Psychological Distress Among Underrepresented Adolescents

by

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Abstract

This study examines the comprehensive set of data provided by the California Health Interview Survey and the responses provided by the adolescent population to experiencing psychological distress and expressing the need for help for mental health problems. Both dependent variables were analyzed across gender and race identity. The sample contained 143 responses, with 44.2% of the responses identified as male and 47.1% as female. The age range for the respondents is 12 to 17 years old. Non-Latino replies accounted for 67.6% of the total, while Latino responses accounted for 32.3 percent. Female adolescents were more likely than male adolescents to report experiencing psychological stress and seeking help for mental and emotional health problems. No significant difference was found with adolescents who identify in Latino and non-Latino categories and their response to the following question: “In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?” or experiencing psychological distress.

Key Words: psychological distress, gender, race, stigma, mental health

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Writing a thesis is more challenging than I thought and more rewarding than I could have ever imagined. None of this would have been possible without my committee, family, and friends. From reading early drafts to giving me advice on how to handle overwhelming writer's block. I hope to spread more awareness on the importance of addressing the high numbers of mental health diagnoses within the adolescent community.

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Introduction

Overview of the Literature

The United States' adolescent population underutilize resources complementary to mental health services, (Horesh et al., 2018) specifically among communities composed from minority groups (Garland et al., 2005). Adolescence is a period in a one's life where social, biological, and cognitive development changes rapidly (Marsh et al., 2018). Professionals describe this stage as a normative developmental change where such changes can contribute to mental health issues, including elevated stress levels (Odgers et al., 2020). In 2017, the World Health Organization (WHO) estimated that 10-20 % of young adults have mental health issues (World Health Organization, 2019). Kessler and colleagues (2009) reported that 50% of mental health disorders could be diagnosed by age 14 and roughly 75% by age 18. The Royal Society for Public Health and Young Health Movement reported an increase in the prevalence of anxiety and depression by 70% among young adults in the last 25 years (Keles et al., 2020). General anxiety is a diagnostic disorder where chronic and persistent worry becomes multifocal, difficult to control, and excessive (Stein et al., 2015). Depression is a common but severe disorder that can negatively affect an individual's feelings, way of thinking, and actions, which causes a sense of sadness, and loss of interest in activities that brought pleasure (Rice et al., 2019).

Anxiety and depression are possible predictors of poor educational achievements, physical health, increased misuse of substances, impaired social relationships, mental health, and conduct problems in the future (Cromer et al., 2019).

The most common mental health diagnoses within the adolescent population are depression, stress, and generalized anxiety disorder (Drapeau et al., 2012). The apparent rise in psychological diagnoses among young adolescents has sparked an interest in whether these individuals' ethnic/racial and gender identity affect the probability of them needing/seeking professional mental health (Rice et al., 2019).

Diagnostic activity has increased due to the influence of educational initiatives to raise awareness around mental health (Zabora et al., 2001). The sudden increase in diagnosis of mental health conditions may be linked to the increased screening efforts and the decrease in stigma and barriers to diagnosis (Gunnell et al., 2018). The increase in awareness has provided a pathway for young adults to discuss their psychological difficulties and seek professional help.

Furthermore, the digital age contributes to the ease of sharing personal experiences with the world, while in the past many individuals suffering from mental health would stand in relative isolation (Mirowsky et al., 2017). Individuals can now easily find social interactions or support groups with similar problems in today's society. In addition, doctors have also become more inclined to diagnose and treat mental health problems, with the probability of decreasing the suicide threshold among adolescents (Ridner, 2004).

Suicide is labeled as the second leading causing death among the adolescent population within the United States (Marsh et al., 2008). Enduring such high levels of psychological distress has shown to have a relatively high correlation with having suicidal ideations being the common outcome (Keles et al., 2020). Despite the severe numbers of adolescents committing suicide yearly the difference between different

genders, and race/ethnicity identities between psychological distress and those seeking and needing help need further exploring.

Literature Review

Adolescents who experience psychological distress are significantly more likely to experience anxiety, depression, and suicide ideations (Ge et al., 2001). Psychological distress as an emotional state associated with stressors and demands that are difficult to cope with on a daily basis (D'Arcy et al., 1984). For example, there may be an imbalance between one's self and their ideal self, which can ultimately diminish one's self-esteem. This imbalance may include struggling to cope with everyday life, losing one's grip on life, and feeling inferior to others. Moreover, an association with a gradual depiction of existential capacities will lead to dissatisfaction, suffering, poor self-esteem, and lack of control (Ge et al., 2001). Psychological distress is also known as a precursor that has the possible result of exhausting an individual's emotional, physical, and mental state (Ben-Ezra et al., 2020).

A concern has arisen for the large proportions of individuals suffering from mental health issues who have yet to seek services. According to Rickwood and colleagues (2005) the effects of an adolescent suffering from untreated mental health illness can be profound and ultimately affect their transition into adulthood. Researchers have stated that many adolescents prefer and often seek help from their peers and family as their first step. But ideally, the first step should be formal help-seeking from professionals but has been seen as the last resort in most cases

(Rickwood et al., 2005). The Australian Bureau of Statistics shows that young individuals have a lower probability of seeking help for mental disorders if they are between the ages of 16 and 34. A study containing 4509 adolescents who met the criteria for clinical levels of distress reported that only 33% of the participants sought help in the last six months (Sawyer et al., 2002). Moreover, researchers recently studied 1599 adolescents with psychological distress, where one-fourth of the participants reported that they had no resources or access to any form of professional mental help (Shepperd et al., 2018). Although considerable research has explored the symptomology and epidemiology of psychological distress, few studies have examined if the contributing factors, such as gender, race, and ethnicity, are possible barriers to seeking or needing mental health services.

Race/Ethnicity

Experiences in psychological stress can arise from employment, environment, and relationships both social and emotional (Beehr et al ., 2014). Stress is associated with racial/ethnic minorities as these individuals, especially within the United States, experience social inequalities (Utsey et al., 2008). Race/ethnicity are substantial contributing factors to an individual's physical, mental, and emotional state development (Levy et al., 2016). Many individuals endure specific higher levels of stress depending on their heritage and background (Carson et al., 2018). Nevertheless, different racial/ethnic communities have different perspectives when needing/seeking help for their adolescent population (Shim et al., 2009).

McMiller, and colleagues (1996) examined the differences between African Americans and Latino adolescents compared to Caucasian adolescents located in the United States and their probability of seeking help from professionals. The African American and Latino communities sought help from professionals less frequently than the Caucasian community (McMiller et al., 1996). The study discussed that income, age, parental perception, and gender are all factors that can impact adolescents' availability to receive help (McMiller et al., 1996). It was concluded that each racial/ethnic group had a different mental health perspective, but all shared the same negative stigmatism of reaching out for help. Parental perception was seen to have the highest probability effect of an adolescent seeking out help based on the stigma or cultural beliefs each family holds (McMiller et al., 1996). Furthermore, the interpretation discusses how the socioeconomic factors and location affected mostly to access of mental health sources.

Social media sources have illustrated that the U.S. Latino immigrant community has experienced a heightened stress level related to threats on their family stability since President Trump took office back in 2017 (Roche et al., 2018). Though young, adolescents' ability to cognitively understand their family's stressors can still affect them as they are experiencing more direct exposure to extrafamilial risks (Shim et al., 2009). Specifically, many adolescents live with constant fear and worry for their families and friends within the Latino community. The 2015 Youth Risk Behavior Survey identified the adolescents Hispanic/Latino community as one of the highest communities who experience sadness/hopelessness. The survey explored unique stressor experiences and challenges, including cultural isolation,

discrimination, low educational expectations, and lack of access to same-ethnicity role models. 35% of the adolescent population felt an increase in their risk of academic attrition and mental health issues (Castillo et al., 2003). Thus, demonstrating how young individuals within any racial group obtain the ability to comprehend cognitively the stressors affecting their communities and families.

The impact of racial identity and parental care in psychological distress is further explored in Caldwell's study. The study explores how African American parent's perspectives and racial identity can influence their adolescent's psychological distress. The research focused on multiple aspects of racial identification and maternal support for their direct and indirect effects on perceived stress, depressive symptoms, and anxiety. According to the findings, maternal support was linked to both centrality and private respect. Both forms of respect explore the reassurance of an individual's ethnic/racial identity (Sellers et al., 2006). The findings offered minimal support for a direct relationship between racial identity or parental support and depressive symptoms and anxiety (Caldwell et al., 2002). Caldwell suggests that perceived stress moderated the effects of racial identity views and parental support on these mental health outcomes. In distinct ways, the two racial identification views were linked to stress perception. The study's findings show that African American teenagers' perceptions on importance and meaning on being Black may be essential to their psychological well-being, and maternal support and perceived stress are key factors to consider (Caldwell et al., 2002).

The differences among Black, Hispanic, and White adolescents' mental health status rates and predictors were explored by Dr. Freedenthal. The study adjusted for

the need for care and capacity to acquire services. The results indicated that 55 % of Hispanic adolescents and 65 % of Black adolescents are equally likely to report service usage as White adolescents. However, the stigmatization surrounding seeking mental health help had an impact if the parental figure sought help. Furthermore, the researcher explored the relationship between suicide attempts and mental symptoms with race. The outcomes demonstrated that White adolescents are more likely to utilize services (Freedenthal, 2007). Dr. Freedenthal's research demonstrated that racial differences could determine teenage mental health care usage and the risk of suicide rises.

Race/Ethnicity are contributing factors that influence the rate of stress an adolescent endures during this developmental stage. Certain groups encounter more stressful life events, others endure more stress related to health-threatening events, and minority groups experience discrimination-related stress.

Gender

Gender variations in symptom onset age, disease course, social adjustment, and long-term prognosis of mental health conditions have been observed (World Health Organization, 2019). Early-onset disorders (such as autism) have a strong male prevalence, whereas adolescent-onset diseases (such as depression and anxiety) have a strong female preponderance. (Zahn-Waxler et al. 2008). The disorder psychological distress is more common among adolescent females, as females endure higher rates of stressors that directly influence their emotional, physical, and mental state (Payne et al., 2008). As a result of adolescent females having a more cognitively

more developed brain compared to males (Cosgrove et al., 2007). Research has shown that the ability to socialize can have a direct influence in the probability of an individual seeking/needing mental help.

An analysis of 47 empirical research studies on parental and teenage issue detection and assistance seeking explored the difference between male and female adolescents and the probability of seeking help. These results indicated no new significant finding, though the confirmation of comorbidity having a strong influence was noticed. The influence demonstrates that males have a higher chance of seeking help while in their early childhood and childhood. Adolescent females sought out help more commonly during their late adolescent years. A confirmed association between adolescents' age and the probability of seeking professional help was concluded from this study (Zwaanswijk et al., 2003). The results indicate an association of maturity increases an individual's probability in seeking help.

According to a longitudinal study, at the age of 16, 31% of adolescent females of the studied population confirmed having mental health disorders symptoms (Costello et al., 2003). In comparison, 42% of adolescent males confirmed to have similar symptoms (Vaswani et al., 2014). No statistical gender difference was found among depression rates, specifically (Mansfield et al., 2005). However, nearly twice as many of the confirmed symptomatic adolescent females were diagnosed with some mental disorder indicating that the small population both understood they needed mental help and sought out mental help.

Nicholas et al. evaluated how brief school-based interventions would affect help-seeking behavior among Australian adolescents. Surveys indicated that the

female adolescent population obtained a better understanding of the different approaches to seeking help. In comparison, male adolescents grasped the general idea but did not act upon it. Researcher Sen Bisakha analyzed data from surveys with a representative sample of about 9000 adolescents from the 1996 Health Behavior in School-Aged Children (HBSC). The adolescent female population suffered from depressive disorders more often than adolescent males; however, adolescent males were more likely to reach out for help than females. The results demonstrate how the stigmatism surrounding mental help is part of society, where needing and seeking help among the male population is frown upon.

Guterman et al. investigated the readiness of Arab Israeli and Jewish adolescents seeking help in a distressed situation. The study looked into factors that would influence their propensity to seek support from sources that are classified as official and informal. It was concluded that school happiness, family and friend support, and ethnicity are all critical determinants of the adolescents' probability of seeking formal and informal help. A significant difference between female adolescents not fearing to seek help, while their counterparts had a much harder time finally deciding to seek help.

A study conducted by Ji-Hwan Kim et al. (2016) focused on South Korean adolescents who identified as bi-ethnic. The participants were evaluated to demonstrate if a victim's help-seeking behavior was associated with gender. No significant difference among genders was discovered, as the traumatic life threating event that took place heavily affected the participant’s behavior. However, the female

adolescent population had a higher diagnosis rate when examined by professionals after the event.

The matters of gender in mental health to explain the relationship of health-seeking behavior has been discussed as a predictor. Researcher, Afifi emphasizes the importance of how too many females are systematically denied sensations of self-worth, competence, autonomy, enough income, and a sense of physical, sexual, and psychological safety and security, all of which are essentials for healthy mental health. The violation of female rights, especially reproductive rights violations, contribute directly to the rising burden of disability caused by poor mental health (Jorm et al., 2007). The results indicated that the incidence of mental illnesses varied by gender and by age group. Conduct disorder is the most prevalent mental condition among children, affecting three times as many males as females. Moreover, Afifi's research states how girls have a greater rate of depression and eating disorders during adolescence and suicidal ideation and attempts than boys, who are more likely to participate in high-risk activities and commit suicide. Males exhibited greater drug use disorders and antisocial personality disorder rates in adulthood (Shakya et al., 2019). In contrast, females had higher rates of most affective disorders and non-affective psychosis during their adolescent years. Overall, group variations in the influence of help-seeking behavior on the link between race, ethnicity, gender, and psychological distress have not been extensively investigated, particularly utilizing multilevel analytic approaches. The current study aims to fill that gap in the literature.

Purpose of the Study

The purpose of this study is to determine if there is a significant difference between self-reported psychological distress among teens of different Latino and non-Latino categories and gender identity. Latino and non-Latino was chosen as the variable has the data pertaining to the race/ethnic variable had a limitation in choices that did not represent the entire group. The aim is to determine if teens who pertain to racial minority groups have a higher statistical difference in psychological distress and the need to seek help mental and emotional support. In addition, the study aims to demonstrate the differences between psychological distress and those seeking and needing help in each of the following categories: gender, race, and ethnicity. The research will also determine if there is a statistically significant difference in needing and seeking help for mental and emotional health problems amongst teens who pertain to minority groups in the following categories: race, ethnicity, and gender. Questions this study will answer are:

1. Is there a statistically significant difference in self-reported psychological distress amongst teens of Latino and non-Latino categories?
2. Is there a statistically significant difference in self-reported psychological distress amongst teens of different gender identity?
3. Is there a statistically significant difference in needing and seeking help for mental and emotional health problems amongst teens of Latino and non-Latino categories?

4. Is there a statistically significant difference in needing and seeking help for mental and emotional health problems amongst teens of different gender identity?

It is hypothesized that there will be a statistical difference in psychological distress among teens of different races, ethnicities, and gender identities. Secondly, it is hypothesized that there is a difference in needing and seeking help for mental and emotional health problems among teens of different races, ethnicity, and gender identities.

Method

Design

Data was obtained through California Health Interview Survey‘s (CHIS) public use files, where no permission was needed. The data used included all complete participant records from the teen data set collected between 2019-2020. The survey is one of the nation’s largest web and telephone research data collection efforts on various health topics (UCLA Center for Health Policy Research, 2019). CHIS generates timely one-year estimates continuously, allowing the surveys to reach a wide range. The data represents all 58 counties in the state of California. The platform supplies state and local organizations with data and population estimates regarding California’s diverse and large population’s health behavior, health condition, socioeconomic and health care (UCLA Center for Health Policy Research, 2019). At the beginning of 2019, CHIS transitioned to using a random sample of California addresses instead of using random digit dialing to reduce survey costs and increase responses. The introduction of the new methodological approach authorized CHIS to create a more effective technique to contact and survey California residents regarding their health care and health needs, simultaneously keeping the high quality of data (UCLA Center for Health Policy Research, 2019).

The minimum sample size for the research questions was determined by G*Power Software, version 3.1.9.2. A medium effect size, an alpha level of 0.5, and power of 80% were used to determine a minimum sample size of 143 for the Chi-Square tests. The CIS 2019 Teen data set contained 847 clean and complete records, which exceeds the minimum size required for each test.

Procedures

CHIS 2019-2020 derived their Address-Based Sampling (ABS) from the United States Postal Service's (USPS) Computerized Delivery Sequence (CDS) file that covers all delivery point locations served by USPS and offers near-complete coverage of the U.S. home population (UCLA Center for Health Policy Research, 2019). CHIS' ABS sample is divided into counties, groupings of minor counties, and sub-county regions. The sample only includes residential households. Between the years 2019-2020, CHIS established a new data science approach to target particular demographic groups that are frequently underrepresented (UCLA Center for Health Policy Research, 2019). Once a suitable adolescent was found and parental consent to recontact was obtained, the adolescent's initial mailing was addressed to the parent and had an inside envelope with a letter addressed to the adolescent. A letter is then sent to the adolescent, in addition to a phone call and text message. For completing the survey, each teenager was given a $10.00 gift card.

Participants

Participants include individuals from differential race and ethnicity groups like African American, Pacific Islander, Asian, and Latinos. Asian families, including Korean and Vietnamese, Latino and Spanish-speaking households, those with poor educational attainment, noncitizens, and those with children under the age of 19 were especially targeted by CHIS (UCLA Center for Health Policy Research, 2019). The

invitation supplies were available in five different languages, and adolescents (aged 12 to 17) were randomly selected with a guardian's permission (unweighted n=847).

Independent Variable and Dependent Variable

For comparison, a total of 16 adolescent demographic and substantive survey variables were used in the CHIS database (UCLA Center for Health Policy Research, 2019). The variables were chosen to reflect a wide range of issues, including demographics, health problems, health care access, health insurance, and socioeconomic indicators (UCLA Center for Health Policy Research, 2019). The majority of variables chosen had universe of the whole sample group. It represented a variety of core and funder-supported material to guarantee a wide range of topics of interest. In this study the following variables were analyzed Latino vs. Non-Latino, gender, self-reported psychological distress, and the need of mental/emotional health.

The variable for self-reported psychological distress was measured on a scale of 6 questions. Participants were given the following question to state their gender identity, "Do you currently describe yourself as male, female, or transgender?" Race/ethnicity identity was asked in the following manner, "Are you Latino or Hispanic?" Lastly, the need for mental/emotional health was asked in a yes or no format. For example, "In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?"

Data Analysis

A chi squared test of independence was undertaken to measure self-reported psychological distress and self-reported need for help for mental and emotional health among the following variables Latino vs. Non-Latino, and gender. A chi square tests for independence by comparing two variables in a contingency table to see if they are related. The analyses were conducted amongst the following independent variables Latinos, non-Latinos, male and female, and were compared to the following two questions. “In the past 12 did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?” & “In the last 12 months needing mental/emotional health, in the last 12 months seeking help?” All analyses of each research question were tested using a chi square conducted by the IBM Statistical Package for the Social Sciences (SSPS) software.

Results

Demographics

A total of 143 responses were in the sample used for analyses. 44.2% of the responses identified as male, and 47.1% identified as female. The response age group ranges from 12 to 17 years old. A total of 67.6% of the responses identified as Non-Latino, and 32.3% identified as Latino. All 847 participants in the survey provided a valid answer to the variables being measured in this study.

Major Findings

Gender, and Ethnicity/Race and Self-Report in Psychological Distress

A chi-square test of independence was performed to examine the relationship between ethnicity, specifically adolescents who identify as Latino or non-Latino, categories and self-reported psychological distress (Y/N). The relationship between these variables was not significant, $x^2 (1, N= 143) = 0.5$, $p = .07$. Adolescents who identify in a Latino category were not more likely than adolescents' who identify in a non-Latino category to report higher psychological stress.

Table #1

*Chi Square Results: Likely Has Had Psychological Distress in the Last Year * Race*

		Latino N (%)	Non-Latino-White or Other N (%)
Likely has had psychological distress in the last year	Yes	33(26.4)	242(33.5)
	No	92(73.6)	480(66.5)

N = sample size; % = percentage. Chi-square test of independence to determine relationship between Psychological Distress and Race. * $p = .07$

A chi-square test of independence was performed to examine the relationship between adolescents who identify as a male or female and their response to self-reported psychological distress. The relation between these variables was significant, x^2 (1, N= 143) = 0.5, p < .001. Female adolescents were more likely than male adolescents to report experiencing psychological stress.

Table #2

*Chi Square Results: Likely Has Had Psychological Distress in the Last Year * Self-Reported Gender*

			Male N (%)	Female N (%)	Total N (%)
Likely has had psychological distress in the last year	Yes	Count	123(27.5)	152(38.1)	275(32.5)
	No	Count	325(72.5)	247(61.9)	572(67.5)

N = sample size; % = percentage. Chi-square test of independence to determine relationship between Psychological Distress and Self-Reported Gender. * $p < .001$

Gender, and Ethnicity/Race and Self-Reported in Needing and Seeking Help

A chi-square test of independence was performed to examine the relationship between adolescents who identify in Latino and non-Latino categories and their

response to the following question: “In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?” The relationship between these variables was not significant, x^2 (1, N= 143) = 0.5, p = .07. Adolescents who identify in a Latino category were not more or less likely than adolescents’ who identify in a non-Latino category to seek or need help for mental and emotional health problems.

Table #3

*Chi Square Results: In the last 12 Months Needing Mental/Emotional Health * Race*

			Latino N (%)	Non-Latino-White or Other N (%)
In the last 12 months needing mental/emotional health	Yes	Count	35 (28.0)	253(35.0)
	No	Count	90(72.0)	469(65.0)

N = sample size; % = percentage. Chi-square test of independence to determine relationship between Needing Mental/Emotional Health and Race. * $p = .07$

A chi-square test of independence was performed to examine the relationship between adolescents who identify as a male or female and their response to the following question: “In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?” The relation between these variables was significant, x^2 (1, N= 143) = 0.5, p < .001. Female adolescents were more likely than male adolescents to seek or need help for mental and emotional health problems.

Table #4

*Chi Square Results: In the last 12 Months Needing Mental/Emotional Health * Self-Reported Gender*

		Male N (%)	Female N (%)	Total N (%)
In the last 12 months needing mental/emotional health	Yes	94	194	288
	No	354	205	559

N = sample size; % = percentage. Chi-square test of independence to determine relationship between Needing Mental/Emotional Health and Race. * $p < .001$

Discussion

Summary of Major Findings

Children and adolescents suffer from a high prevalence of mental health problems that are undertreated (Radez et al.,2021). Half of the 7.7 million adolescents in the United States with a curable mental health condition did not seek treatment from a mental health professional (Whitney et al., 2019). To close this gap, a thorough knowledge of the reasons why young people do not seek or need support is required. This research explored the significant difference in psychological distress among adolescents across different gender and race/ethnicity identities. Additionally, this study analyzed a significant difference in needing and seeking help for mental and emotional health problems among adolescents across different gender and race/ethnicity identities.

The results demonstrated no significant differences between adolescents who identify as either Latino and non-Latino and their responses to experiencing psychological distress. One can conclude from this study that Latino and non-Latino adolescents experience similar psychological distress levels. There was likewise no significant difference in either group's indication of needing and seeking help for mental and emotional health problems. Similar results have been discovered when researching the usage of mental health resources in minority groups (Gruebner et al., 2017). However, the CHIS survey may not have provided a proper opportunity for all individuals to identify with their appropriate ethic/race group. For example, Latino and Hispanic identities were consolidated with White identities. Thus, representation of minority group identities may not have been properly sampled. These data do not

support the original hypothesis that Latino identifying adolescents experience similar psychological distress levels as non-Latino adolescents.

Furthermore, this study found a significant difference between males and females with their responses to experiencing psychological distress. There was also a significant difference in self-reported needing and seeking help for mental and emotional health problems among the different gender identities. These data demonstrate how female adolescents experience psychological distress at a higher frequency than males. These results are supported by literature concluding that females compared to males, have stressors that are influenced more by their nature of being more social, having a more developed brain, and experiencing more discrimination within their job, education, and life (Jiang et al., 2017). These findings are similar to other studies that have confirmed a similar frequency difference of psychological distress among the different gender identities (Cite other studies).

In addition, this study demonstrated how female adolescents have a higher probability of needing and seeking help for mental and emotional health problems. 48.6 % of the female adolescent population reported needing and seeking help compared to only 21.0% of male adolescents who reported needing or seeking help. It is estimated that one in five adolescents report seeking treatment for emotional and mental health (Forrest et al., 2017). 79.0% of the male adolescent population did not report needing and seeking help, which can result from the stigmatism surrounding mental health in the male population. These data demonstrate that females have a higher chance of reaching out for help when they need emotional and mental health support.

Public Health Implications

The public health implications of this study highlight the importance of addressing gender differences amongst adolescents who experienced psychological distress and their perception of understanding if they sought or needed help for their mental and emotional health problems. The results from this study provide support to previous studies that state females experience higher levels of stress earlier in their lifetime. Experiencing stress at an early age can result in the development of mental health disorders. As a result, early interventions should be created to help these individuals as the most common disorder among females are related to social anxiety, self-autonomy, and judgement (Gustavson et al., 2018).

Additionally, the information gathered demonstrates how females have a higher chance of seeking and needing help during their adolescents. Thus, public health professionals should consider using enhanced health communication approaches and marketing tools to influence a larger portion of the male adolescent population experiencing stress or psychological distress to reach out for help. The stigmatism surrounding males with mental health should be addressed. Dr. Bockting and colleagues (2013) suggest encouraging peer outreach during educational interventions as their research informs readers that the adolescent community first reaches out for help from their peers. Many adolescents do not seek, or desire help because of the fear they will be bullied or looked down upon. Although males are more likely to seek help in their early childhood, as they mature, their social and emotional skills decline (Goddings et al., 2019). Females are found to be more

cognitively developed during their adolescentce (Goddings et al., 2019), which can result in them making a more mature choice when caught in a problem.

According to Helmus et al (2019), the deconstruction of mental health stigmatization within each race/ethnicity must be tackled to result in more adolescents seeking mental health services. Each race/ethnicity group have a different perspective surrounding the idea of mental health. For example, the Hispanic culture believes that an individual suffering from depression or anxiety is a sign of laziness (Guarnaccia et al., 2005). The stigmatism surrounding an individual with a mental health disorder specifically a male identifying individual must be deconstructed to get a higher response rate among mental health resources.

Study Limitations

This study has various limitations based on the manner in which the California Health Interview Survey gathered and classified the data including the demographic information. First, the dataset used for this study did not provide the same specific race/ethnicity options available in the adult CHIS public use file (PUF) dataset—the public use file data included certain ethnicities and races grouped together, although they are not identical. Many of the options were generalized and caused participants to categorize themselves within groups that did not correctly represent them. For example, Latino and Hispanic identities were consolidated with White identities. Thus, representation of minority group identities may not have been properly sampled.

Moreover, the nature of the dependent variable (psychological distress) was listed in the dataset provided as a yes or no response, which limited the ability to do

additional statistical analysis. Typically, participants would be provided with a Kessler 6 scale that makes available a raw scale value. The value would then allow researchers to calculate the mean and look at more subtle trends. Additionally, the study was conducted using a self-reported method, which can result in self-reported bias. Donaldson and colleagues (2020) suggest that self-report bias tends not to be uniform across constructs assessed in psychological research because of the high probability of the results being unreliable.

Furthermore, although the description states that participants were given the following options: male, female, trans; results revealed that only females and males were selected. The gender options were limited to only these three categories. The researcher was unable to determine if no individuals who did not identify as male or female participated or how the collected data limited the nature of the responses.

Conclusion

The most common reasons stated by young people for (not) seeking and getting professional help includes the stigma and shame surrounding mental health, a lack of mental health understanding, and unfavorable attitudes about help-seeking from a cultural perspective. When faced with challenges, adolescents also expressed a preference for depending on oneself, as well as difficulty completely committing to the process of seeking/ accessing support. Evidence-based interventions addressing perceived public stigma and young people's mental health awareness should be widely disseminated in schools. Furthermore, coordination between schools and mental health services is critical in order for young people and their families to have access to evidence-based assistance in settings with less logistical challenges.

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