experience. These efforts have led to an emphasis on the cultivation of "insight" into one's mental disorder, which

[18] See, for example: https://theweek.com/covid-19/1013492/understanding-the-teen-mental-health-crisis

comprises the ability of adolescents or their parents/caretakers (hereafter referred to as "parents") to identify, label, and recognize symptoms as a genuine mental health problem as a necessary first step in the help-seeking process (Callard et al. 2013; Reddy 2016; Saunders and Bowersox 2008). In this way, help-seeking is seen as an "information-gathering" process initiated once insight into one's mental illness is established – an awareness that a "problem exists" and that the "the nature of the problem" is one that needs treatment to remedy (Becker et al. 2021). Insight is a major component of mental health literacy, which comprises the ability to accurately label mental disorder, associated symptoms, and available treatment options (Jorm 2012). Significant efforts have been made to develop educational campaigns and interventions to enhance mental health literacy among community members with mental illness—particularly adolescents or their parents—all with the goal of promoting help-seeking among young people (Kusaka et al. 2022; Link et al 2020; Nobre et al. 2021; Seedaket et al. 2020).

An insight perspective, with its emphasis on the importance of labeling mental illness, has been alluded to in the psychiatric, psychological, and public mental health literatures for decades (e.g., Kadushin 1958). According to this perspective, once a mental health problem is appropriately acknowledged and labeled, the sufferer can more easily engage in the help-seeking behaviors that should ultimately lead them to evidence-based treatment and, by extension, positive recovery outcomes. When it comes to adolescents labeling their own mental illness, for instance, Rickwood (2022: 76) asserts:

> "Seeking help commences with the advent of symptoms, which must be recognized by the person (or others) and appraised as something that requires action. A decision can then be made about the type of action deemed appropriate."

After adolescents have their symptoms labeled as a mental illness, they can then understand that help-seeking is in fact an appropriate and warranted solution. In this way, an insight perspective sees labels as advantageous to adolescents' self-concept for two reasons. First, labels assist adolescents in explaining otherwise disorienting and incomprehensible symptoms that were previously unnamed. The adolescent is then able to attribute their symptoms to an identifiable illness rather than oneself, absolving them of any guilt or responsibility felt when experiencing a previously unexplained condition (Keyes, Nolte, and Williams 2018; Werkhoven, Anderson, and Robeyns 2022). This should ultimately restore a self-concept that was once fragmented by experiencing symptoms of an unknown origin. Second, labels enable adolescents to feel hopeful about their future by instilling an awareness that treatment options exist. In this way, adolescents can envision an ideal self that is free of unsettling symptoms that may have interfered with their daily lives (O'Connor et al. 2018; Rickwood and Ferry 2018). These positive effects are captured in a quote from an adolescent with autism spectrum disorder:

> "I want to be labelled because I suddenly knew what I could do and I knew there was a way I could cope with that problem once it had been identified."
> (Mogensen and Mason 2015: 259)

The result is an increased likelihood to seek out sources of help that will assist in remedying the problem that has now been appropriately labeled (Amador 2012).

While an insight perspective proposes that labeling mental illness can restore self-concept and subsequently promote help-seeking, a sociologically oriented "outsight" approach acknowledges a "dark side" to mental illness labels in the pervasive stigma and negative stereotypes associated with them (Corrigan, Larson, and Rüsch 2009; Harari,

Oselin, and Link 2023; Link et al. 1989; Thoits 1985, 2016). Drawing on labeling and stigma theories, an outsight approach asserts that young people are aware of the negative stereotypes associated with mental illness. Once a mental illness label becomes affixed, the newly labeled individual considers the possibility that such stereotypes are personally relevant. Anticipating that others might perceive them through the lens of negative stereotypes, the adolescent's self-concept suffers, leading to withdrawal and feelings of unworthiness or inefficacy that could interfere with help-seeking (Corrigan et al. 2009; Harari et al. 2023; Link et al. 1989).[19,20]

The stigmatizing nature of mental illness labels could be especially deleterious to adolescents' self-concept for two reasons. First, mental illness labels are imbued with stereotypes of incompetence, inadequacy, and weakness, which can become enduring features of an adolescent's still-developing and malleable identity. These stereotypes directly challenge the competency, autonomy, and independence that is sought and valued during this period of the life course (Leavey 2009; Zimmer-Gembeck and Collins 2006). Second, a mental illness label can set adolescents apart from their non-deviant counterparts during a period where "fitting in" is vital to building a social identity (Leavey 2009; Neuberg et al. 1994). For these reasons, an outsight perspective argues that mental illness labels are disadvantageous circumstances for adolescents who must

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[19] In the context of the present study, self-concept includes the dimensions of both self-esteem (perceived self-worth or self-value; Rosenberg 1965) and mastery (overall sense of control that a person has over his or her life; Pearlin and Schooler 1978).

[20] Importantly, the outsight perspective does not argue that the stigma associated with mental illness labels completely eliminates their beneficial effects for help-seeking. However, they do acknowledge that stigma may diminish these beneficial effects – a possibility explored in this chapter.

not only contend with the difficulties associated with their symptoms, but also with the stigma emanating from the label itself.

The present study seeks to adjudicate between the opposing insight and outsight perspectives, particularly with respect to their opposing claims about mental illness labels' effects on self-concept and decisions to seek help. As described above, an insight perspective claims that mental illness labels should have beneficial consequences for both self-concept and help-seeking behaviors. In contrast, an outsight approach argues that a self-concept eroded by stigma might diminish adolescents' willingness to seek help (Harari et al. 2023) (see Figure 3.1 for a visualization of both theoretical models). To investigate which perspective predominates, this study follows the previous chapter by using the same dataset with 11-14 years old adolescents and their parents, which contains thorough measures of mental illness labels, self-concept, and help-seeking (Link et al. 2020; Painter et al. 2017). It adopts the same focus on con/discordant self-labels and parental labels, as well as formal, informal, and school-based help-seeking, as the outcomes of interest. However, this study expands Chapter 2's analysis by exploring the potential mediating role of adolescents' self-concept in the association between mental illness labels and help-seeking.

THEORETICAL BACKGROUND: A COUNTERBALANCING "OUTSIGHT" APPROACH

This study's guiding theoretical framework draws from the outsight perspective, an integration of three sociological theories pertaining to mental illness labels: modified labeling theory (MLT; Link et al. 1989), self-labeling theory (Thoits 1985, 2016), and stigma resistance theory (Thoits 2011, 2016). As a counterbalance to the insight approach

described above, the outsight perspective focuses on how individuals look outward to one's social context to consider the ways in which the stigmatizing nature of mental illness labels could incur negative consequences to self-concept, and, as a result, will enact protective strategies if such a label is applied (Harari et al. 2023). I also discuss ideas proposed by Corrigan et al. (2009) to highlight how the processes suggested by an outsight approach can engender negative consequences for adolescent help-seeking specifically.

Modified Labeling Theory

MLT, an expansion of earlier labeling theories that examined how labels engender stigma for those who have been labeled "deviant," highlights the negative consequences of mental illness labels in particular (Link et al. 1989). From this perspective, stigma is a multifactorial process emanating from the assignment of a specific label to "deviant" groups (e.g., "mentally ill") that publicly distinguishes them from non-deviant others. At the same time, negative stereotypes and attributes are associated with the deviant label, which serves as a major vehicle for stigmatization, status loss, and discrimination (Link and Phelan 2001). While MLT focused on the negative consequences of labels, original labeling theories argued that labels were responsible for the sustained symptoms of mental illness (e.g., Scheff 1966).[21]

[21] Before MLT, labeling theory focused on the criminal label, generating an expansive body of research that brought to light the insidious ways in which contact with the criminal justice system could result in negative circumstances (Becker 1963). Recognizing that other "deviant" groups endure similar labeling processes and stigmatization, Scheff (1966) saw the value of labeling theory in the context of mental illness. Scheff (1966: 25) argued that mental illnesses were merely "labeled violations of social norms" rather than authentic medical conditions. Accordingly, the

MLT has a specific focus on how official labels, conferred upon receipt of psychiatric treatment, can undermine individuals' social support, self-esteem, and employment opportunities (Link 1987; Link et al. 1989). This occurs primarily through the affected individuals' awareness of negative stereotypes surrounding mental illness, which include widespread perceptions of people with mental illness as untrustworthy, incompetent, and weak-willed. Once the individual receives treatment in a psychiatric setting, an official mental illness label is applied, triggering the individual to now consider the possibility that such stereotypes are personally relevant and applicable to oneself. Subsequently, the affected individual expects that they might experience devaluation and discrimination from others on the basis of their newly applied label. Although individuals can and do engage in coping mechanisms (Kroska and Harkness 2011), certain methods of coping (such as withdrawing from social situations where discrimination is likely) can have the opposite of their intended effect by undermining, rather than protecting, self-concept (Link et al. 1989; Link, Mirotznik, and Cullen 1991). Moreover, the stigma associated with the label itself can generate negative conceptualizations of the self, including both self-meanings ("myself as I really am") and appraisals from others ("myself as others see me") (Kroska and Harkness 2006, 2008).

"mentally ill" label was seen as a tool employed by psychiatrists and clinicians to publicly identify individuals who exhibit norm-violating behaviors. In turn, those so labeled face negative societal reactions and expectations, which solidifies the individuals' identification with and behavior as someone who is "mentally ill." From this perspective, it is the "mentally ill" label that is responsible for the prolonged continuation of mental illness.

Self-Labeling and Stigma Resistance Theories

Of particular relevance to the present study is the fact that MLT focused on *official* labels, or labels conferred by those with the medical authority to formally diagnose patients in psychiatric settings. However, some individuals *self-label* as having a mental illness without ever having received official treatment (Thoits 1985), indicating that people have agency in deciding whether such a self-identification is personally applicable. Put another way, treatment is not a necessary prerequisite to the application of a mental illness label; instead, individuals can *privately* self-label as having a mental illness as they imagine how others might respond to their symptoms. This is critically important for the present study because it shows that "official labeling of one's rule-breaking is not necessary for the emergence of a deviant [mentally ill] identity; there can be private self-labeling" (Thoits 1985: 222). Self-labels can have similar negative consequences as their official counterparts since they both point to the individual having the same stigmatized condition.

Self-labeling is relevant for younger persons who may not have yet made the decision to seek treatment, but still self-identify as having specific mental illnesses based on information they find on the Internet, social media, and elsewhere (e.g., Lal, Nguyen, and Theriault 2018). And much like their official counterparts, self-labels are associated with stigma that may be harmful to adolescents' development. Individuals who self-label *imagine* the negative reactions and expectations associated with mental illness, and, as a result, similarly harmful consequences that emanate from official labeling processes could apply to private self-labeling. In one study, for example, Marcussen, Gallagher, and

Ritter (2019) found the private self-meanings attached to a "mental illness" identity were associated with lower self-esteem, diminished self-efficacy, and higher depressive symptoms. Other studies tie self-labeling to decreased quality of life and self-esteem, including among young people specifically (e.g., Harari et al. 2023; Moses 2009; Rüsch et al. 2014a, 2014b). As I explain below (see section entitled 'Why Try?'), these labeling processes can also have negative implications for one's desire or willingness to engage in recovery-oriented behaviors, such as help-seeking.

Due to these negative consequences, self-labeling and stigma resistances theories assume that individuals might reasonably want to avoid the application of a mental illness label (Thoits 1985, 2016). This can be done with a multitude of stigma resistance strategies, including challenging others' stigmatizing beliefs, educating others about the realities of mental illness by debunking stigmatizing myths and misconceptions, or deflecting a "mentally ill" label (Thoits 2011, 2016). The outsight perspective has a particular focus on the latter strategy. By deflecting the application of a mental illness label to oneself ("That's not me – I am not mentally ill"), individuals can block the personal relevance of negative stereotypes and preserve self-esteem (Harari et al. 2023).

'Why Try?'

The outsight perspective proposes that the stigmatizing nature of mental illness labels could harm self-concept. To clarify how these processes could diminish adolescents' willingness to seek help, I provide a more elaborate discussion of Corrigan et al.'s (2009)

‘why try?’ conceptual model.[22] This model highlights how the stigma associated with self-labels can have profound implications for the ability to engage in goal-oriented behaviors that could enhance well-being and recovery, such as help-seeking. Drawing from MLT, the ‘why try?’ model rests on the fundamental assertion that individuals with mental illness are aware of associated negative stereotypes, such as untrustworthiness, inadequacy, and incompetence (Link et al. 1989). People with mental illness are often confronted with the stigma that these negative stereotypes generate, typically in the form of prejudice or discrimination during social interactions with others. This kind of *public stigma* can lead to adverse consequences that impinge on a person’s life chances (i.e. employment opportunities). However, individuals with mental illness also endure *self-stigma*. This occurs when individuals privately anticipate that people with mental health problems—like themselves—are accurately characterized by the negative stereotypes associated with their condition.

According to Corrigan et al. (2009), self-stigma occurs when individuals 1) are aware of the negative stereotypes attached to mental illness, 2) endorse these stereotypes as true and personally relevant, and 3) begin to apply the stereotypes to themselves. Once this three-step process occurs, individuals with mental illness can experience a diminished self-concept in the form of reduced self-efficacy and self-worth, leading them to “feel unworthy or unable to tackle the exigencies of specific life goals” (Corrigan et al. 2009: 76). Due to stereotypes of incompetence, for instance, the affected individual

[22] The present study does not explicitly test a ‘why try?’ perspective as it does not include measures of self-stigma. However, it is elaborated here to provide insight as to how the stigma emanating from labels can reduce adolescents’ willingness to seek help by eroding self-concept.

considers that they are incapable, or perhaps are unworthy of, accomplishing goals or milestones, which could include help-seeking. The ‘why try?’ model, then, is especially useful in explaining why individuals with mental illness might engage in counterintuitive thought processes that undermine well-being and recovery efforts (“Why should I try to seek treatment for mental illness? I am unable to successfully participate in treatment”).

Some empirical evidence points to the ‘why try?’ effect playing a role in feelings of reduced capability, behavioral futility, and diminished self-efficacy among individuals with mental illness. In one study of adults with mental illness, for example, Corrigan et al. (2016) found that endorsing and applying negative stereotypes to oneself led to a decrease in self-respect, which led to feelings of futility when it came to achieving life goals (i.e. “Why try to pursue my goals? I am not worthy of them or able to achieve them”). In another study of adults who self-labeled with a mental illness, those who reported feeling harmed by self-stigma reported more feelings of behavioral futility, evidenced by beliefs that they were unable or unworthy to achieve personal goals (Qin et al. 2023).

Summarization of the Outsight Perspective

Drawing on MLT, self-labeling theory, stigma resistance theory, and the ‘why try?’ model, the outsight perspective contains three fundamental assertions relevant to the present study: (*i*) young people are keenly aware of the pervasive stigma and negative stereotypes associated with mental illness, (*ii*) when choosing whether to self-label, they take into consideration how stereotypes related to inadequacy and unworthiness are personally relevant, or could color others’ perceptions of them, and, (*iii*) as a result, they

experience a diminished willingness to seek help and engage in other recovery-oriented behaviors (Corrigan et al. 2009; Harari et al. 2023). These ideas contrast with the insight perspective's conception of mental illness labels as being generally advantageous for young people.

An Insight Perspective's Response to Concerns About Stigma

Although original labeling theories became popular among sociologists in the 1960s and 1970s for their thorough consideration of stigma, some of their more radical suppositions—namely, that deviance is solely caused by labels—was met with strong criticism. These criticisms surfaced in early publications that downplayed the "dark side" of labeling (Gove 1970, 1975), asserting that any associated stigma is a trivial circumstance with only minor "serious or long-run consequences" for those who have been labeled (Gove and Fain 1973: 500). The argument that mental illness labels' benefits for help-seeking outweigh any potentially negative effects emanating from stigma has persevered to the present day in the insight perspective's assertion that labels are an important prerequisite to seeking help or accessing treatment. This perspective, which stands in stark contrast with the outsight approach, calls for young people having their mental health problems identified and labeled—either by oneself or one's parents—in order to access treatment (Reardon et al. 2017; Rickwood 2020; Stiffman, Pescosolido, and Cabassa 2004).[23]

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[23] It is true, however, that some adhering to an insight approach do acknowledge stigma and its potentially deleterious effects. For example, Saunders and Bowersox's (2008) help-seeking model highlights that a "vulnerability to mental illness stigma" can occur during the process of labeling. However, this approach differs from the outsight perspective in that they frame stigma as merely

ADOLESCENT SELF-CONCEPT

Mental illness labels comprise a major component of stigma by marking adolescents as having a "spoiled identity" (e.g., "mentally ill"), thereby setting labeled adolescents apart from their non-stigmatized counterparts (Hinshaw 2007; Link and Phelan 2001). This is a critical consideration for young people. This period of the life course is characterized by significant development of self-concept based on interactions with others and how others perceive them, which forms the foundation for a healthy transition to adulthood (Steinberg and Morris 2001; Van Petegem et al. 2012). Specifically, negative stereotypes associated with mental illness labels (defective, incompetent, unworthy) can threaten adolescents' ability to "fit in," the cultivation of a competent and autonomous social identity, and the development of meaningful relationships (Côté 2006; Van Petegem et al. 2012). Therefore, an outsight perspective proposes that mental illness labels could engender a "deviant" identity for adolescents, creating a cognitive dissonance between the adolescent and his/her "ideal self," (Markowitz 2001: 66), leading to a diminished self-concept.

Self-Labels

A small number of studies point to the adverse effects self-labeling may have for younger persons' self-concept. In one longitudinal investigation of self-labeling among participants 13-35 years old, self-labeling predicted increased stigma-related stress one

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an obstacle that will eventually be overcome (without elaborating on how this can be accomplished) so that help-seeking can occur. An outsight approach, on the other hand, has a much sharper focus on stigma as a factor that could significantly interfere with recovery efforts (e.g., Corrigan et al. 2009; Harari et al. 2023).

year later, while decreased stigma-related stress predicted improved later psychological well-being (Rüsch et al. 2014a). In another study with the same sample, Rüsch and colleagues (2014b) found that stigma-related stress partially mediates the association between self-labeling and psychological well-being. Stigma-related stress occurs when mental illness stigma is appraised as a stressor that is difficult to cope with. These findings suggest that individuals who self-label consider how stigma is a personally relevant stressor, and, in turn, experience diminished well-being and self-concept.

In another longitudinal investigation, Harari et al. (2023) found that self-labels have both short- and long-term negative effects on self-esteem among youths 11-14 years old. Specifically, adopting a new self-label of someone who has a “mental illness” or “mental health problem” significantly decreased adolescents’ self-esteem both contemporaneously and six months later. Moreover, dropping a self-label, or choosing to no longer self-label after previously having done so, had immediate positive effects for adolescents’ self-esteem. The findings of this study were interpreted through the lens of an outsight perspective, which argues that adolescents anticipate negative consequences as a result of self-labels, such as strained peer relations, reduced academic performance, and social rejection. These longitudinal studies enable strong conclusions to be drawn about the temporal ordering between self-labels and self-esteem (an important component of self-concept); that is, self-labels precede a significant diminishment in young persons’ self-esteem.

In a mixed-methods study of youths who had been diagnosed with a mental illness, Moses (2009) found that youths who rejected self-labels scored significantly

lower on measures of self-stigma and depressive symptoms but higher on levels of mastery. Finally, a systematic review of qualitative publications finds that stigma is a salient feature in the lives of youths actively receiving psychiatric treatment for a diagnosed mental illness, and that a diagnostic label can drastically alter younger persons' self-concept (O'Connor et al. 2018). Clearly, these findings are an important first step in revealing potentially harmful effects of self-labels for young people.

Parental Labels

In support of an outsight perspective, some empirical evidence points to parental labels potentially eroding young persons' self-concept. However, the negative effects of parental labels described here only apply in the context of concordant labels, indicating a scenario in which parents' labels are accompanied by an adolescent's self-label.[24] In the absence of a self-label as someone who is "mentally ill," an adolescent is unlikely to consider how they might be perceived by others through the lens of negative stereotypes, or to believe that such stereotypes are personally relevant. Thus, parental labels may not incur negative consequences for adolescents' self-concept if they occur in the absence of a self-label (i.e. discordant parental label).

Parental labels are conferred by familial caregivers with whom young people interact since birth; thus, they can play a significant role in the way young people experience mental health problems, especially when symptoms initially emerge. Indeed, family members can "inadvertently act as sources of stigma to their mentally ill family

[24] For example, Moses' (2010) study of parents' stigmatization of their children includes adolescents who were diagnosed with at least one mental illness and were actively cooperating in a treatment program, indicating the presence of a self-label.

member," which, in turn, can impact the mentally ill family member's self-conceptions (Markowitz 2014: 56). One such way parents can act as a source of stigma toward their child is through the act of labeling the child "mentally ill" – a form of "stigma perpetration" within the family (Moses 2010). It is perceptions that emanate from influential others (i.e. parents) that are most likely to significantly alter one's self-concept (Gecas and Burke 1995; McCall and Simmons 1966).

This process is known as reflected appraisals, and, when occurring in the context of mental illness, can lead to a parent's identification of a child as "mentally ill," which is often linked to the many negative stereotypes associated with that identification. For example, appraisals can include parents' perception of a mentally ill child as incompetent, unworthy, or inadequate (Jenkins and Carpenter-Song 2009; Moses 2010). Highly symptomatic children may be especially vulnerable to such appraisals because their more visible and severe symptoms put them at higher risk of stigmatization perpetrated by family members. In turn, stigmatizing appraisals can severely diminish the child's quality of life and self-efficacy (Markowitz, Angell, and Greenberg 2011).

Qualitative examinations of youths with mental illness provide rich data on how adolescents perceive these appraisals. For instance, Moses (2010) found that adolescents with mental health problems felt that their parents stigmatized them in the following ways: unfairly blaming or accusing them of wrongdoing, attempting to avoid or excluding them from family events due to fears of "stigma by association," and speaking of them unfavorably to extended family, who would later go on to avoid them. Other qualitative studies find that family members stigmatize children by encouraging secrecy

about the child's diagnosis to others, calling them pejorative names, and viewing them as incompetent, untrustworthy, and incapable (O'Connor et al. 2018).

An insight approach, however, asserts that parental labels, whether occurring con/discordantly, are not associated with a negative self-concept in children. In fact, the act of parents labeling their children "mentally ill" is seen as an important step in the recovery process, especially since younger children are highly dependent on parents for medical care (Reardon et al. 2017; Stiffman et al. 2004). Moreover, parents can go so far as to serve as sources of comfort and validation for children regarding their mental health problem (Moses 2010), with some youths even reporting that relationships with their parents improved after a psychiatric label was affixed and deemed genuine (Elkington et al. 2012; Leavey 2005). These findings indicate that a label conferred by a parent is not always harmful and, in some cases, could help youth develop a positive self-concept.

CONTRIBUTIONS TO EXISTING RESEARCH

In general, research on labeling processes and associated stigma focuses largely on adults – indeed, how adults experience mental illness, labels, and stigma has been a core focus of medical and mental health sociology for decades (Link et al. 1989; Livingston and Boyd 2010). Yet, it is likely that adolescents experience mental health problems differently from adults, including mental illness labels and the stigma that emanates from them (DeLuca 2020; Hinshaw 2005). The age-specific concerns and developmental processes that characterize this period of the life course render adolescents particularly vulnerable to the deleterious consequences of stigma that emanate from labels. In this vein, this study responds to the many calls made for additional research into the factors

that influence help-seeking decisions among adolescents, and in what ways, if any, different components of stigma server as barriers to help-seeking (DeLuca 2020).

To the best of my knowledge, there are no previous studies examining how self-concept might play a mediating role in the association between labels and help-seeking solely among young people. Although notable exceptions exist that examine self-concept *or* help-seeking separately, they include adults aged anywhere between 13 and 35 (e.g., Rüsch et al. 2013; Rüsch et al. 2014a, 2014b; Xu et al. 2016) or adults aged 18+ (Horsfield et al. 2020). This is a concern because, as mentioned above, findings on adults are likely to be ungeneralizable to younger persons who inhabit a unique developmental stage of the life course (DeLuca 2020; Hinshaw 2005).

In addition, among the studies that do examine labeling processes, there tends to be a narrow focus on the following: (1) official labels, or those labels conferred by medical professionals via receipt of psychiatric diagnosis or treatment (Livingston and Boyd 2010; O'Connor et al. 2018), (2) adults with serious mental illness (Thoits 2011), and/or (3) only formal help-seeking as an outcome (e.g., Horsfield et al. 2020; Kim 2023; Rüsch et al. 2013). The present study responds to the first two limitations by studying self-labeling and parental labels among adolescents with a wide array of symptoms, offering a more nuanced view of how experiences with labels vary across symptom type and severity. In response to the third limitation, this study acknowledges that informal and school-based help-seeking as critical considerations for adolescents. These sources of help are preferred to formal treatment services since they are perceived as nonjudgmental contexts to disclose and express one's struggles with a mental health problem (Kranke et

al. 2015; Singh, Zaki, and Farid 2019). Moreover, adolescents often use informal sources of help as a "stepping stone" to engagement with formal services later (Rickwood et al. 2007). These other types of help-seeking behaviors should not be ruled out as an unimportant or trivial way in which to eventually access formal treatment services.

THE PRESENT STUDY

This study draws upon well-suited data collected during the Texas Stigma Study from adolescents aged 11-14 years old and their parents with requisite measures of self- and parental labels, self-concept, and informal, formal, and school-based help-seeking (Link et al. 2020; Painter et al. 2017). The analysis is able to capture adolescents' movement in and out of different labeling groups (discordant self-labels, discordant parental labels, concordant labels), self-concept, and their decisions to seek help at four different time periods. The overarching goal is to test the insight and outsight perspectives, particularly with respect to their competing claims about labels' effects for self-concept and help-seeking behaviors. In doing so, the present study aims to contribute to the existing literature in the following ways: (*i*) providing insight into how labeling and associated stigma impacts younger age groups and those with a wide range of symptoms, (*ii*) assessing adolescents' help-seeking behaviors for distinct but important sources of help, and (*iii*) offering an analysis of how a specific component of stigma—mental illness labels—informs adolescents' help-seeking decisions.

Multiple outcomes could surface from these findings. One possibility, presented in Hypothesis 1 (H_1), is that findings could align with an insight approach whereby labels have generally positive consequences for both self-concept and help-seeking. According

to this approach, this occurs when labels facilitate the redefinition of previously mysterious and anomalous symptoms as an identifiable entity with readily available treatment options. This might be true for all labels with the exception of discordant parental labels, which are associated with a decreased willingness to seek informal and formal help (see Chapter 2 and Footnote 25).

Another possibility, presented in H_{2A}, H_{2B}, and H_{2C}, is that the findings could support the outsight approach. In this scenario, the stigmatizing nature of self-labels engenders negative consequences for self-concept, a process that may be especially consequential for adolescents given their identity development processes during this period of the life course. A diminished self-concept, on its own, may not eliminate the positive effect of labeling symptoms as a mental illness for help-seeking. Yet, self-labels' negative consequences for self-concept, including a depleted sense of self-value and self-efficacy, could serve as an indirect pathway in which labels' beneficial effects for help-seeking are reduced (e.g., Corrigan et al. 2009; Harari et al. 2023), leading to the predictions put forward in H_{2A} and H_{2C}. H_{2B} proposes a differing prediction for discordant parental labels given an outsight perspective's contention that negative consequences for self-concept occur only if adolescents consider a "mentally ill" label to be personally applicable (i.e. self-label). Figure 3.1 illustrates these possible outcomes.

> **H_1**: Self-concept plays a significant mediating role in the associations between discordant self-labels/concordant labels and help-seeking. Discordant self-labels and concordant labels have beneficial effects for self-concept, which acts as an indirect pathway to an increased likelihood of help-seeking (insight

perspective).[25]

H_{2A}: Self-concept plays a significant mediating role in the association between discordant self-labels and help-seeking: discordant self-labels significantly harm self-concept, and a diminished self-concept significantly reduces the likelihood of help-seeking (outsight perspective).
H_{2B}: Self-concept does not play a significant mediating role in the association between discordant parental labels and help-seeking. Discordant parental labels have no effect on self-concept (outsight perspective).
H_{2C}: Self-concept plays a significant mediating role in the association between concordant labels and help-seeking: concordant labels significantly harm self-concept, and a diminished self-concept significantly reduces the likelihood of seeking help (outsight perspective).

DATA AND METHODS

Data

This study draws from the same dataset as the analysis presented in Chapter 2.[26] This dataset, which originates from the Texas Stigma Study, was the result of a grant from the National Institute of Mental Health and cooperation between researchers (Drs. Link, Phelan, DuPont-Reyes, and Villatoro) and community-based investigators (Drs. Barkin and Painter) from the My Health My Resources (MHMR) organization in Tarrant County, Texas. The study was initially designed to evaluate a school-based intervention with 6th grade youths aged 11-14 years old in 14 schools in a Texas school district (Painter et al. 2017). The intervention was also accompanied by extensive data collection from both youths and their parents in their homes, which included several measures of mental

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[25] In general, an insight approach, much like the public mental health perspective described in Chapter 2, assumes that all labeling processes are beneficial for help-seeking, regardless of con/discordance. However, the findings from Chapter 2 reveal that discordant parental labels predict significantly lower engagement with formal and informal help-seeking. This hypothesis excludes discordant parental labels as their effects do not align with an insight perspective.
[26] To avoid redundancy, some details about the dataset that were described in Chapter 2 are omitted here.

illness labels, youths' self-concept, and different types of help-seeking behaviors. Data collection was longitudinal and lasted two years, with follow-ups occurring at the 6-, 12-, 18-, and 24-month periods. Fourteen middle schools participated in the study, with a total of 751 6th grade students (60% of those invited) agreeing to participate. The characteristics of the sample, including how many students participated in each follow-up and information on students' age, race/ethnicity, socioeconomic status, parental educational status, and more, can be found in Chapter 2 and other publications (Link et al. 2020; Painter et al. 2017).

Measures

Formal help-seeking, one of the outcomes of interest, is measured with three unique items. The first two items capture whether youths ever "talked about a mental health problem" that they have experienced with either a doctor or counselor outside of school (1 = *yes*, 0 = *no*). The third and final item asks youths if they have "ever taken medication for a mental health problem" (1 = *yes*, 0 = *no*). **Informal help-seeking** contained similar measures but used two unique items to capture whether youths ever "talked about a mental health problem" that they have experienced with either a friend or a religious leader, such as a priest or a rabbi (1 = *yes*, 0 = *no*). In this context, a religious leader is equivalent to a trusted adult in the youth's social network. Both variables were converted to two binary measures indicating whether youths engaged in any formal or informal help-seeking behaviors, respectively (1 = *yes*, 0 = *no*). **School-based help-seeking** was measured with a single unique item asking youths if they have ever "talked about a mental health problem" with a school counselor (1 = *yes*, 0 = *no*). These measures of

help-seeking have been validated previously and used in prior studies using the same data (Painter et al. 2017; Villatoro et al. 2022).

Self-labels are a cognitive phenomenon that occur when youths choose to self-identify as someone who is experiencing a mental health problem. Self-labels are measured with two unique items: one asking if youths have ever identified as someone who had a "mental health problem" in the past six months, and one asking whether youths agreed with the statement "I have a mental illness." The former item included examples of symptoms since youths may not always possess adequate knowledge to know whether specific symptoms comprise a mental illness. These examples included "being anxious, depressed, hyperactive, withdrawn, or always getting into trouble." The latter item received an affirmative response relatively infrequently (only 6%-7% of youths across the four follow-ups), which led to the decision to combine both items to create a single dichotomous measure of self-labeling (1 = *yes*, 0 = *no*). **Parental labels** were measured with a single unique item asking parents the following question: "Was there ever a time in the past six months when your child seemed to have an emotional or behavioral problem, like being anxious, depressive, hyperactive, withdrawn, or always getting into trouble?"

The data available allows for a well-suited and unique opportunity to capture two unique aspects in adolescents' experiences with mental illness labels. First, child-parent discrepancies in the perception of the child's mental health problem are frequent (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015). This suggests that that adolescents could experience one of the three following scenarios: (*i*) an adolescent self-labels in the

absence of a parental label (discordant self-labels), (*ii*) an adolescent receives a parental label in the absence of a self-label (discordant parental labels), or (*iii*) an adolescent self-labels and receives a parental label at similar points in time (concordant labels). To capture this in the data, four distinct categories were created that represent adolescents' experiences with both self-labels and parental labels. Adolescents were categorized as having a discordant label if they self-labeled but did not receive a parental label. If adolescents received a parental label but did not self-label, they were categorized as having a discordant parental label. Finally, if adolescents self-labeled but also received a parental label, they were categorized as having concordant labels.

Second, adolescents often progress and regress through the help-seeking process at varying paces for different reasons (Rickwood 2020). As such, the longitudinal design was used to capture whether adolescents went "in and out" of these different labeling scenarios at each of the four follow-ups. For instance, the same adolescent could be categorized as having a discordant self-label at 6 months if they self-labeled but did not receive a parental label but could also then be categorized as having a discordant parental label at 12 months if they had stopped self-labeling but then received a parental label. This same adolescent could then go on to be categorized as having concordant labels at 18 months if they both self-labeled and received a parental label during that specific wave. Those who did not have a self-label or a parental label served as the reference group.

Self-concept was measured with items that capture self-esteem and mastery. Both of these were chosen for their distinct but presumably important roles in adolescent help-

seeking decisions. Self-esteem is measured with Rosenberg's (1965) 10-item scale, which includes items such as "I feel that I have a number of good qualities" and "I feel I do not have much to be proud of." Mastery was measured using Pearlin and Schooler's (1978) Sense of Personal Control and Mastery scale, a 7-item measure that included items such as "I can do just about anything I really set my mind to" and "What happens to me in the future mostly depends on me." All items were summed and averaged to create a single measure of self-concept that ranged from 1 to 4 ($\alpha = .74$), with higher scores indicating a healthier self-concept (i.e. higher levels of self-esteem and mastery). Both self-esteem and mastery were collapsed into a single measure to capture a more well-rounded measure of the elements of adolescents' self-concept that would likely be relevant in the decision-making processes regarding help-seeking. For one, self-esteem captures how one feels about oneself in terms of self-value and self-worth—crucial components of self-concept that could be diminished by the stigma emanating from labeling processes. Mastery, however, taps into a behavioral element of self-concept that captures whether adolescents feel like they have control over their own lives.

Symptoms were measured with a 21-item self-report questionnaire derived from the Diagnostic Interview Schedule for Children Version IV ($\alpha = .87$; Shaffer et al. 2000). The measure is comprehensive, containing a wide variety of symptoms associated with different mental health problems that have a peak age-of-onset that closely mirrors the average age of the sample. These include symptoms such as depressed affect ("Felt really sad or depressed most all day for several days in a row?"), anxiety ("Worried too much about a number of different things?"), and hyperactivity stemming from attention-

deficit/hyperactivity disorder ("Often had trouble keeping your mind on what you are doing?"). Each item is coded as 1 if youths reported not experiencing that particular symptom and 2 if the responded affirmatively to experiencing it. All items were summed and averaged.

The following analysis is stratified by symptom group, leading to two different groups that form the focus of this investigation: the **high-symptom** and **no/moderate-symptom** subsamples. This allows the analysis to examine the effects of labels on self-concept and help-seeking specifically for those adolescents experiencing the highest numbers of symptoms, meaning that this group presumably has the most to gain from seeking help. However, examining these effects for those with no/moderate symptoms is also important, given that these adolescents still experience a number of distressing symptoms that impinge upon healthy development, despite not necessarily meeting criteria for diagnosis (Copeland et al. 2005).

Adolescents who self-rated their symptoms above the median (fiftieth percentile) at any point during the four follow-ups were categorized as having high symptoms (*n* = 628), while adolescents who consistently self-rated their symptoms below the median were categorized as having no/moderate symptoms (*n* = 700).[27] The median symptom score of the final analytic sample was 1.33, meaning that adolescents at the fiftieth percentile reported experiencing approximately 7 distinct symptoms.

Covariates

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[27] The 380 observations with missing data for symptoms were excluded, leading to an analytic sample of 628 and 700 high- and no/moderate-symptom adolescents across the four waves, respectively. See Chapter 2 for additional information about these missing observations.

Self-identified gender is measured with a binary indicator (1 = *female*, 0 = *male*). Self-identified race/ethnicity is also measured with binary indicators for Black and Latino respondents, with White/Other as the reference group. Parent/caretaker educational attainment is a continuous variable coded as 1 = less than high school, 2 = high school diploma/GED, 3 = some college, and 4 = Bachelor's degree or higher. The language spoken in the child's home was measured with a binary variable (1 = *not English, 0 = English*). Familiarity with mental illness was measured using an abbreviated version of the Level of Contact Report (Holmes et al. 1999). This measure contains five items that measure respondents' degree of intimate contact with people with mental illness. This includes seeing someone with a mental illness on television (the least amount of contact), having a classmate, friend, or relative with mental illness, and living with someone who has a mental illness (the most contact). Finally, analyses also control for intervention assignment (with those who were assigned to the no intervention control group were the referent) and time to account for any effects of the intervention or the study period on help-seeking.

Statistical Analysis

This study employs mediation analysis to investigate whether adolescents' self-concept mediates the relationship between con/discordant mental illness labels and different types of help-seeking. I use structural equation modeling (SEM) with the full-information likelihood (FIML) method to handle missing values. FIML utilizes the data available to make inferences about the missing values and estimate model parameters, is recommended when 10% or more of an observed variable is missing, and is robust to

violations of nonnormality assumptions (Little et al. 2014). This resulted in an analytic sample of 280 cases of high-symptom adolescents (628 observations) and 300 cases of no/moderate-symptom adolescents (700 observations). SEM models were fitted to simultaneously test the direct and indirect effects of mental illness labels on self-concept and help-seeking behaviors. The SEM technique is a valid method for conducting mediation analysis (Iacobucci, Saldanha, and Deng 2007). In general, a mediation analysis facilitates the ability to draw conclusions regarding to what extent a potential mediating variable (*M*: self-concept) explains the relationship between the independent variable (*X*: mental illness labels) and the outcomes of interest (Y^1: formal, Y^2: informal, and Y^3: school-based help-seeking). Linear probability models are employed within a SEM framework due to the binary outcomes of interest.

The primary mediation analysis was carried out with Stata's *medsem* package (Mehmetoglu 2017), while sensitivity analyses were performed with the *mediate* package (Luedicke 2023). *Medsem* is a post-estimation command used to test the significance of mediating variables after performing SEM. This package offers two different methods to perform mediation analysis. First, *medsem* produces tests for the classic approach to mediation analysis developed by Baron and Kenny (1986). In this procedure, regression coefficients are produced for all three pathways – that is, paths *a*, *b*, and c^1 (see Figure 3.2). If the effects of all three pathways are significant while path c^1 is reduced to zero after modeling the mediator, 'full mediation' has occurred. This indicates that the observed mediating variable fully explains the association between the independent variable and outcome of interest. If, however, path c^1 is not reduced to zero but the

pathway effects remain significant, there is still ‘partial mediation.’

This analysis reports the results from the second statistical test of mediation that *medsem* offers, as described Zhao, Lynch, and Chen (2010). Zhao et al. (2010) argue that, in order to establish mediation, only a statistically significant indirect effect using the bootstrap test is needed. After specifying the model, a bootstrap test uses replacement from the original data to create bootstrap samples. On each of the bootstrap samples, a mediation model is fit to calculate an indirect effect. As Mehmetoglu (2017) notes, bootstrapping is a computationally intensive procedure that takes considerable time to perform. As a result, the *medsem* package offers an acceptable alternative to bootstrapping to test the significance of indirect effects: the Monte Carlo approach. This analysis reports direct and indirect effects while using the Monte Carlo test to determine the significance of indirect effects.

After fitting SEM models, bootstrap tests of the indirect effect of the three labeling groups of interest—discordant self-labels, discordant parental labels, and concordant labels—with 5,000 replications on each help-seeking outcome were run. The Monte Carlo test was used to estimate standardized indirect effects with 95% confidence intervals (CI). This is preferable to the Sobel test for two reasons. First, the Sobel test has low statistical power because it assumes that the standard errors of the product terms are normally distributed. However, in smaller samples (such as the one used here), this assumption is often violated due to a skewed sample distribution, which can lead the Sobel test to having diminished statistical power (Preacher and Hayes 2004). The more robust bootstrapping method, on the other hand, makes no such assumptions about the

sample's distribution, indicating that it performs better if non-normality is present, as is the case with the present data.

To categorize the different types of mediation possible using *medsem*, this analysis and interpretation of results uses the mediation typology proposed by Zhao et al. (2010). Specifically, they offer four types of mediation: (a) *complimentary mediation*, where an indirect and direct effect both exist and are of the same direction, congruous to what Baron and Kenny (1986) call 'partial mediation,' (b) *competitive mediation*, where an indirect and direct effect both exist but are of opposite directions, (c) *indirect-only mediation*, where an indirect effect exists but a direct effect does not, akin to 'full mediation' that Baron and Kenny (1986) describe, and (d) *no-effect non-mediation*, where an indirect effect does not exist, but a direct effect does. Using this categorization, any of the former three types would constitute the presence of a significant mediating relationship. However, since competitive and complementary forms of mediation are only partial, the presence of either could indicate that there are omitted mediators within the model. Conversely, the presence of indirect-only mediation would suggest that the observed mediator (in this case, self-concept) fully explains any existing relationship between the variables of interest (mental illness labels and help-seeking).

Effect sizes are interpreted using the ratio of indirect to total effect (RIT), as described by Mehmetoglu (2017). The RIT is calculated by dividing the indirect effect by the total effect, as illustrated in the following equation:

$$RIT = \frac{a \times b}{(a \times b) + c^1}$$

The RIT produces a figure ranging from 0 to 1, where 1 indicates the presence of strong

mediation. The figure is then converted to a percentage to determine the proportion of the effect of X on Y that is mediated by M. For instance, if the equation above produced an estimate of 0.40, it could be concluded that 40% of the effect of X on Y is explained by the inclusion of M being modeled as a mediator.

To account for the clustered structure of the data from respondents being interviewed at each of the four waves, all models use clustered robust standard errors at the individual level (based on the sandwich estimator of variance developed by Huber 1967 and White 1982). All statistical analyses were performed in Stata version 18 (StataCorp 2023).

Sensitivity Analysis

Newer perspectives on mediation analysis call for attention to be paid to potential interaction effects between the independent variable (also called the treatment) and the mediator. In other words, it is possible that the effect of the independent variable (mental illness labels) on the dependent variable (help-seeking) is inconsistent across different levels of the mediator (self-concept), resulting in what is called moderated mediation. If this is the case, any significant findings should be interpreted in light of this treatment-mediator interaction effect, especially in a way that acknowledges and highlights the conditional nature of the indirect effect. To assess whether a treatment-mediator interaction was present, Stata's newly released *mediate* package was used to perform a causal mediation analysis (Luedicke 2023).

The *mediate* package also has additional benefits that make it an adequate robustness check for the primary analysis. This package employs causal mediation

analysis under the potential-outcomes framework. In this type of mediation analysis, the potential outcomes would be those outcomes that differ by levels of the treatment variable (mental illness labels), mediator (self-concept), and outcome (help-seeking). The differences in these outcomes generate a total effect, direct effect, and indirect effect. The total effect can be decomposed into the direct and indirect effects of interest in one of two ways using this method: (*i*) by separating the direct effect from the total indirect effect, or (*ii*) by separating the indirect effect from the total direct effect. Nguyen, Schmid, and Stuart (2021) recommend using the former approach if a researcher assumes that a direct relationship between X→Y exists but is interested in whether there is an indirect effect through a mediating variable; they recommend the latter approach in instances where an indirect effect is assumed but are interested in whether a direct effect between X→Y is also present. In this case, since the previous chapter has established the existence of direct effects of mental illness labels on help-seeking, the former approach is used.

Moreover, the *mediate* package supports models fitting multivalued treatment variables, continuous mediator variables, and binary outcomes of interest, such as is the case here. In contrast to SEM, however, it does not have any built-in method for handling missing data. For these reasons, a complete-case analysis with the full model predicting each type of help-seeking adjusted for all covariates was used as a robustness check against the primary SEM analysis. If the same significant indirect effects found in the SEM analysis are found using *mediate*, the results from the primary analysis can be interpreted with more certainty. For the purposes of this sensitivity analysis, only the natural indirect effects are shown (sTable 3.1).

RESULTS

Tables 3.1 and 3.2 present descriptive statistics for relevant variables by each labeling group (no labels, discordant self-labels, discordant parental labels, concordant labels) for the high symptom and no/moderate symptom subsamples, respectively.[28] These statistics are presented for the first follow-up to provide a baseline characterization of the adolescents at the start of the longitudinal component of the study. The tables also report *F*-values or likelihood-ratio chi-square tests (LR χ^2) as appropriate from regression models to investigate whether the four labeling groups differ significantly from one another on each variable. To test for these differences, linear regression models were used for continuous variables, logistic regression models for binary variables, and multinomial regression models for categorical variables.

Among highly symptomatic adolescents ($n = 218$, Table 3.1), results from t-tests show that those with concordant labels reported a higher likelihood of engaging in both formal ($t = -3.00$, $p < .01$) and informal help-seeking ($t = -1.98$, $p < .05$) compared to their non-labeling counterparts. Of note, there were no significant differences in help-seeking behaviors between those with discordant labels (self or parental) and non-labelers. There were significant differences in self-concept between labelers and non-labelers. Specifically, those with discordant self-labels ($t = 3.20$, $p < .01$) and concordant labels ($t = 1.96$, $p < .05$) had significantly lower self-concept, on average, compared to adolescents with no labels. Interestingly, this pattern was not observed for those with

[28] Please refer to Chapter 2 for a more detailed description of these descriptive statistics. I report the most notable patterns here.

discordant parental labels, who had extremely similar self-concept scores compared to those with no labels (2.82 and 2.76, respectively).

Fewer patterns were found for adolescents in the no/moderate-symptom subgroup (n = 198, Table 3.2). The only significant difference found with respect to help-seeking was for adolescents with concordant labels (t = -3.85, $p < .001$) who reported a significantly higher likelihood of engaging in formal help-seeking than those adolescents with no labels. The difference was stark: 46% of those with concordant labels reported engaging in at least one type of formal help-seeking behavior compared to only 10% for non-labelers. There were no significant differences in self-concept between any of the labeling groups and non-labelers, providing some indication that labels might be inconsequential for self-concept if fewer symptoms are experienced.

Tables 3.3, 3.5, and 3.7 show the direct and indirect effects from the mediation analyses after fitting structural equation models predicting formal, informal, and school-based help-seeking, respectively. For each of these tables, another table immediately follows (Tables 3.4, 3.6, and 3.8) that present the path coefficients. All coefficients are standardized. The top of each table shows findings for the high-symptom subsample while the bottom half presents findings for the no/moderate-symptom subsample.

First, the direct effects of mental illness labels on help-seeking closely mirror what was found in Chapter 2. For highly symptomatic adolescents, discordant self-labels were inconsequential for all three types of help-seeking. However, discordant parental labels had a significant negative effect on informal help-seeking (β = -.07, $p < .05$, Table 3.5) and a marginally significant negative effect on formal help-seeking (β = -.07, $p < .10$,

Table 3.3). This analysis closely mirrors Chapter 2's finding that it is only concordant labels that have beneficial effects for formal (β = .27, $p < .001$, Table 3.3), informal (β = .16, $p < .01$, Table 3.5), and school-based forms of help-seeking (β = .13, $p < .05$, Table 3.7). The pattern of concordant labels increasing the likelihood of formal help-seeking extended to moderately symptomatic adolescents (β = .17, $p < .05$, Table 3.3). These findings confirm that concordant labels, or co-occurring self- and parental labels, increase adolescents' likelihood of seeking various forms of help, while discordant labels are either inconsequential or harmful for help-seeking efforts. Concordant labels are especially important for adolescents' formal help-seeking, regardless of the number of symptoms experienced.

Tables 3.3 and 3.4 present findings from the mediation analysis modeling self-concept as a mediator in the associations between labels and formal help-seeking. Notably, there is a lack of significant indirect effects, indicating that self-concept is not a significant mechanism informing adolescents' decisions to seek formal types of support for mental health problems. The one exception lies in a significant indirect effect of self-concept in the association between concordant labels and formal help-seeking for moderately symptomatic adolescents. Although this could indicate that concordant labels have an indirect association with formal help-seeking (β = .03, $p < .05$, Table 3.5) through self-concept, this finding must be viewed with caution (see below discussion of the sensitivity analyses and the inclusion of treatment-mediator interaction effects).

Tables 3.5 and 3.6 present similar findings for informal help-seeking, which reveals a more significant role of self-concept as a mediating variable. Specifically, for

highly symptomatic adolescents, self-concept fully reduces the association between discordant self-labels and informal help-seeking to nonsignificance ($\beta = .03$, $p < .05$, Table 3.5), accounting for 50% of the relationship. Moreover, self-concept partially mediates a proportion of the positive association between concordant labels and informal help-seeking ($\beta = .03$, $p < .05$, Table 3.5), explaining 13% of the association. This analysis also revealed a marginally significant indirect effect of concordant labels on informal help-seeking through self-concept ($\beta = .02$, $p < .10$, Table 3.5) for moderately symptomatic adolescents, but, again, this finding should be interpreted with caution (see below).

Finally, Tables 3.7 and 3.8 show results for school-based help-seeking. These findings echo the patterns found for informal help-seeking described above for highly symptomatic adolescents. Self-concept fully reduces the association between discordant self-labels and school-based help-seeking to nonsignificance ($\beta = .02$, $p < .05$, Table 3.7), explaining 94% of the relationship. In addition, concordant labels had a marginally significant positive indirect effect on school-based help-seeking ($\beta = .02$, $p < .10$, Table 3.7) through self-concept, explaining 13% of the relationship.

These findings should be interpreted in light of two overarching patterns revealed in the analyses. First, contrary to both public health and sociological perspectives, the negative directions of the coefficients ($X \rightarrow M$, $M \rightarrow Y$) presented in Tables 3.6 and 3.8 indicate that adolescents' self-concept, significantly harmed by discordant self-labels and concordant labels, *decreases* informal and school-based help-seeking for these adolescents. Second, there is a notable lack of significant indirect effects in mediation

models where discordant parental labels are the predictor, formal help-seeking is the outcome, or in models for moderately symptomatic adolescents. This has significant implications for adolescent help-seeking, which are elaborated on in further detail below.

Finally, the sensitivity analysis (not shown) using causal mediation methods to assess whether a treatment-mediator interaction effect was present indicate that that there were no significant treatment-mediator interactions in models predicting informal or school-based help-seeking for high-symptom adolescents. However, among the no/moderate-symptom subsample, there were significant treatment-mediator interactions in models predicting formal and informal help-seeking. Including these interactions in the models reduced the significant indirect effects of labels on help-seeking to nonsignficance. Although findings for the no/moderate-symptom subsample are still reported in the SEM analysis, caution should be taken when interpreting the few significant indirect effects found in the primary analysis for adolescents with no/moderate symptoms.[29]

sTable 3.1 shows indirect effects and their significance using the *mediate* package. The results for the high-symptom subsample closely align with the results found in the primary analysis, showing that any significant indirect effects found using SEM were at least marginally significant ($p < .10$) using a complete-case analysis with causal mediation methods (Luedicke 2023). Results are not shown for the no/moderate-symptom subsample, as the inclusion of the treatment-mediator interactions eliminated

[29] Due to the eliminated significance of indirect effects for the no/moderate-symptom subsample, I do not further elaborate or interpret them in the Discussion section. Only the implications of the insignificant effects are considered.

any significant indirect effects.

DISCUSSION

In the United States, treatment for mental illness strongly adheres to the insight perspective's assertion that mental health problems should be appropriately recognized and labeled in order to initiate the help-seeking process (Nobre et al. 2021; Rickwood, Deane, and Wilson 2007; Rickwood 2020). This is an especially important consideration for adolescents who experience disturbingly high rates of untreated mental illness (Merikangas et al. 2011; Solmi et al. 2022). If symptoms are appropriately labeled by the adolescent or a parent as a mental illness, however, young people can develop a new understanding of their symptoms as a condition that can and should be treated (Werkhoven et al. 2022). This is seen as an empowering, hopeful, and therapeutic process that allows adolescents to restore a self-concept previously fractured by anomalous symptoms of an unknown origin. On the other hand, an outsight perspective emphasizes that labels carry a burden for adolescents, especially as they seek to build a competent and autonomous social identity. As adolescents consider how negative stereotypes associated with labels are applicable to oneself, they could experience a diminished self-concept and a decreased engagement in help-seeking behaviors (Corrigan et al. 2009).

The present study adjudicates between these two opposing perspectives by investigating whether adolescents' self-concept plays a mediating role in the relationship between mental illness labels and help-seeking. The findings capture how con/discordant self-labels and parental labels can have profound consequences for adolescents' self-concept and their decisions to seek different types of support for the mental health

problems they experience. In particular, the analysis revealed four major statistical findings: 1) the direct effects of con/discordant labels on help-seeking adhere to the relationships found in the previous chapter, 2) self-concept substantially mediates and renders nonsignificant the associations between discordant self-labels and informal and school-based help-seeking, 3) self-concept partially mediates the associations between concordant labels and informal and school-based help-seeking, and 4) self-concept does not mediate the associations where discordant parental labels are a predictor, formal help-seeking is an outcome, or for any of the associations among the no/moderate-symptom group. The latter three findings, which are elaborated on in further detail below,[30] paint a complex picture of adolescents' help-seeking decisions, with implications not yet fully considered by either an insight or outsight perspective.

Discordant Self-Labels

First, the findings reveal that a diminished self-concept acts as a pathway in which discordant self-labels can increase adolescents' likelihood of engaging in informal and school-based help-seeking. The indirect pathway through which this occurs is one fraught with implications for adolescents who self-label: discordant self-labels have a significant negative effect on self-concept, but the negative coefficient found for pathway *b* (*M*: self-concept→*Y*: help-seeking) indicates that adolescents with a healthier self-concept are less likely to engage in help-seeking. Overall, this pathway demonstrates that self-labeling with a "mental illness" or "mental health problem" engenders diminished feelings of self-worth and self-efficacy for adolescents already navigating numerous distressing

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[30] See the previous chapter for an elaboration of the first finding.

symptoms, and it is these negative feelings that drive them to seek help. In opposition to an insight perspective (H_1), these findings partially support an outsight approach that claims self-labels have negative effects for self-concept (H_{2A}). Unlike the outsight approach, however, a lowered self-concept does not hinder help-seeking efforts. Rather, the diminished sense of self-value and self-efficacy that discordant self-labels produce renders help-seeking a more likely outcome.

This finding, although surprising, has important implications for adolescents experiencing a high number of symptoms. First, the negative effect of discordant self-labels on self-concept highlights an additional burden for these adolescents – in addition to experiencing symptoms, significant harm is done to their self-concept when they appropriately label those symptoms as a "mental illness" or "mental health problem." This finding is a replication from an earlier study using the same data (Harari et al. 2023). In this earlier study, negative effects on self-concept were interpreted through the outsight perspective, which claims that adolescents self-label with the awareness of how others will perceive them on the basis of their label. Given the widespread and pervasive stigma surrounding mental illness, it is likely these negative effects stem from stereotypes associated with self-labels (inadequacy, incompetence, and worthlessness) interfering with adolescents' ability to build a competent and autonomous social identity – a key feature of a healthy transition to adulthood (Steinberg and Morris 2001). Other studies also find that self-labels erode young persons' psychological well-being, with stigma likely playing a major role (Moses 2009; Rüsch et al. 2014a, 2014b).

However, the present study diverges from the outsight perspective by revealing

that this is not entirely disadvantageous for adolescents' help-seeking efforts. Adolescents with a healthier self-concept are less likely to seek help; the inverse scenario indicates that adolescents with a damaged self-concept are more likely to seek help. In other words, adolescents who "feel good" about themselves, evidenced by a strong sense of self-worth sense of control over one's life, are less inclined to seek help for their mental health problems, even when experiencing high numbers of distressing symptoms. On the other hand, adolescents who experience diminished self-worth and sense of control desire to remedy these negative self-conceptions, ultimately leading them to seek help for a mental health problem that they feel is unmanageable on their own. These findings illuminate how discordant self-labels can carry profound implications for adolescent help-seeking. Namely, adolescents contend with negative consequences to self-concept as a result of self-labels, but it could be that these negative consequences are the very mechanism that compels them to seek help.

Concordant Labels

The previous chapter found that concordant labels had strong benefits for all three types of help-seeking examined here, with the present findings mirroring those associations. Those results were interpreted as supporting a public mental health perspective with its emphasis on the necessity of mental illness labels as important precursors to help-seeking. The present study expands on those findings by highlighting the mediating role of self-concept in the associations for informal and school-based help-seeking outcomes. Self-concept is an indirect pathway by which concordant labels increase adolescents' likelihood of these types of help-seeking; yet this occurs at a cost, as adolescents suffer a

significantly diminished self-concept associated with these labels. Since those with a diminished self-concept are likelier to seek help, concordant labels' strong benefits for help-seeking are partially driven by adolescents' bleak self-conceptions.

These findings fail to support an insight perspective (H_1), which would see concordant labels as a solely beneficial circumstance – with both the adolescent and parent appropriately labeling the mental health problem at hand, the adolescent should feel sufficiently relieved that their symptoms are due to an authentic condition that can be treated. However, even in scenarios characterized by this shared understanding between parent and child, adolescents' feelings of self-worth, self-value, and self-efficacy are attenuated. I propose that processes put forward by an outsight perspective are at play. First, as described above, the application of a self-label can trigger the adolescent to consider that negative stereotypes are personally applicable to oneself, and that others' perceptions of them will be filtered through these stereotypes (Harari et al. 2023). Second, the introduction of accompanying parental labels introduces an added strain. Parents' labels of adolescents as "mentally ill" can be a form of "stigma perpetration," which includes perceptions of the child that are imbued with negative stereotypes (Jenkins and Carpenter-Song 2009; Moses 2010). These stigmatizing familial appraisals of a child can significantly erode the child's quality of life and self-efficacy, with highly symptomatic children being especially vulnerable (Markowitz 2005; Markowitz et al. 2011).

What is surprising, however, is that the present findings once again provide only partial support for H_{2C} in that these unfavorable consequences for self-concept do not

impede adolescents' help-seeking efforts. Rather, those with a diminished self-concept, presumably stemming from "feeling bad" about one's self-value and self-efficacy, feel compelled to seek help from close friends, trusted adults, or school counselors for the mental health problems they might feel are unmanageable on their own.

Non-Significant Effects

It is worth noting that self-concept did not significantly mediate associations between discordant parental labels and any type of help-seeking examined here. The previous chapter as well as the present study both revealed that discordant parental labels significantly predicted lower engagement with both formal and informal types of help-seeking for highly symptomatic adolescents. However, unlike discordant self-labels and concordant labels, self-concept did not play a mediating role due to an insignificant effect on self-concept.

This finding supports the outsight perspective's H_{2B} which proposes that discordant parental labels should not harm self-concept. An outsight perspective would argue that such harm can only occur in the presence of a self-label. The lack of significant effects of discordant parental labels on self-concept could have multiple explanations. For one, it could be that adolescents are potentially unaware of a label that has been conferred by a parent, stemming from poor or low parent-child communication. Yet, for these adolescents who experience a high number of symptoms, it is likely that both they and their parents are aware that a mental health problem is present. Instead, in accordance with an outsight perspective, a discordant parental label may prompt adolescents to consciously refute their parent's identification of them as someone with a mental health

problem (i.e. "That's not me, I'm not mentally ill") – a self-protective stigma resistance strategy used to deflect stereotypes associated with the "mentally ill" label (Thoits 2011, 2016). By rejecting the label in this way, adolescents can preserve their self-concept, but, as a result, may not view help-seeking as an appropriate action to take despite experiencing a high number of symptoms. While this points to the importance of self-labels in decisions to seek help, it is important to recall that self-labels incur harm to adolescents' self-concept. These sociologically oriented perspectives could be an explanation for the seemingly inconsequential role of self-concept in the associations between discordant parental labels and help-seeking.

There were no significant indirect effects of mental illness labels on formal help-seeking through self-concept. Self-concept is not a mechanism that meaningfully explains concordant labels' significant beneficial effects for this type of help-seeking. Yet, the direction of coefficients is consistent with the significant findings described above. It could be that, with a larger sample size and more statistical power, the significant effects and patterns found above would be replicated for formal help-seeking.

The overall insignificant effects found for the no/moderate-symptom subsample suggest that processes other than those related to labeling predict adolescents' decisions to seek help when a lower number of symptoms are experienced. It is possible that these adolescents do not feel genuinely distressed by their fewer number of symptoms and therefore feel indifferent about seeking help for them (Phares and Danforth 1994). However, subclinical levels of symptoms that do not meet criteria for diagnosis can still be disruptive and interfere with the transition to adulthood (Copeland et al. 2015). These

insignificant findings point to a need for additional research investigating which mechanisms better explain moderately symptomatic adolescents' help-seeking decisions.

Summary of Findings

Overall, H_1 was not supported. Although some labels are advantageous for help-seeking, these beneficial effects at least partially result from harming adolescents' self-concept. Therefore, labels may be useful in identifying symptoms and naming one's condition, but it is not always a solely therapeutic or empowering process like the insight approach claims (e.g., Callard et al. 2013; Werkhoven et al. 2022). Moreover, these disadvantageous effects could be especially salient for adolescents, whose self-concept could suffer greatly if a "deviant" label is incorporated into a still-developing and malleable social identity.

In contrast, H_{2B} was fully supported. The insignificant effects of discordant parental labels on self-concept supports the outsight perspective's contention that a self-label is needed to trigger labels' negative effects for self-concept. The findings also partially support H_{1A} and H_{1C}, evidenced by the significant negative effects of discordant self-labels and concordant labels on self-concept. Yet, the findings were surprising in that they diverged from the outsight perspective's contention that a diminished self-concept should engender a decreased willingness to seek help. It is actually a diminished self-concept—characterized by attenuated feelings of self-worth, self-value, and self-efficacy—that partially drive adolescents to seek help for the mental health problems they experience.

The results point to processes related to both the insight and outsight perspectives

operating concurrently for these adolescents. Labels do significantly erode self-concept. Yet, it is these negative effects to self-concept that compel adolescents to seek help, likely due to a desire to remedy a negative self-concept associated with labeling one's mental illness. These findings are especially important in light of the help-seeking behaviors for which these patterns emerged—informal and school-based—which are the preferred choice for adolescents (Rickwood et al. 2007; Rickwood 2020). These sources of help, comprised of trusted confidantes and adults within school, provide a supportive context in which to share one's experiences with a mental illness (Kranke et al. 2015; Moses 2010). Moreover, adolescent's peers and school counselors can serve as "referral pathways" that can initiate a trajectory that eventually leads to formal help-seeking, and, by extension, evidence-based treatment. The fact that labels' negative effects on self-concept could serve as an indirect pathway in which young people seek out these sources of help indicates that labels are important tools to promote help-seeking for young people. Yet, this study reveals this does not occur in the way an insight perspective assumes: help-seeking only occurs at the cost of a significant blow to adolescents' psychological well-being. The implications this has for adolescents' long-term recovery efforts is currently unknown.

CONCLUSION

Researchers from both public mental health and sociology continue to make calls for additional research to better understand why adolescents do or do not make the decision to seek help for the mental health problems they experience. While researchers in both fields have acknowledged stigma as a major barrier to help-seeking among adults

(Gulliver, Griffiths, and Christensen 2010), it is comparatively less understood how specific components of stigma, such as labeling, inform adolescents' experiences with mental health problems and recovery (DeLuca 2020; Hinshaw 2005). Due to the developmental processes that emphasize the cultivation of an autonomous and competent social identity during adolescence (Côté 2006; Van Petegem et al., 2012), labeling is an important departure point for understanding how stigma shapes adolescents' ability to attain positive recovery outcomes, including initial decisions to seek help.

The findings presented here challenge conventional ways of thinking about how the stigma associated with mental illness labels shapes adolescent help-seeking. In particular, concordant labels have strong benefits for help-seeking despite the fact that they significantly erode adolescents' self-concept. However, it is the negative consequences incurred to self-concept that partially drive adolescents to seek help. Feeling negatively about one's self-worth and self-efficacy, adolescents feel encouraged to seek and rely on help from others for problems that they feel are beyond their control or ability to deal with. A pathway to help-seeking that relies on subverting adolescents' self-concept, however, is likely not sustainable for long-term recovery from mental health problems. This leads us to consider whether there are alternative ways—other than labeling—to promote help-seeking for adolescents that are less harmful for psychological well-being. In addition, future research should investigate whether other components of stigma, such as exposure to discrimination or prejudice, are more consequential for adolescents' high rates of unmet need.

REFERENCES

Amador, Xavier. 2012. *I Am Not Sick—I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment*. New York, NY: Vida Press.

Avenoli, Shelli, Joel Swendsen, Jian-Ping He, Marcy Burstein, and Kathleen Ries Merikangas. 2015. "Major Depression in the National Comorbidity Survey—Adolescent Supplement: Prevalence, Correlates, and Treatment." *Journal of the American Academy of Child & Adolescent Psychiatry* 54(1): 37-44.

Baron, Reuben M., and David A. Kenny. 1986. "The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations." *Journal of Personality and Social Psychology* 51(6): 1173-1182.

Becker, Kimberly D., Eleanor G. Wu, Anna Hukill, Nicole Brandt, and Bruce F. Chorpita. 2021. "How Do Mental Health Providers Assess Treatment Engagement of Youth and Caregivers?" *Journal of Child and Family Studies* 30: 2527-2538.

Bernburg, Jón Gunnar. 2019. "Labeling Theory." Pp. 179-196 in *Handbook of Crime and Deviance* (2nd ed.), edited by M. D. Krohn, N. Hendrix, G. P. Hall, and A. J. Lizotte. Switzerland: Springer Nature.

Callard, Felicity, Pat Bracken, Anthony David, and Norman Sartorius. 2013. "Has Psychiatric Diagnosis Labelled Rather than Enabled Patients?" *BMJ* 347:f4312.

Cauce, Ana Mari, Melanie Domenech-Rodriguez, Matthew Paradise, Bryan N. Cochran, Jennifer Munyi Shea, Debra Srebnik, and Nazli Baydar. 2002. "Cultural and Contextual Influences in Mental Health Help Seeking: A Focus on Ethnic Minority Youth." *Journal of Consulting and Clinical Psychology* 70(1): 44-55.

Centers for Disease and Control. 2024. *Preventing Suicide*. Retrieved on May 1, 2024 (https://www.cdc.gov/suicide/pdf/NCIPC-Suicide-FactSheet-508_FINAL.pdf)

Copeland, William E., Dieter Wolke, Lilly Shanahan, and E. Jane Costello. 2015. "Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study." *JAMA Psychiatry* 72(9): 892-899.

Corrigan, Patrick W., Andrea B. Bink, Annie Schmidt, Nev Jones, and Nicolas Rüsch. 2016. "What is the Impact of Self-Stigma? Loss of Self-Respect and the 'Why Try' Effect." *Journal of Mental Health* 25(1): 10-15.

Corrigan, Patrick W., Jonathon E. Larson, and Nicolas Rüsch. 2009. "Self-Stigma and the 'Why Try' Effect: Impact on Life Goals and Evidence-Based Practices." *World*

Psychiatry 8(2): 75-81.

Côté, James E. 2006. “Emerging Adulthood as an Institutionalized Moratorium: Risks and Benefits to Identity Formation.” Pp. 85-116 in *Emerging Adults in America: Coming of Age in the 21st Century*, edited by J. J. Arnett and J. L. Tanner. American Psychological Association.

De Coster, Stacy, and Karen Heimer. 2001. “The Relationship Between Law Violation and Depression: An Interactionist Analysis.” 39(4): 799-836.

De Los Reyes, Andres, and Alan E. Kazdin. 2005. “Informant Discrepancies in the Assessment of Childhood Psychopathology: A Critical Review, Theoretical Framework, and Recommendations for Further Study.” *Psychological Bulletin* 131(4): 483-509.

De Los Reyes, Andres, Tara M. Augenstein, Mo Wang, Sarah A. Thomas, Deborah A. G. Drabick, Darcy E. Burgers, and Jill Rabinowitz. 2015. “The Validity of the Multi-Informant Approach to Assessing Child and Adolescent Mental Health.” *Psychological Bulletin* 141(4): 858-900.

DeLuca, Joseph S. 2020. “Conceptualizing Adolescent Mental Illness Stigma: Youth Stigma Development and Stigma Reduction Programs.” *Adolescent Research Review* 5: 153-171.

Elkington, Katherine S., Dusty Hackler, Karen McKinnon, Cristiane Borges, Eric R. Wright, and Milton L. Wainberg. 2012. “Perceived Mental Illness Stigma Among Youth in Psychiatric Outpatient Treatment.” *Journal of Adolescent Research* 27(2): 290-317.

Gecas, Viktor, and Peter J. Burke. 1995. “Self and Identity.” Pp. 41-67 in *Sociological Perspectives on Sociology Psychology*, edited by K. S. Cook, G. Fine, and J. S. House. Boston, MA: Allyn & Bacon.

Gove, Walter R. 1970. “Societal Reaction as an Explanation of Mental Illness: An Evaluation.” *American Sociological Review* 35(5): 873-884.

Gove, Walter R. 1975. “The Labelling Theory of Mental Illness: A Reply to Scheff.” *American Sociological Review* 40(2): 242-248.

Gove, Walter R. and Terry Fain. 1973. “The Stigma of Mental Hospitalization: An Attempt to Evaluate its Consequences.” *Archives of General Psychiatry* 29: 494-500.

Gulliver, Amelia, Kathleen M. Griffiths, and Helen Christensen. 2010. “Perceived

Barriers and Facilitators to Mental Health Help-Seeking in Young People: A Systematic Review." *BMC Psychiatry* 10: 113.

Harari, Lexi, Sharon S. Oselin, and Bruce G. Link. 2023. "The Power of Self-Labels: Examining Self-Esteem Consequences for Youth with Mental Health Problems." *Journal of Health and Social Behavior* 64(4): 578-592.

Hinshaw, Stephen P. 2005. "The Stigmatization of Mental Illness in Children and Parents: Developmental Issues, Family Concerns, and Research Needs." *Journal of Child Psychology and Psychiatry* 46(7): 714-734.

Hinshaw, Stephen P. 2007. *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change*. Oxford, UK: Oxford University Press.

Holmes, E. Paul, Patrick W. Corrigan, Princess Williams, Jeffrey Canar, and Mary Ann Kubiak. 1999. "Changing Attitudes About Schizophrenia." *Schizophrenia Bulletin* 25(3): 447-456.

Horsfield, Philip, Susanne Stolzenburg, Stefanie Hahm, Samuel Tomczyk, Holger Muehlan, Silke Schmidt, and Georg Schomerus. 2020. "Self-Labeling as Having a Mental or Physical Illness: The Effects of Stigma and Implications for Help-Seeking." *Social Psychiatry and Psychiatric Epidemiology* 55: 907-916.

Huber, Peter J. 1967. "The Behavior of Maximum Likelihood Estimates Under Nonstandard Conditions." *Proceedings of the Fifth Berkley Symposium on Mathematical Statistics and Probability, Volume I: Theory of Statistics.* University of California Press.

Iacobucci, Dawn, Neela Saldanha, and Xiaoyan Deng. 2007. "A Meditation on Mediation: Evidence that Structural Equation Models Perform Better than Regression." *Journal of Consumer Psychology* 17(2): 139-152.

Jenkins, Janis Hunter, and Elizabeth A. Carpenter-Song. 2009. "Awareness of Stigma Among Persons with Schizophrenia: Marking the Contexts of Lived Experience." *The Journal of Nervous and Mental Disease* 197(7): 520-529.

Jorm, Anthony F. 2012. "Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health." *American Psychologist* 67(3): 231-243.

Kadushin, Charles. 1958. "Individual Decisions to Undertake Psychotherapy." *Administrative Science Quarterly* 3(3): 379-411.

Kessler, Ronald C., G. Paul Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and T. Bedirhan Ustun. 2007. "Age of Onset of Mental Disorders: A Review of

Recent Literature." *Current Opinion in Psychiatry* 20(4): 359-64.

Keyes, Carly, Lizette Nolte, and Timothy I. Williams. 2018. "The Battle of Living with Obsessive Compulsive Disorder: A Qualitative Study of Young People's Experiences." *Child and Adolescent Mental Health* 23(3): 177-184.

Kim, Hee Chul. 2023. "Mediating Effect of Stigma on the Relationship Between Mental Health Literacy and Help-Seeking Attitudes Among University Students in South Korea." *International Journal of Mental Health* 52(2): 163-178.

Kranke, Derrick, Sally E. Jackson, Debbie A. Taylor, Joan Landguth, and Jerry Floersch. 2015. "'I'm Loving Life': Adolescents' Empowering Experiences of Living with a Mental Illness." *Qualitative Social Work* 14(1): 102-118.

Kravetz, Shlomo, Miriam Faust, and Michal David. 2000. "Accepting the Mental Illness Label, Perceived Control Over the Illness, and Quality of Life." *Psychiatric Rehabilitation Journal* 23(4): 323-332.

Kroska, Amy, and Sarah K. Harkness. 2011. "Coping with the Stigma of Mental Illness: Empirically-Grounded Hypotheses from Computer Simulations." *Social Forces* 89(4): 1315-1339.

Kroska, Amy, and Sarah K. Harkness. 2008. "Exploring the Role of Diagnosis in the Modified Labeling Theory of Mental Illness." *Social Psychology Quarterly* 71(2): 193-208.

Kroska, Amy, and Sarah K. Harkness. 2006. "Stigma Sentiments and Self-Meanings: Exploring the Modified Labeling Theory of Mental Illness." *Social Psychology Quarterly* 69(4): 325-348.

Kusaka, Sakurako, Satoshi Yamaguchi, Jerome Clifford Foo, Fumiharu Togo, and Tsukasa Sasaki. 2022. "Mental Health Literacy Programs for Parents of Adolescents: A Systematic Review." *Fronters in Psychology* 13: 816508.

Lal, Shalini, Valentin Nguyen, and Joanie Theriault. 2018. "Seeking Mental Health Information and Support Online: Experiences and Perspectives of Young People Receiving Treatment for First-Episode Psychosis." *Early Intervention in Psychiatry* 12(3): 324–30.

Leavey, Joann Elizabeth. 2005. "Youth Experiences of Living with Mental Health Problems: Emergence, Loss, Adaptation, and Recovery (ELAR)." *Canadian Journal of Community Mental Health* 24(2): 109-126.

Link, Bruce G. 1987. "Understanding Labeling Effects in the Area of Mental Disorders:

An Assessment of the Effects of Expectations of Rejection." *American Sociological Review* 52(1): 96-112.

Link, Bruce G., Francis T. Cullen, Elmer Struening, and Patrick E. Shrout. 1989. "A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment." *American Sociological Review* 54: 400-423.

Link, Bruce G., Jerrold Mirotznik, and Francis T. Cullen. 1991. "The Effectiveness of Stigma Coping Orientations: Can Negative Consequences of Mental Illness Labeling Be Avoided?" *Journal of Health and Social Behavior* 32(3): 302-320.

Link, Bruce G., Melissa J. DuPont-Reyes, Kay Barkin, Alice P. Villatoro, Jo C. Phelan, and Kris Painter. 2020. "A School-Based Intervention for Mental Illness Stigma: A Cluster Randomized Trial." *Pediatrics* 145(6): e20190780.

Link, Bruce G., and Jo C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology* 27: 363-385.

Little, Todd D., Terrence D. Jorgensen, Kyle M. Lang, and Moore, E. Whitney G. 2014. "On the Joys of Missing Data." *Journal of Pediatric Psychology* 39(2): 151-162.

Livingston, James D., and Jennifer E. Boyd. 2010. "Correlates and Consequences of Internalized Stigma for People Living with Mental Illness: A Systematic Review and Meta-Analysis." *Social Science & Medicine* 71(12): 2150-2161.

Luedicke, Joerg. 2023. *Causal Mediation Analysis Using Stata*. German Stata Conference 2023, Stata Users Group.

Marcussen, Kristen, Mary Gallagher, and Christian Ritter. 2019. "Mental Illness as a Stigmatized Identity." *Society and Mental Health* 9(2): 211-227.

Markowitz, Fred E. 2005. "Sociological Models of Mental Illness Stigma: Progress and Prospects." Pp. 129-144 in *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change*, edited by Patrick W. Corrigan. American Psychological Association.

Markowitz, Fred E. 2014. "Labeling Theory and Mental Illness." Pp. 45-62 in *Labeling Theory: Empirical Tests*, edited by D. P. Farrington and J. Murray. New Brunswick: Transaction

Markowitz, Fred E., Beth Angell, and Jan S. Greenberg. 2012. "Stigma, Reflected Appraisals, and Recovery Outcomes in Mental Illness." *Social Psychology Quarterly* 74(2): 144-165.

McCall, George J., and J. L. Simmons. 1966. *Identities and Interactions*. Free Press.

Mehmetoglu, Mehmet. 2017. *MEDSEM: Stata Module to Perform Mediation Analysis Using Structural Equation Modeling. Statistical Software Components S458300*. Boston, MA: Boston College Department of Economics.

Mogensen, Lise, and Jan Mason. 2015. "The Meaning of a Label for Teenagers Negotiating Identity: Experiences with Autism Spectrum Disorder." Pp. 83-97 in *Children, Health and Well-Being: Policy Debates and Lived Experiences*, edited by Brady, Geraldine, Pam Lowe, and Sonja O. Lauritzen. Chichester: John Wiley & Sons.

Moses, Tally. 2009. "Self-Labeling and its Effects Among Adolescents Diagnosed with Mental Disorders." *Social Science & Medicine* 68(3): 570-578.

Moses, Tally. 2010. "Being Treated Differently: Stigma Experiences with Family, Peers, and School Staff among Adolescents with Mental Health Disorders." *Social Science & Medicine* 70(7): 985-993.

Neuberg, Steven L., Dylan M. Smith, Jonna C. Hoffman, and Frank J. Russell. 1994. "When We Observe Stigmatized and 'Normal' Individuals Interacting: Stigma by Association." *Personality and Social Psychology Bulletin* 20(2): 196-209.

Nobre, Joana, Ana Paula Oliveira, Francisco Monteiro, Carlos Sequeira, and Carme Ferré-Grau. 2021. "Promotion of Mental Health Literacy in Adolescents: A Scoping Review." *International Journal of Environmental Research and Public Health*. 18(18): 9500.

Painter, Kirsten, Jo C. Phelan, Melissa J. DuPont-Reyes, Kay F. Barkin, Alice P. Villatoro, and Bruce G. Link. 2017. "Evaluation of Antistigma Interventions with Sixth-Grade Students: A School-Based Field Experiment." *Psychiatric Services* 68(4): 345-52.

Pearlin, Leonard I., and Carmi School. 1978. "The Structure of Coping." *Journal of Health and Social Behavior* 19(1): 2-21.

O'Connor, Cliodhna, Irini Kadianaki, Kristen Maunder, and Fiona McNicholas. 2018. "How Does Psychiatric Diagnosis Affect Young People's Self-Concept and Social Identity? A Systematic Review and Synthesis of the Qualitative Literature." *Social Science & Medicine* 212: 94-119.

Ohan, Jeneva L., Troy A. W. Visser, Rachael G. Moss, and Nicholas B. Allen. 2013. "Parents' Stigmatizing Attitudes Toward Psychiatric Labels for ADHD and Depression." *Psychiatric Services* 64(12): 1270-1273.

Qin, Sang, Patrick W. Corrigan, Maria Margaglione, and Andrew Smith. 2023. "Self-Stigma's Effect on Psychosocial Functioning Among People with Mental Illness." *Journal of Nervous and Mental Disease* 211(10): 764-771.

Reardon, Tessa, Kate Harvey, Magdalena Baranowska, Doireann O'Brien, Lydia Smith, and Cathy Creswell. 2017. "What Do Parents Perceive are the Barriers and Facilitators to Accessing Psychological Treatment for Mental Health Problems in Children and Adolescents? A Systematic Review of Qualitative and Quantitative Studies." *European Child & Adolescent Psychiatry* 26: 623-647.

Reddy, M. S. 2016. "Lack of Insight in Psychiatric Illness: A Critical Appraisal." *Indian Journal of Psychological* Medicine 38(3): 169-71.

Rosenberg, Morris. 1985. "Rosenberg Self-Esteem Scale (RSE)." *Acceptance and Commitment Theory. Measures Package*, 61(52): 18.

Rickwood, Debra, and Jessica Ferry. 2018. "The Effect of Identity Self-Discrepancies on Psychological Distress for Emerging Adults with Mental Ill-Health." *Journal of Recovery in Mental Health* 2(1): 7-21.

Rickwood, Debra J., Frank P. Deane, and Coralie J. Wilson. 2007. "When and How do Young People Seek Professional Help for Mental Health Problems?" *The Medical Journal of Australia* 187(S7): S35-S39.

Rickwood, Debra. 2020. "Help-Seeking in Young People." Pp. 35–52 in Youth Mental Health: Approaches to Emerging Mental Ill-Health in Young People, edited by A. R. Young, P. D. McGorry, and J. Cotter. London: Routledge.

Rickwood, Debra. 2022. "Help-Seeking." Pp. 75-89 in *Understanding Youth Mental Health: Perspectives from Theory and Practice*, edited by E. Hennessy, C. Heary, and M. Michail. Open University Press.

Rüsch, Nicolas, Karsten Heekeren, Anastasia Theodoridou, Diane Dvorsky, Mario Müller, Tobias Paust, Patrick W. Corrigan, Susanne Walitza, and Wulf Rössler. 2013. "Attitudes Towards Help-Seeking and Stigma Among Young People with Psychosis." *Psychiatry Research* 210(3): 1313-1315.

Rüsch, Nicolas, Mario Müller, Karsten Heekeren, Anastasia Theodoridou, Sibylle Metzler, Diane Dvorsky, Patrick W. Corrigan, Susanne Walitza, and Wulf Rössler. 2014b. "Longitudinal Course of Self-Labeling, Stigma Stress and Well-Being Among Young People at Risk of Psychosis." *Schizophrenia Research* 158: 1-3: 82-84.

Rüsch, Nicolas, Patrick W. Corrigan, Karsten Heekeren, Anastasia Theodoridou, Diane Dvorsky, Sibylle Metzler, Mario Müller, Susanne Walitza, and Wulf Rössler. 2014a. "Well-Being Among Persons At Risk of Psychosis: The Role of Self-Labeling, Shame, and Stigma Stress." *Psychiatric Services* 65(4): 483-489.

Saunders, Stephen M., and Nicholas W. Bowersox. 2007. "The Process of Seeking Treatment for Mental Health Problems." *Mental Health and Learning Disabilities Research and Practice* 4(2): 99-123

Shaffer, David, Prudence Fisher, Christopher P. Lucas, Mina K. Dulcan, and Mary E. Schwab-Stone. 2000. "NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, Differences from Previous Versions, and Reliability of Some Common Diagnoses." *Journal of the American Academy of Children and Adolescent Psychiatry* 39(1): 28-38.

Scheff, Thomas J. 1966. *Being Mentally Ill: A Sociological Theory.* New Brunswick, NJ: Transaction Publishers.

Seedaket, Saowaluk, Niruwan Turnbull, Teerasak Phajan, and Ausanee Wanchai. 2020. "Improving Mental Health Literacy in Adolescents: Systematic Review of Supporting Intervention Studies." *Tropical Medicine and International Health* 25(9): 1055-1064.

Singh, Sarbhan, Rafdzah Ahmad Zaki, and Nik Daliana Nik Farid. 2019. "A Systematic Review of Depression Literacy: Knowledge, Help-Seeking, and Stigmatising Attitudes Among Adolescents." *Journal of Adolescence* 74: 154-172.

Solmi, Marco, Joaquim Radua, Miriam Olivola, Enrico Croce, Livia Soardo, Gonzalo Salazar de Pablo, Jae Il Shin, James B. Kirkbride, Peter Jones, Jae Han Kim, Jong Yeob Kim, Andrè F. Carvalho, Mary V. Seeman, Christopher U. Correll, and Paolo Fusar-Poli. 2022. "Age at Onset of Mental Disorders Worldwide: Large-Scale Meta-Analysis of 192 Epidemiological Studies." *Molecular Psychiatry* 27: 281-295.

StataCorp. 2023. *Stata Statistical Software: Release 18*. College Station, TX: StataCorp LLC.

Steinberg, Laurence, and Amanda S. Morris. 2001. "Adolescent Development." *Annual Review of Psychology* 52: 83-110.

Stiffman, Arlene Rubin, Bernice Pescosolido, and Leopoldo J. Cabassa. 2004. "Building a Model to Understand Youth Service Access: The Gateway Provider Model." *Mental Health Services Research* 6(4): 189-198.

Thoits, Peggy A. 2016. "'I'm Not Mentally Ill': Identity Deflection as a Form of Stigma Resistance." *Journal of Health and Social Behavior* 57(2): 135-151.

Thoits, Peggy A. 2011. "Resisting the Stigma of Mental Illness." *Social Psychology Quarterly* 74(1): 6-28.

Thoits, Peggy A. 1985. "Self-Labeling Processes in Mental Illness: The Role of Emotional Deviance." *American Journal of Sociology* 91(2): 221-249.

Van Petegem, Stijn, Wim Beyers, Maarten Vansteenkiste, and Bart Soenens. 2012. "On the Association Between Adolescent Autonomy and Psychosocial Functioning: Examining Decisional Independence from a Self-Determination Theory Perspective." *Developmental Psychology* 48(1): 76-88.

Villatoro, Alice P., Melissa J. DuPont-Reyes, Jo C. Phelan, and Bruce G. Link. 2022. "'Me' Versus 'Them': How Mental Illness Stigma Influences Adolescent Help-Seeking Behaviors for Oneself and Recommendations for Peers." *Stigma and Health* 7(3): 300-310.

Werkhoven, Sander, Joel H. Anderson, and Ingrid A. Robeyns. 2022. "Who Benefits from Diagnostic Labels for Developmental Disorders?" *Developmental Medicine & Child Neurology* 64(8): 944-949.

White, Halbert. 1982. "Maximum Likelihood Estimation of Misspecified Models." *Econometrica* 50(1): 1-25.

Whitney, Daniel G., and Mark D. Peterson. 2019. "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children." *JAMA Pediatrics* 173(4): 389-391.

World Health Organization. 2021. "Mental Health of Adolescents." Retrieved Feb 27, 2024 (https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health)

Xu, Ziyan, Mario Müller, Karsten Heekeren, Anastasia Theodoridou, Diane Dvorsky, Sibylle Metzler, Alison Brabban, Patrick W. Corrigan, Susanne Walitza, Wulf Rössler, and Nicolas Rüsch. 2016. "Self-Labelling and Stigma as Predictors of Attitudes Towards Help-Seeking among People at Risk of Psychosis: 1-Year Follow-Up." *European Archives of Psychiatry and Clinical Neuroscience* 266: 79-82.

Zhao, Xinshu, John G. Lynch, and Qimei Chen. 2010. "Reconsidering Baron and Kenny: Myths and Truths about Mediation Analysis." *Journal of Consumer Research* 37(2): 197-206.

Zimmerbeck, Melanie J., and W. Andrew Collins. 2006. "Autonomy Development During Adolescents." Pp. 175-204 in *Blackwell Handbook of Adolescence*, edited by Gerald R. Adams and Michael D. Berzonsky. Oxford, UK: Blackwell.

Table 3.1. Descriptive Statistics (Mean [SD] or %) of Variables by Labeling Group at Beginning of Follow-Up, Texas Stigma Study High-Symptom Subsample (n = 218)

	No labels (n = 82)	Discordant self-labels (n = 36)	Discordant parental labels (n = 52)	Concordant labels (n = 36)	Total sample (n = 218)	Statistical Test
Help-seeking behaviors (%)						
Formal help-seeking	23%	14%	14%	50%[a]	23%	LR $\chi^2(3)$=16.16, $p < .001$
Informal help-seeking	17%	15%	8%	33%[a]	17%	LR $\chi^2(3)$=9.20, $p < .05$
School-based help-seeking	2%	3%	10%	11%	6%	LR $\chi^2(3)$=5.54, n.s.
Self-concept (1-4)	2.82 (.06)	2.44[a] (.11)	2.76 (.08)	2.59[a] (.10)	2.70 (.58)	F(3)=4.24, $p < .01$
Age (11-14 years)	11.51 (.57)	11.60 (.55)	11.36 (.60)	11.3 (.48)	11.46 (.56)	F(3)=2.05, n.s.
Race/ethnicity (%)						LR $\chi^2(6)$=18.87, $p < .01$
White/Other	19%	34%[a]	36%[a]	56%[a]	33%	
Black	27%	26%	30%	22%	26%	
Latino	54%	40%	34%[a]	22%[a]	41%	
Gender (1 = female)	59%	53%	48%	44%	52%	LR $\chi^2(3)$=2.55, n.s.
Language spoken at home (1 = Spanish/other)	37%	31%	18%[a]	11%[a]	27%	LR $\chi^2(3)$=11.72, $p < .01$
Mental illness familiarity (0-1)	.31 (.32)	.27 (.27)	.28 (.29)	.37 (.33)	.31 (.31)	F(3)=0.81, n.s.
Caretaker's education (%)						LR $\chi^2(9)$=33.90, $p < .001$
Less than high school	28%	6%[a]	14%[a]	0%[a]	16%	
High school diploma/GED	27%	25%	14%	12%[a]	21%	
Some college	33%	50%	43%	50%	40%	
Bachelor's degree or higher	12%	19%	29%[a]	38%[a]	24%	
Intervention (%)						
Curriculum only	43%	47%	50%	61%	50%	LR $\chi^2(3)$=3.49, n.s.
Contact only	51%	50%	50%	28%	45%	LR $\chi^2(3)$=6.30, n.s.
Materials only	35%	44%	31%	33%	34%	LR $\chi^2(3)$=1.81, n.s.

[a] Denotes whether an overall statistically significant difference was found from t tests comparing non-labelers and each labeling group at $p < .05$

Note: LR = likelihood ratio

Table 3.2. Descriptive Statistics (Mean [SD or %) of Variables by Labeling Group at Beginning of Follow-Up, Texas Stigma Study, No/Moderate Symptom Subsample (n = 198)

	No labels (n = 124)	Discordant self-labels (n = 15)	Discordant parental labels (n = 39)	Concordant labels (n = 13)	Total sample (n = 198)	Statistical Test
Help-seeking behaviors (%)						
Formal help-seeking	10%	20%	11%	46%[a]	13%	LR $\chi^2(3)$=10.45, $p < .05$
Informal help-seeking	11%	13%	5%	15%	10%	LR $\chi^2(3)$=1.60, n.s.
School-based help-seeking	7%	13%	5%	0%	7%	LR $\chi^2(3)$=0.87, n.s.
Self-concept (1-4)	3.06 (.05)	2.91 (.18)	2.93 (.10)	2.66 (.15)	3.01 (.58)	F(3)=2.21, n.s.
Age (11-14 years)	11.51 (.56)	11.53 (.52)	11.68 (.53)	11.31 (.48)	11.51 (.57)	F(3)=1.75, n.s.
Race/ethnicity (%)						LR $\chi^2(6)$=19.53, $p < .01$
White/Other	31%	26%	44%	62%[a]	35%	
Black	12%	47%[a]	24%[a]	15%	18%	
Latino	57%	27%[a]	32%[a]	23%[a]	47%	
Gender (1 = female)	56%	80%	62%	69%	60%	LR $\chi^2(3)$=4.22, n.s.
Language spoken at home (1 = Spanish/other)	48%	27%	24%[a]	8%[a]	38%	LR $\chi^2(3)$=15.29, $p < .01$
Mental illness familiarity (0-1)	22%	33%	22%	26%	23%	F(3)=1.03, n.s.
Caretaker's education (%)						LR $\chi^2(9)$=16.02, n.s.
Less than high school	22%	13%	19%	8%	19%	
High school diploma/GED	33%	27%	19%	23%	28%	
Some college	26%	53%	22%	54%	30%	
Bachelor's degree or higher	20%	7%	39%	15%	23%	
Intervention (%)						
Curriculum only	31%	67%[a]	41%	62%[a]	40%	LR $\chi^2(3)$=10.44, $p < .05$
Contact only	52%	40%	54%	23%	49%	LR $\chi^2(3)$=4.89, n.s.
Materials only	40%	40%	31%	15%	36%	LR $\chi^2(3)$=4.27, n.s.

[a] Denotes whether an overall statistically significant difference was found from *t* tests comparing non-labelers and each labeling group at $p < .05$

Note: LR = likelihood ratio

Table 3.3. Mediation Analysis Modeling Self-concept as a Mediator in the Associations Between Mental Illness Labels and Formal Help-Seeking

	Total Effect	Direct Effect	Indirect Effects				
	Mental illness label→Formal help-seeking		Mental illness label→Self-concept→Formal help-seeking	CI 95%	Standard error	Mediation %	Mediation type
High-Symptom Adolescents (Obs = 628, $N = 280$)							
Discordant self-label	-.01	-.02	.01	[-.007, .039]	.01	-	None
Discordant parental label	-.07	-.07†	.00	[-.006, .010]	.01	-	None
Concordant labels	.28	.27***	.01	[-.005, .034]	.01	-	None
No/Moderate-Symptom Adolescents (Obs = 700, $N = 300$)							
Discordant self-label	.03	.03	.01	[-.008, .030]	.01	-	None
Discordant parental label	.00	-.01	.01	[-.007, .034]	.01	-	None
Concordant labels	.20	.17*	.03*	[.007, .049]	.01	13%	Partial

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

Table 3.4. Standardized Path Coefficients from Structural Equation Models Predicting Formal Help-Seeking

Variables	**X → Y**		**X → M**		**M → Y**	
	β	**90% CI**	***β***	**90% CI**	***β***	**90% CI**
High-Symptom Adolescents (Obs = 628, *N* = 280)						
Discordant self-label	.00	[-0.08, 0.09]	-.20***	[-0.29, -0.11]	-.11**	[-0.18, -0.04]
Discordant parental label	-	-	-	-	-	-
Concordant labels	.13*	[0.04, 0.22]	-.17**	[-0.26, -0.07]	-.11**	[-0.18, -0.04]
No/Moderate-Symptom Adolescents (Obs = 700, *N* = 300)						
Discordant self-label	-	-	-	-	-	-
Discordant parental label	-	-	-	-	-	-
Concordant labels	-	-	-			

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

Table 3.5. Mediation Analysis Modeling Self-concept as a Mediator in the Associations Between Mental Illness Labels and Informal Help-Seeking

	Total Effect	Direct Effect	Indirect Effects				
		Mental illness label→Informal help-seeking	Mental illness label→Self-concept→Informal help-seeking	CI 95%	Standard error	Mediation %	Mediation type
High-Symptom Adolescents (Obs = 628, N = 280)							
Discordant self-label	.06	.03	.03*	[.009, .060]	.01	50%	Full
Discordant parental label	-.07	-.07*	.00	[-.011, .018]	.01	-	None
Concordant labels	.19	.16**	.03*	[.005, .053]	.01	13%	Partial
No/Moderate-Symptom Adolescents (Obs = 700, N = 300)							
Discordant self-label	.08	.07	.01	[-.005, .022]	.01	-	None
Discordant parental label	.01	.00	.01	[-.003, .018]	.01	-	None
Concordant labels	.07	.06	.02†	[.001, 0.034]	.01	-	Partial

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

Table 3.6. Standardized Path Coefficients from Structural Equation Models Predicting Informal Help-Seeking

Variables	**X → Y**		**X → M**		**M → Y**	
	β	**90% CI**	***β***	**90% CI**	***β***	**90% CI**
High-Symptom Adolescents (Obs = 628, *N* = 280)						
Discordant self-label	.02	[-0.05, 0.09]	-.20***	[-0.29, -0.11]	-0.15**	[-0.23, -0.07]
Discordant parental label	-	-	-	-	-	-
Concordant labels	.16**	[0.07, 0.25]	-.17*	[-0.26, -0.07]	-0.15**	[-0.23, -0.07]
No/Moderate-Symptom Adolescents (Obs = 700, *N* = 300)						
Discordant self-label	-	-	-	-	-	-
Discordant parental label	-	-	-	-	-	-
Concordant labels	.06	[-0.03, 0.15]	-.14***	[-0.21, -0.07]	-.11*	[-0.19, -0.03]

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

Table 3.7. Mediation Analysis Modeling Self-concept as a Mediator in the Associations Between Mental Illness Labels and School-Based Help-Seeking

	Total Effect	Direct Effect	Indirect Effects				
		Mental illness label→School-based help-seeking	Mental illness label→Self-concept→School-based help-seeking	CI 95%	Standard error	Mediation %	Mediation type
High-Symptom Adolescents (Obs = 628, N = 280)							
Discordant self-label	.02	.00	.02*	[.005, .047]	.01	94%	Full
Discordant parental label	.03	.03	.00	[-.008, .013]	.01	-	None
Concordant labels	.15	.13*	.02†	[-.010, .032]	.01	13%	Partial
No/Moderate-Symptom Adolescents (Obs = 700, N = 300)							
Discordant self-label	.04	.04	.00	[-.004, .016]	.01	-	None
Discordant parental label	-.01	-.02	.00	[-.004, .019]	.01	-	None
Concordant labels	.02	.01	.01	[-.006, .028]	.01	-	None

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

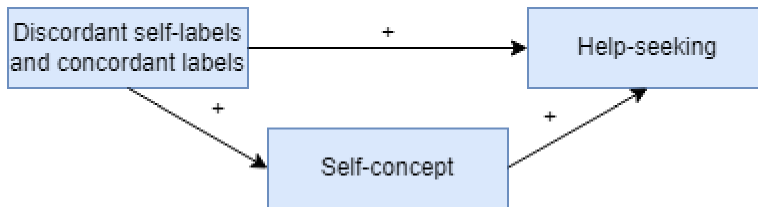
Table 3.8. Standardized Path Coefficients from Structural Equation Models Predicting School-Based Help-Seeking

Variables	X → Y		X → M		M → Y	
	β	**90% CI**	***β***	**90% CI**	***β***	**90% CI**
High-Symptom Adolescents (Obs = 628, *N* = 280)						
Discordant self-label	.00	[-0.08, 0.09]	-.20***	[-0.29, -0.11]	-.11**	[-0.18, -0.04]
Discordant parental label	-	-	-	-	-	-
Concordant labels	.13*	[0.04, 0.22]	-.17**	[-0.26, -0.07]	-.11**	[-0.18, -0.04]
No/Moderate-Symptom Adolescents (Obs = 700, *N* = 300)						
Discordant self-label	-	-	-	-	-	-
Discordant parental label	-	-	-	-	-	-
Concordant labels	-	-	-			

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

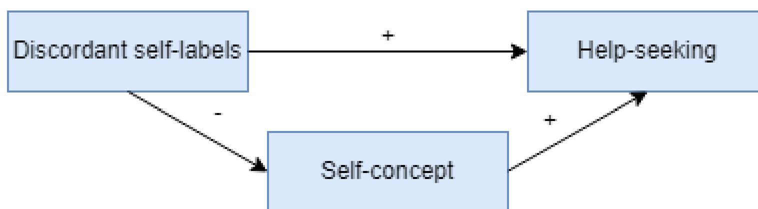
Figure 3.1. Presentation of Hypotheses Generated by the Insight and Outsight Perspectives

A. Insight perspective (H_1)

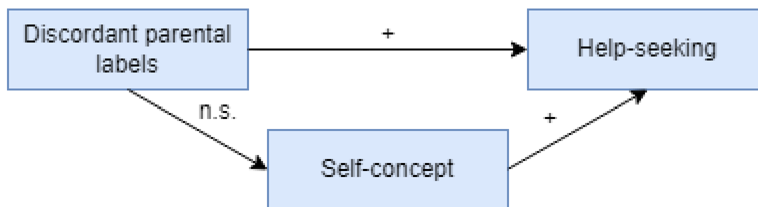


B. Outsight perspective

H_{2A}. Discordant self-labels



H_{2B}. Discordant parental labels



H_{2C}. Concordant labels

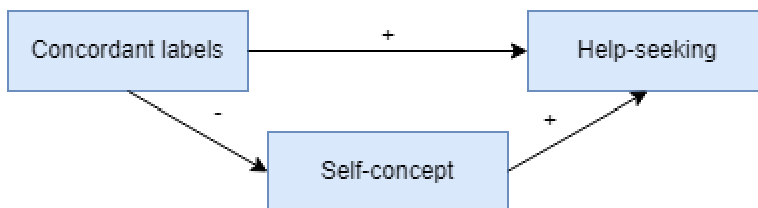
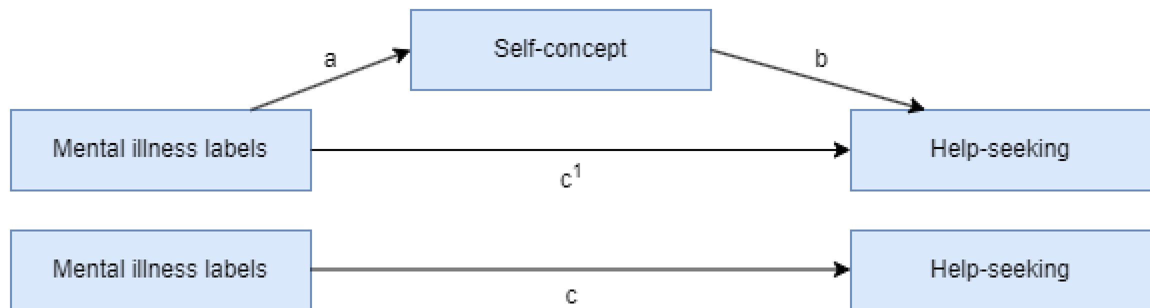


Figure 3.2. Conceptual Model for Modeling Self-Concept as a Mediator Between Mental Illness Labels and Help-Seeking Behaviors



Note: Path *a* denotes the relationship between mental illness labels and self-concept. Path *b* denotes the relationship between self-concept and help-seeking behaviors. Path c^1 denotes the relationship between mental illness labels and help-seeking behaviors when including self-concept is modeled as a mediator. $a * b$ calculates the indirect effect while $a * b + c^1$ calculates the total effect.

SUPPLEMENTARY MATERIALS

sTable 3.1: Sensitivity Analysis of Indirect Effects from Causal Mediation Models

Labeling Group	Natural Indirect Effect of Self-Concept		
	Formal Obs=517; N=244	Informal Obs=519; N=245	School-based Obs=518; *N*=245
Discordant self-labels	.01	.03*	.01†
Discordant parental-labels	.00	.00	.00
Concordant labels	.01	.03*	.02†

Note: All models are adjusted for child's age, race/ethnicity, gender, familiarity with mental illness, caretaker's educational status, language spoken in the child's home, intervention assignment, symptoms, and time.

CHAPTER 4: CONCLUSION

Concerns surrounding the large proportion of young people with untreated mental illness continue to grow, with many likening it to an "epidemic" and a "crisis." These concerns take on added importance when considering the adverse outcomes adolescents with untreated mental health problems are vulnerable to, including disturbingly high rates of self-harm and suicide (Kuehn 2005; Patel et al. 2007; World Health Organization [WHO] 2021). In response, scholars from a wide swath of disciplines, including public health and sociology, have sought to unravel the factors that either promote or inhibit help-seeking for this age group. One such factor that has received significant scholarly attention from both public mental health and sociologically oriented researchers is the proper identification, or labeling, of mental illness (Jorm 2012; Link et al. 1989)

Summary of the Perspectives and Findings

A public mental health (PMH) approach to treating mental illness claims that labeling mental illness is beneficial for help-seeking by virtue of identifying a mental health problem that warrants help or treatment as a reasonable solution. This is also known as developing "insight" into one's mental illness. According to this perspective, the cultivation of insight engenders an empowering and hopeful experience that can restore a self-concept previously fragmented by experiencing anomalous symptoms of an unknown origin. Moreover, labeling mental illness allows adolescents to be absolved of blame for the symptoms they experience as they pinpoint a legitimate condition as the origin of their symptoms rather than oneself or being "mad" (Keyes, Nolte, and Williams 2018). In contrast, a sociologically oriented outsight perspective has a sharper focus on

how the stigma associated with mental illness labels can undermine help-seeking through its potentially deleterious consequences for self-concept (Harari, Oselin, and Link 2023). It could be that the negative stereotypes associated with such labels (inadequate, worthless, incompetent) reduce adolescents' self-worth and self-efficacy, engendering a decreased willingness to engage in help-seeking (Corrigan, Larson, and Rüsch 2009).

With these two opposing perspectives in mind, the goal of this dissertation was twofold. First, the second chapter investigated the direct relationships between mental illness labels and three distinct but important outcomes for adolescents: formal, informal, and school-based help-seeking. To reflect the nuanced ways in which adolescents experience labels, there was a specific focus on whether labels occurred independently of one another (discordant self- or parental labels) or co-occurred (concordant labels). Second, the third chapter's overarching objective was to adjudicate between the inisght and outsight perspectives described above. Here, self-concept's role as a mediating variable between con/discordant labels and help-seeking was investigated. In both chapters, highly symptomatic adolescents were of primary interest since they are among those that would most strongly benefit from help-seeking, but experience the highest rates of unmet need (Gulliver, Griffiths, and Christensen 2010).

Chapter 2 revealed that, contrary to a PMH perspective, some types of labels—such as self-labels that occur independently of a parental label—are largely inconsequential for help-seeking. On the other hand, parental labels, widely touted to be among the most important first steps in help-seeking by those adhering to a PMH perspective (Reardon et al. 2017; Rickwood 2020; Stiffman, Pescosolido, and Cabassa

2004), could undermine help-seeking if they occur in the absence of a self-label. Ultimately, it is only the concordance of these labels, or self-labels and parental labels co-occurring at similar times, that increases adolescent help-seeking. These findings add an overlooked but important element of adolescents' experiences with mental illness labels to existing PMH perspectives. Specifically, the benefits of labels do not arise unless parents and their adolescent children develop a shared understanding that a mental health problem exists and that seeking help or treatment is a reasonable solution. Overall, these findings highlight the specific scenarios in which mental illness labels may be beneficial or harmful for adolescents' help-seeking decisions.

Chapter 3 expands on these relationships by assessing the potential mediating role of adolescents' self-concept. Self-concept either fully or partially mediated the associations between discordant self-labels and concordant labels and two types of help-seeking: informal and school-based. Adolescents' self-concept was significantly harmed by these labels, but the findings reveal that this is not entirely disadvantageous; rather, labels' benefits for help-seeking appear to be at least partially driven by these damaging effects to self-concept. This finding was unexpected and is not fully supported by either an insight or outsight perspective. Instead, it seems that a combination of these perspectives is at play. That is, mental illness labels do significantly erode adolescents' self-concept presumably due to stigma; yet it is these very negative feelings about one's self-worth and self-efficacy that compel adolescents to seek help for the mental health problems they experience.

Implications for a Public Mental Health Approach: Alternative Pathways to Help-Seeking

Chapter 2 provides a PMH-oriented investigation into the effects of mental illness labels. The most notable finding arose from the strong benefits of concordant labels, while discordant labels were either inconsequential or even harmful, for adolescent help-seeking. These findings directly inform the PMH perspective's emphasis on cultivating mental health literacy (MHL) among adolescents and parents as a way to promote help-seeking. MHL comprises the knowledge and attitudes needed to appropriately label mental illness, its symptoms, and treatment options (Jorm 2012). In this vein, cultivating MHL among young people is seen as a pivotal step in improving the high rates of unmet need among this age group (Nobre et al. 2021).

PMH researchers have thus far neglected the potential significance of cultivating MHL among both adolescents and their parents concurrently. In fact, the vast majority of interventions and studies that take MHL or barriers to help-seeking as their core focus do not involve parents (Aguirre-Velasco et al. 2020). The findings presented here point to the possibility that underdeveloped MHL is only one part of the issue – it is also a lack of *shared* MHL between parent and child that inhibits help-seeking. It is critical that both adolescents and their parents similarly label a child's mental health problem concurrently; otherwise, help-seeking could be undermined.

Conceptualizations of MHL could benefit from considering the importance of its cultivation among multiple family members. Separately targeting adolescents or parents at disparate times could prove detrimental to adolescents' help-seeking efforts, especially if it leads parents to label their child before the child is ready to endorse such an identification. This contention is supported by studies that find child-parent discrepancies

in the identification of the child's mental health problem leads to poor treatment outcomes (Becker-Haimes et al. 2018; Brookman-Frazee et al. 2008; Goolsby et al. 2018). The newly introduced idea of developing mental health literacy for supporting children (MHLSC) among parents is a step in the right direction (Hart et al. 2023), but care should be taken to ensure that this involves the active development of MHL among children at similar times. Reimagining MHL as a family-level variable could lead to new help-seeking models and interventions that include the active involvement of both adolescents, parents, and potentially other family members.

Findings from Chapter 3 suggest that an acknowledgement of stigma should be a more salient feature of PMH-inspired help-seeking models and interventions. Exposure to stigma should not merely be viewed as a potential obstacle that will eventually be overcome (e.g., Saunders and Bowersox 2008). Rather, it should be better recognized as an inevitable consequence of help-seeking since it is embedded within the first steps of the help-seeking process itself (labeling). Recent interventions that aim to improve help-seeking for adolescents have begun to implement curriculums that assist young people in managing stigma (Wei et al. 2015). Yet, these interventions are limited by using widely differing definitions of stigma and stigma measures, as well as a lack of focus on internalized stigma, or the "self-experience of unpleasant feelings about mental illness" that may interfere with adolescents' recovery efforts (Wei et al. 2015: 14). In this vein, help-seeking models and interventions should always provide guidance for how adolescents can manage different aspects of stigma and its specific effects on self-concept and psychological well-being.

Perhaps most importantly, the findings presented here lead us to consider whether labels' beneficial effects for help-seeking occur only because they significantly undermine adolescents' self-concept. Is the desire to remedy labels' negative consequences for self-worth and self-efficacy the mechanism that drives adolescents to seek help? If so, this is likely not a sustainable pathway to help-seeking for this age group. Damaging self-concept when one's identity is still developing and malleable can have seriously negative implications for a healthy transition to adulthood (Kuehn 2005; Patel et al. 2007). It is not unreasonable to assume, then, that labels are beneficial in that they compel adolescents to seek help in the short-term but could negatively impact recovery prospects in the long-term. These considerations inevitably lead to the question: are there alternative ways of promoting help-seeking, other than labeling, that do not incur harmful consequences for adolescents' psychological well-being? There have been multiple calls to either dismantle or decrease the reliance on mental illness labels as the primary gateway to help-seeking and treatment (see, for example Insel 2022). This alerts us to the fact that there could be other ways of acknowledging and treating young people's mental health problems that do not rely on the use of stigmatizing labels.

There is some promising work in this regard. For instance, some newly proposed frameworks have a sharper focus on symptoms or patterns of symptoms—especially those that people find to be distressing and how best to remedy them—rather than diagnostic or psychiatric labels (e.g., Johnstone and Boyle 2018; Mittal et al. 2015; Weiste et al. 2021). By excluding mention of psychiatric labels, the individual is better able to develop a sense of self as a whole and autonomous person that is not defined by a

mental health problem. As help-seeking models and interventions continue to rely on labels, however, it is unknown whether these alternatives are effective, especially among adolescents.

Implications for Sociological Perspectives: Reimagining the Consequences of Stigma and Stigma Resistance

Findings from Chapter 3 revealed that labels' benefits for help-seeking partially stem from a severe blow to adolescents' self-concept. On its own, this finding partially supports an outsight perspective which claims that, once a mental illness label becomes affixed, adolescents are likely to consider how others might respond to them on the basis of their newly applied label, and, as a result, their self-concept will suffer (Harari et al. 2023). The idea that this process leads to increased help-seeking, however, diverges from an outsight perspective and thus challenges conventional sociological thinking about labeling processes. Labels have historically been viewed in a negative light – as marks of "deviance" that set those so labeled apart from others and can lead to exposure to discrimination, prejudice, and other adverse outcomes (Scheff 1966). The findings here highlight that, in some contexts, labels' consequences are not so clear-cut – they are neither solely advantageous nor harmful for adolescents' initial help-seeking decisions. While some labels are beneficial in that they promote help-seeking, this occurs partially because they make adolescents "feel bad" about their self-worth and self-efficacy.

These findings are difficult to interpret through the lens of a solely sociological perspective and its predominantly negative treatment of labels. Instead, this dissertation provides empirical evidence that labels can be a "double-edged sword" or a "package deal" that lead to confrontation with stigma but also help for adolescents specifically

(Link and Phelan 2013). In light of this, an integration of PMH/insight and outsight perspectives might better illuminate the unique ways in which adolescents experience mental illness, labels, and associated stigma. This could generate a more well-rounded consideration of the variegated consequences stigma has for this age group.

Finally, it is worth noting that discordant parental labels, while not leading to increased help-seeking behaviors, do not significantly harm adolescents' self-concept. An outsight perspective claims that adolescents might refute their parents' identification of them as "mentally ill" as a way to resist stigma and preserve self-concept (Harari et al. 2023; Thoits 2011, 2016). However, this points to certain stigma resistance strategies being protective of adolescents' self-concept on the one hand, but detrimental to help-seeking on the other. Similar patterns have been found among officially labeled adults, whose coping strategies used to manage labels and stigma have the opposite of the intended effect by engendering negative, rather than positive, outcomes (Link et al. 1989; Link, Mirotznik, and Cullen 1991). Additional research investigating how specific stigma resistance strategies could inadvertently impede adolescents' recovery efforts is a fruitful area for future search. This could inform help-seeking models and interventions in implementing beneficial stigma resistance strategies that assist young people in achieving recovery-oriented outcomes.

Limitations and Directions for Future Research

Some limitations are worth noting. First and foremost, the Texas Stigma Study originates from youths and their parents in one school district in Texas. Although this could point to an inability to generalize to adolescents more broadly, the sample was diverse with

respect to race/ethnicity, gender, socioeconomic status, and other characteristics. Moreover, the damaging effects of mental illness labels for psychological well-being have been found in representative and more age-diverse clinical samples (e.g., Davis et al. 2020; Thoits 2016), indicating that some of the processes found here are likely to be relevant for broader populations. Regardless, the mediating role of self-concept in the association between mental illness labels and help-seeking needs further consideration. The conclusions drawn here could be made more definitive if replicated using other samples.

Second, it is a possibility that discordant parental labels did not have a significant effect on adolescents' self-concept because adolescents in this sample were unaware that their parents had labeled them. This speaks to a limitation of the data itself – adolescents were not asked whether they had knowledge of their parents' appraisals of them as someone with a mental health problem. Still, the focus of each empirical chapter was on highly symptomatic adolescents who reported a minimum of 7 distinct and noticeable symptoms, such as hyperactivity, getting into trouble, and irritability. I speculate that both parent and adolescent were aware that a mental health problem was likely the cause for these symptoms, but that adolescents' self-concept was protected by consciously refuting their parent's identification of them as someone with a mental health problem (Thoits 2011, 2016). Future research, especially using qualitative methods, could address the dynamics underlying parent-child discordance in mental illness labels and how they could contribute to a decreased willingness to seek help.

Third, Chapter 3's findings presume that it is the stigmatizing nature of mental

illness labels that generates negative consequences for self-concept, although stigma and stereotypes were not measured. It might be a reasonable assumption, however, that adolescents are well aware of the pervasive stigma associated with the illnesses that they label with. Indeed, negative stereotypes are learned as part of normative cognitive development before adolescence is even reached (Wahl 2002). It could very well be that the negative consequences to self-concept found here emanate from the stigma associated with mental illness labels. Similar analyses in the future might want to directly measure adolescents' awareness and/or endorsement of stigma so as to provide a more definitive test of sociological perspectives and theories.

Fourth, the effect sizes found in the mediation analyses were quite small, ranging from .02 to .03. Yet, these indirect effects were still statistically significant and, because of their implications for the large number of young people with untreated mental illness, they are worth reporting. Again, future research with larger samples (and, by extension, more statistical power) should attempt to replicate these findings to lend more credibility to the conclusions drawn here regarding the mediating role of self-concept.

Fifth, the findings from both empirical chapters point to discordant labels being a disadvantageous circumstance for adolescents. Indeed, discordant self-labels had no effect on help-seeking, while discordant parental labels may harm adolescents' willingness to seek both formal and informal sources of support. It could be, though, that discordant labels—whether self- or parental—precede concordant labels, which have strong benefits for help-seeking. If this were the case, then discordant labels may not necessarily be inconsequential nor harmful for adolescents' help-seeking. Rather, they

could serve as a step that precedes concordant labels – that is, a shared understanding between child and parent that a mental health problem exists, and that help-seeking is an appropriate solution. Still, the results pertaining to discordant labels are important. Regardless of whether they precede concordant labels, discordant labels are a salient feature in the lives of adolescents with mental health problems, evidenced by both the findings here as well as previous studies (De Los Reyes and Kazdin 2005; De Los Reyes et al. 2015). Adolescents with mental health problems experience genuine symptoms that could benefit from seeking help during the specific period that discordant labels are present. The fact that discordant labels are either inconsequential, or even harmful, makes them worthy of scholarly attention and future research.

Finally, the analyses presented here did not employ methodologies that fully capitalized on the longitudinal design of the data in order to establish causal ordering between mental illness labels→self-concept→help-seeking. However, a previous study using the same data and dynamic panel models definitively established the causal ordering between self-labels and self-esteem (Harari et al. 2023). It was found that self-labels diminished adolescents' self-esteem both contemporaneously and six months later. This lends validity to the interpretation of findings in Chapter 3, whereby the following temporal ordering is assumed: an adolescent experiences a mental illness label, a subsequent change to self-concept occurs, ultimately leading to changes in help-seeking. Moreover, both empirical chapters did make use of all four waves of data collected during the two-year study period, capturing how adolescents move in and out of different stages of help-seeking due to various age-related factors (Rickwood 2020).

Final Words

Perhaps the major takeaway from this dissertation is that the consequences of mental illness labels are neither black nor white, despite often being treated as such by PMH and sociological perspectives. As the debate between these two perspectives continues in academic and public mental health spheres, millions of adolescents contend with mental health problems and associated symptoms, including, but not limited to, depression, anxiety, hyperactivity, social withdrawal and isolation, mood swings, self-harm, and suicide (Solmi et al. 2022). Labeling these symptoms as a legitimate mental illness can be beneficial but is also fraught with implications for young people who must not only contend with the burdens of the illness and its symptoms, but also with the label itself (e.g., Peter and Jungbauer 2019). While some labels appear to promote help-seeking, they do so at a cost, while rates of unmet need among this age group continue to soar (Merikangas et al. 2011). This dissertation sheds light on the specific labeling processes that both promote and inhibit adolescent help-seeking. Through an integration of PMH and sociological perspectives, researchers and practitioners in both of these fields are best positioned to explore alternative pathways to help and care for young people suffering from mental health problems – pathways that do not erode psychological well-being during a critical period of development.

REFERENCES

Aguirre-Velasco, Antonia, Ignacio Silva Santa Cruz, Jo Billings, Magdalena Jimenez, and Sarah Rowe. 2020. "What are the Barriers, Facilitators, and Interventions Targeting Help-Seeking Behaviours for Common Mental Health Problems in Adolescents? A Systematic Review." *BMC Psychiatry* 20: 293.

Becker-Haimes, Emily M., Amanda Jensen-Doss, Boris Birmaher, Philip C. Kendall, and Golda S. Ginsburg. 2018. "Parent-Youth Informant Disagreement: Implications for Youth Anxiety Treatment." *Clinical Child Psychology and Psychiatry* 23(1): 42-56.

Brookman-Frazee, Lauren, Rachel A. Haine, Elaine N. Gabayan, and Ann F. Garland. 2008. "Predicting Frequency of Treatment Visits in Community-Based Youth Psychotherapy." *Psychological Services* 5(2): 126-138.

Corrigan, Patrick W., Jonathon E. Larson, and Nicolas Rüsch. 2009. "Self-Stigma and the 'Why Try' Effect: Impact on Life Goals and Evidence-Based Practices." *World Psychiatry* 8(2): 75-81.

Côté, James E. 2006. "Emerging Adulthood as an Institutionalized Moratorium: Risks and Benefits to Identity Formation." Pp. 85-116 in *Emerging Adults in America: Coming of Age in the 21st Century*, edited by J. J. Arnett and J. L. Tanner. American Psychological Association.

Davis, Beshaun J., Paul H. Lysaker, Michelle P. Salyers, and Kyle S. Minor. 2020. "The Insight Paradox in Schizophrenia: A Meta-Analysis of the Relationship between Clinical Insight and Quality of Life." *Schizophrenia Research* 223: 9-17.

De Los Reyes, Andres, and Alan E. Kazdin. 2005. "Informant Discrepancies in the Assessment of Childhood Psychopathology: A Critical Review, Theoretical Framework, and Recommendations for Further Study." *Psychological Bulletin* 131(4): 483-509.

De Los Reyes, Andres, Tara M. Augenstein, Mo Wang, Sarah A. Thomas, Deborah A. G. Drabick, Darcy E. Burgers, and Jill Rabinowitz. 2015. "The Validity of the Multi-Informant Approach to Assessing Child and Adolescent Mental Health." *Psychological Bulletin* 141(4): 858-900.

Goolsby, Julia, Brendan A. Rich, Benjamin Hinnant, Serene Habayeb, Lisa Berghorst, Andres De Los Reyes, and Mary K. Alvord. 2018. "Parent-Child Informant Discrepancy is Associated with Poorer Treatment Outcome." *Journal of Child and Family Studies* 27: 1228-1241.

Gulliver, Amelia, Kathleen M. Griffiths, and Helen Christensen. 2010. "Perceived Barriers and Facilitators to Mental Health Help-Seeking in Young People: A Systematic Review." *BMC Psychiatry* 10: 113.

Harari, Lexi, Sharon S. Oselin, and Bruce G. Link. 2023. "The Power of Self-Labels: Examining Self-Esteem Consequences for Youth with Mental Health Problems." *Journal of Health and Social Behavior* 64(4): 578-592.

Hart, Laura M., Anthony F. Jorm, Catherine L. Johnson, Lucy A. Tully, Emma Austen, Karen Gregg, and Amy J. Morgan. 2023. "Mental Health Literacy for Supporting Children: The Need for a New Field of Research and Intervention." *World Psychiatry* 22(2): 338-339.

Insel, Thomas. 2022. *Healing: Our Path from Mental Illness to Mental Health*. Penguin.

Johnstone, Lucy, and Mary Boyle. 2018. "The Power Threat Meaning Framework: An Alternative Nondiagnostic Conceptual System." *Journal of Humanistic Psychology* 1:18.

Jorm, Anthony F. 2012. "Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health." *American Psychologist* 67(3): 231-243.

Keyes, Carly, Lizette Nolte, and Timothy I. Williams. 2018. "The Battle of Living with Obsessive Compulsive Disorder: A Qualitative Study of Young People's Experiences." *Child and Adolescent Mental Health* 23(3): 177-184.

Kuehn, Bridget M. 2005. "Mental Illness Takes Heavy Toll on Youth." *JAMA* 294(3): 293-295.

Link, Bruce G., Francis T. Cullen, Elmer Struening, and Patrick E. Shrout. 1989. "A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment." *American Sociological Review* 54: 400-423.

Link, Bruce G., Jerrold Mirotznik, and Francis T. Cullen. 1991. "The Effectiveness of Stigma Coping Orientations: Can Negative Consequences of Mental Illness Labeling Be Avoided?" *Journal of Health and Social Behavior* 32(3): 302-320.

Link, Bruce G., and Jo C. Phelan. 2013. "Labeling and Stigma." Pp. 525-541 in *Handbook of the Sociology of Mental Health*, edited by C. S. Aneshensel and J. C. Phelan. Dordrect: Springer.

Merikangas, Kathleen Ries, Jian-Ping He, Marcy Burstein, Joel Swendsen, Shelli Avenevoli, Brady Case, Katholiki Georgiades, Leanne Heaton, Sonja Swanson, and Mark Olfson. 2011. "Service Utilization for Lifetime Mental Disorders in

U.S. Adolescents: Results of the National Comorbidity Survey—Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry* 50(1): 32-45.

Mittal, Vijay A., Derek J. Dean, Jyoti Mittal, and Elyn R. Saks. 2015. "Ethical, Legal, and Clinical Considerations when Disclosing a High-Risk Syndrome for Psychosis." *Bioethics* 29(8): 543-556.

Nobre, Joana, Ana Paula Oliveira, Francisco Monteiro, Carlos Sequeira, and Carme Ferré-Grau. 2021. "Promotion of Mental Health Literacy in Adolescents: A Scoping Review." *International Journal of Environmental Research and Public Health* 18(18): 9500.

Peter, Olivia, and Johannes Jungbauer. 2019. "Diagnosis Talk and Recovery in People with a Mental Illness: A Qualitative Study and Perspectives for Clinical Social Work." *Clinical Social Work Journal* 47: 222-232.

Patel, Vikram, Alan J. Flisher, Sarah Hetrick, and Patrick McGorry. 2007. "Mental Health of Young People: A Global Public-Health Challenge." *Lancet* 369: 1302-13.

Reardon, Tessa, Kate Harvey, Magdalena Baranowska, Doireann O'Brien, Lydia Smith, and Cathy Creswell. 2017. "What Do Parents Perceive are the Barriers and Facilitators to Accessing Psychological Treatment for Mental Health Problems in Children and Adolescents? A Systematic Review of Qualitative and Quantitative Studies." *European Child & Adolescent Psychiatry* 26: 623-647.

Rickwood, Debra. 2020. "Help-Seeking in Young People." Pp. 35–52 in Youth Mental Health: Approaches to Emerging Mental Ill-Health in Young People, edited by A. R. Young, P. D. McGorry, and J. Cotter. London: Routledge.

Saunders, Stephen M., and Nicholas W. Bowersox. 2007. "The Process of Seeking Treatment for Mental Health Problems." *Mental Health and Learning Disabilities Research and Practice* 4(2): 99-123.

Scheff, Thomas J. 1966. *Being Mentally Ill: A Sociological Theory.* New Brunswick, NJ: Transaction Publishers.

Solmi, Marco, Joaquim Radua, Miriam Olivola, Enrico Croce, Livia Soardo, Gonzalo Salazar de Pablo, Jae Il Shin, James B. Kirkbride, Peter Jones, Jae Han Kim, Jong Yeob Kim, Andrè F. Carvalho, Mary V. Seeman, Christopher U. Correll, and Paolo Fusar-Poli. 2022. "Age at Onset of Mental Disorders Worldwide: Large-Scale Meta-Analysis of 192 Epidemiological Studies." *Molecular Psychiatry* 27: 281-295.

Stiffman, Arlene Rubin, Bernice Pescosolido, and Leopoldo J. Cabassa. 2004. "Building a Model to Understand Youth Service Access: The Gateway Provider Model." *Mental Health Services Research* 6(4): 189-198.

Thoits, Peggy A. 2011. "Resisting the Stigma of Mental Illness." *Social Psychology Quarterly* 74(1): 6-28.

Thoits, Peggy A. 2016. "'I'm Not Mentally Ill': Identity Deflection as a Form of Stigma Resistance." *Journal of Health and Social Behavior* 57(2): 135-151.

Van Petegem, Stijn, Wim Beyers, Maarten Vansteenkiste, and Bart Soenens. 2012. "On the Association Between Adolescent Autonomy and Psychosocial Functioning: Examining Decisional Independence from a Self-Determination Theory Perspective." *Developmental Psychology* 48(1): 76-88.

Wahl, Otto E. 2002. "Children's Views of Mental Illness: A Review of the Literature." *Psychiatric Rehabilitation Skills* 6(2): 134-158.

Wei, Yifeng, Patrick J. McGrath, Jill Hayden, and Stan Kutcher. 2015. "Mental Health Literacy Measures Evaluating Knowledge, Attitudes and Help-Seeking: A Scoping Review." *BMC Psychiatry* 15: 291.

Weiste, Elina, Melisa Stevanovic, Taina Valkeapää, Kaisa Valkiaranta, and Camilla Lindholm. 2021. "Discussing Mental Health Difficulties in a 'Diagnosis Free Zone.'" *Social Science & Medicine* 289: 114364.

World Health Organization. 2021. "Mental Health of Adolescents." Retrieved Feb 27, 2024 (https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health)