College of Education and International Services

Parental Involvement and Mental Health Across Cultures

A Thesis

Presented in Partial Fulfillment

of the Requirements for the Degree

Master of Art

**Abstract**

The proposed study aims to investigate the effect of parental involvement and mental health of students in middle and high school. The study hypothesizes that parental engagement leads to improved mental health. It uses mixed methods to collect and analyze data. Upon completion, the findings will be presented in the final report. The proposed study will target 224 parents and 3 professionals drawn from a private K-12 school in Ohio. This school was selected because of the high number of students from minority groups. The study will take six months where the researcher will investigate if parental involvement affects mental health. This study will benefit the researcher because of her role as a support staff in reaching the emotional needs of children in an ever-changing environment, which contributes to more stressors. Similarly, the study will identify gaps and inconsistencies that need further investigation.

This proposal was wholly developed without external assistance. However, the researcher benefited from the instructor, and academic advisors who were instrumental in the periodic guidance and support.

CHAPTER 1

INTRODUCTION

**Background of the Study**

Mental health issues are increasingly becoming a leading cause of disability globally; thus, there is a need to incorporate parental involvement in addressing this issue. The Pan American health organization (PAHO) recognizes mental health problems like depression, dementia, anxiety, and substance use as the major disability affecting people of different ages and gender. PAHO argues that psychological issues cause about 20% of lost healthy days. The challenge is that globally, only 10% of the people who need mental health interventions receive it, with the remaining 90% continuing to suffer in silence (PAHO, 2019). The effects of mental health issues led to the sudden expansion of mental health programs in the U.S. Brown et al. (2006, p. 332). The programs focus on creating partnership between different stakeholders like schools, agencies, professionals, and the community to provide various services aimed at preventing, assessing, and intervening in such issues, thus lessening the burden and liabilities of educational system, and enhancing the diversity of services to learners.

Parents can help children with mental health issues by understanding and supporting them, thus alleviating their symptoms. Through parental involvement, it is possible to understand the different conditions a child is suffering from and therefore share with the teachers and seek the best remedy to address the identified issues, enabling them to attend school and learn easily. Parental involvement is critical in addressing mental health issues in their children better than their teachers. This is because parents understand their children's temperament and reactions to different factors (Coombs et al.,

2021 p.2). For instance, some teachers lack cultural competence and are likely to use the same approach across all children. Doing so can be detrimental because each child has unique attributes that differentiate them from their peers. A generalized approach to mental health issues can have undesired outcomes. Mancoske (2013, p.308) supports this argument noting that it is necessary to develop cultural competency to understand people's diversity and uniqueness. Bower and Griffin (2011, p.79) also support this argument stating that people from different races and ethnicity have unique differences that need an understanding of such variations. For instance, African Americans and other minority groups are different from the majority of whites. Therefore, a generalized approach to addressing mental health problems cannot meet their unique needs.

Parental involvement can help address mental health issues and thus contribute to better health. However, there is no general accepted definition of parental involvement. It can be challenging to determine its effects on mental health. Different authors conceptualized the concept differently depending on their understanding (Bower & Griffin, 2011, p.78). However, researchers agree that parental involvement is critical in student development (Trask-Tate &Cunningham, 2010, p.138). There is a need to determine the connection between such involvement and mental health. The proposed study seeks to fill the gap by investigating the effect of parental involvement on improving mental health issues.

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## Statement of the Problem

There are inconsistencies in the number of people needing mental health services and accessing them. For instance, Brown et al. (2006) notes that less than a third of

youths in need of mental health support receive them, while PAHO (2019) shows that only ten percent of people in need of such services receives them, including that a sizeable proportion does not access the needed support. Coombs et al. (2021, p.2) give different statistics noting that about one-fifth of 20% of adults with mental health issues lack a usual source of care, with over 10% citing affordability related barriers. Despite government efforts to address access to healthcare under the Affordable Care Act, there is little change, and the majority of people remain vulnerable. Data Health America supports this argument by showing that 10.8% or more than 5.1 million adults with mental health issues are uninsured in 2021 (MHA, 2021, p.1). Such data shows that the number remains low despite the Affordable Care Act aimed at increasing access to healthcare. There are also disparities in mental health issues and mental health services between minority and majority groups. Improved mental health issues and the lack of adequate or appropriate care expose learners to stressors that can affect their performance. Parental involvement can address this challenge by helping students to cope with their mental health problems and thus manage their learning. However, there is not adequate research on the lineage between parental involvement and mental health. This study seeks to address this shortcoming by investigating the effects of parental involvement on psychological health.

## Theoretical Framework

The proposed study borrows from the Epstein model, which recognizes six engagement types: Parenting, communicating, volunteering, decision making, learning at home, and collaborating with the community. It is critical to note that one's mental health is affected by the intersection of community, family, and school. The absence or lack of

support from either will affect the students. For example, a family's practices, philosophies, and experiences can directly impact students' mental health and performance irrespective of the school students attend. The family is especially critical at the early stages, and as students learn and understand new concepts, the school becomes more influential (Bower & Griffin, 2011, p.77-78). However, this only applies in ideal situations, but in most cases, stressors can arise from the community, family, or school, affecting the learner's mental health.

## Statement of Hypothesis

Alternate Hypothesis (Ha): There is a positive relationship between parental involvement and mental health.

Null Hypothesis (Ho): There is no positive relationship between parental involvement and mental health.

## Rationale of the Study

The study was selected based on the literature review that was completed by the researcher on parental involvement and how such involvement can improve mental health in school-age children across cultures. Similarly, the study was motivated by the growing number of children with mental health issues likely to increase because of new stressors like COVID-19. The study was inspired by the disparities in mental health issues and mental health care between majority and minority groups. There are inadequate studies linking parental involvement and mental health despite increased awareness that a caregiver can influence students mental health. Similarly, the literature review did not consider the changing nature of mental health issues, including the emergence of new

stressors like COVID-19. Similarly, there is a need to integrate the latest studies in the review to enrich the study.

## Significance of the Study

The purpose of this research study is to fill the gap by investigating the effect of parental involvement on mental health across cultures. It will show the correlation between parental attitude towards mental health and the ability to get mental health support. The study will be instrumental to faculty members, teachers, parents, and policymakers as it will provide information on the attitude of parents toward seeking support services for their children.

## Operational Definitions

Cultural competence: Understanding of cultural differences and adjusting to different cultures.

Learners: People currently registered as students at different institutions, including universities and colleges.

Majority groups: People identified by ethnicity, religion, or original and who are dominant.

Mental health: Mental well-being that allows learners to cope with different stressors, learn well and realize their ability.

Minority groups: People identified by race, origin, or religion and who are fewer in number compared to the majority group.

Parental involvement: Any activities or actions at school or at home whereby a parent follows up on a child's progress.

Psychological health: Mental well-being that enables students to cope with various

stressors and thus cam learn and realize their full potential.

Stressors: Any condition or agent, or event that causes stress to students.

## Limitations and Delimitations

Potential limitations include time constraints preventing the collection of more data or following up with the participants at a later date. Similarly, the researcher is resource-constrained and thus cannot engage a large sample size since the sample will be from a targeted population in a private school. Other limitations include inconsistencies in the secondary data connecting parental involvement and mental health. There may be some parents who will not participate in the survey because of the language barrier. There results might have been different if the survey was translated in all the native languages. Delimitation will consist of focusing on comparing participants survey questions and professionals interview questions about parents' participation of those students in middle and high school.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature on parental involvement and mental health. This review is important because it identifies what has been done by other researchers. Similarly, it identifies gaps and inconsistencies in the review literature, thus forming the basis for new research. Additionally, the review identifies relevant theories and concepts that can help to understand the research topic. The review uses articles published in different academic journals (JSTOR, Health and Social Behaviors, child development, Marriage and Family, Negro Education, professional school counseling, race, gender, and class). The literature review will be completed in six months to create time for data collection, analysis, and final report preparation. The review is divided into sub-headings related to the topic under investigation.

**Mental Health**

Children and their families face mental health-related challenges from stressors like psychosocial, biological, social, and economic inequalities, family challenges, and maltreatment. According to Mancoske (2013), the prevalence of mental health issues like anxiety, mood, disruptive behavior, substance use, and other disorders varies depending on age and other factors. Barber and Roberts (2015) reinforced this argument by identifying other contributors of stressors like family violence that can lead to mental health issues. However, the author recognizes differences across ethnic groups noting that

African Americans exposed community violence had low self-esteem which can affect their mental well-being, unlike their majority counterparts. Pruchno el al. (1994) and Stevenson and Baker (1987) deviated from the other studies and focused on the family and school environment and established that the two could lead to improve mental health depending on the presence or absence of stressors. They argued that the family setup could lead to improved mental health if members are supportive or lead to psychological problems if members lack harmony or are less supportive of each other. Milkie and Warner (2011) deviate from the other studies by examining how the classroom environment can lead to mental health issues. Using a sample size of 10,700 participants, Milkie and Warner examined how the classroom environment affects a learner's behavioral and emotional aspects. They established that negative environments have more stressors, unlike classroom or school with a conducive environment for learning. Brown et al. (2006) and Trask-Tate and Cunningham (2010) supported these findings in their study, which examined the home and school environment, focusing on a sample of 206 African Americans. The study established that the school and home environments are critical for mental health.

<div align="center">**Parental Involvement**</div>

The concept of parental environment has received significant attention from researchers as they recognize the importance of parental support in a child's development. Stevenson and Baker (1987), Pruchno et al. (1994), Baker and Roberts (2015), and Mancoske (2013) argue that parental involvement is a driving force in child development because they are continuously providing support and are a stable resource for their children. Parental involvement at home, school, and community can lead to

improved mental health, and the absence of it can contribute to psychological health issues. However, there are disagreements on the type of involvement or support that parents should engage in or is more influential. Trask-Tate and Cunningham (2010) support this statement, noting that the kind of involvement necessary for improved mental health is unknown. What works for one child or group of children might not work for another. For instance, cultural differences can affect a particular group and not the other; thus, parental involvement that works in one group will not realize the same outcome in another. Mancoske (2013) agrees with this statement noting that people from different cultural backgrounds are affected by unique mental health issues like anxiety, mood disorder depression, disruptive behavior, substance use, and other conditions.

## Cultural Diversity and Mental Health

Mental health has become a significant issue affecting a considerable fraction of the global population. The debate surrounding mental health has recently expanded because of the different perceptions and perspectives attached to various cultures. For instance, certain cultures attach stigma and other negative attitudes towards those suffering from mental health conditions, resulting in adverse effects. Takeuchi and Kim (2000) confirm that mental health challenges form part of the bulk of global public health problems and occupy the fourth position in causing disability and mortality. People with mental health conditions experience a more comprehensive range of social functioning and physical limitations than patients suffering from cancer and lung problems (Takeuchi & Kim, 2000). Certain cultures treat mental health problems as outcasts and associate them with cultural wrongdoings.

A growing body of research in the US asserts that mental health conditions have

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become prevalent and costly compared to other conditions (Takeuchi & Kim, 2000). This research confirms that the belief system in the healthcare industry has not considered the financial constraints families encounter in taking care of mental health patients. The same study indicates that mental health is misrepresented in the US healthcare system, evidenced by frequent wrong diagnoses resulting in poor outcomes. Abramson et al. (2002) support the argument by adding that ethnic minorities are the most affected by the negative attitudes attached to mental health conditions. While the cost of treating mental health conditions like depression is high, some cultures fail to seek professional assistance because of cultural norms and beliefs (Abramson et al., 2002). Cross-cultural communication denotes a severe challenge affecting how people communicate and interpret psychological problems, behaviors, thoughts, and moods.

Furthermore, many studies have cited racial inequality as a crucial factor influencing the population's mental health. In the US, the aging populations of Alaska Natives or Native Americans report a high prevalence of mental health conditions like depression and anxiety. However, developing a therapeutic relationship with clinicians is a significant challenge because of cultural norms and values attached to language, eye contact, the choice of words, and etiquette (Abramson et al., 2002). Ultimately, the Native Americans attach mental health conditions to spiritual imbalance and disharmony. Therefore, they view mental health as a problem emanating from spiritual imbalance, necessitating the need to address these spiritual needs of the patient, mostly the elderly.

Ethnographic studies maintain that the symbolic-ideological element of ethnicity influences some aspects of mental health and treatment mechanisms. According to Rubinstein, treating mental health issues among Cuban immigrants requires

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understanding symbolic religious phenomena reflected in hallucinations and social upheavals (Mullings, 1978). Migration was associated with social upheavals that increased the vulnerability of developing mental health issues. In other words, religion denotes the primary factor influencing attitudes toward mental health issues in various cultures. In Cuba, mental health is approached from the angle of religion, where the affected are suspected of having done something wrong spiritually. Furthermore, migration is cited as an issue contributing to mental health because of the social upheavals associated with the period. For instance, they experienced hardships and assimilation.

Moreover, multiple studies suggest that race influences how cultures view mental health. According to Brown et al. (2007), African Americans record a high prevalence of mental health conditions. However, they are less willing to seek professional help because of their color. In other words, people of color have different attitudes and perceptions about addressing mental health issues. Brown et al. (2007) suggest that non-Hispanic ethnicity and African Americans have a bad attitude toward primary care providers, making them less willing for parents to take their children to therapy or treatment. The same research confirms that education represents a vital factor influencing the willingness to seek mental health assistance from professionals. In contrast, Hispanic ethnic parents were more willing to take the advice of primary care providers to allow children to visit therapists or receive medication (Brown et al., 2007). Based on these results, African Americans and non-Hispanics view mental health as a problem that does not require professional help.

Race and mental health are directly connected globally. Notably, African

Americans and people of color report high prevalence rates of mental health conditions and fail to seek professional health. Williams (2018) indicates that African Americans and other people of color view mental health as a problem emanating from racial discrimination. The same study asserts that when people of color suffer from mental health conditions, they experience severe episodes that can last longer than their white counterparts. When whites experience depression, their episodes do not last long and are not severe because they receive support, including professional care from therapists, clinicians, and psychiatrists.

People of color and African Americans view mental health problems stemming from systematic societal biases and discrimination (Williams, 2018). For instance, blacks are harassed by law enforcement officers; they are not hired in employment centers and are disrespected, including receiving poor services in public offices, stores, and restaurants. Williams' (2018) study indicates that 25 percent of Latinos, 35 percent of African Americans, and 22 percent of Asians stated that they were unfairly denied employment because of their race. Also, 34 percent, 23 percent, and 19 percent of American Indians, Blacks, and Hispanics reported experiencing discrimination at least once a week or daily at the workplace (Williams, 2018). These discrimination forms result in mental health issues like anxiety, stress, and depressive disorder.

Consequently, African Americans are less likely to seek medical attention or discontinue treatment prematurely. For instance, 7.5 percent of African American women sort medical help for depression in 2011, compared to 13.6 percent of the general population (Woods-Giscombe et al., 2016). Additionally, African American women were more likely to report hopelessness, sadness, or worthlessness. The works of Woods-

Giscombe et al. (2016) describe specific stressors of mental health issues, including violence, trauma, and racial discrimination. While discrimination affects African American women's willingness to seek medical attention, Woods-Giscombe et al. (2016) mention lack of awareness of available services, inadequate resources, stigma, mistrust of providers, and stereotyping as other factors. Other factors influencing mental health among African Americans and people of color include spiritual values, history of mistreatment, strained interpersonal relationships, gender or racial stereotyping, poor sleep, and perceived obligation to subdue emotions.

Similarly, African American women view mental health issues like depression as a normal reaction to environmental stressors that do not require medical intervention. In particular, they believe that mental health issues are responses to complicated life situations and events instead of considering them illnesses (Woods-Giscombe et al., 2016). Therefore, African Americans believe mental health is culturally sanctioned, requiring conventional methods like resilience and religious practices. Numerous studies have confirmed that addressing mental health in African Americans is culturally defined to include praying, reading the bible, and attending worship places (Woods-Giscombe et al., 2016). In other words, coping with mental health is enshrined in religious practices and beliefs.

Similarly, the African American ethnic group views mental health conditions as a result of disobeying God. This means that seeking religious and spiritual help is the primary intervention mechanism. On the other hand, whites consider mental health a severe issue that requires professional assistance because of exposure to knowledge.

A growing body of research indicates a need for a change in approaching mental

health issues among African Americans, non-Hispanics, Native Indians, and other culturally diverse communities (Earle, 1998). These communities have different attitudes and perceptions about mental health. Therefore, addressing these challenges requires professionals to consider cultural beliefs, norms, and values when dealing with patients. For instance, among American Indians, eye contact is considered to be a rude gesture. Accordingly, clinicians and psychiatrists must understand different cultural values to maximize outcomes.

Earle (1998) suggests a nondirective and facilitative approach to addressing mental health based on different cultures. American Indians can be hostile to counseling and any other professional mental health assistance, which confirms the usefulness of group or family treatment (Earle, 1998). For example, therapists can consider integrating traditional healers into the therapeutic process. In addition, recognizing cultural differences requires professionals offering mental health assistance to be mindful of cultural beliefs and values, including being not forceful, patient, time-consciousness, and privacy of ceremonies. Finally, education about mental health and available intervention services should be implemented to encourage all cultures to come out and embrace proper treatment.

## Pertinent Opinion

The literature reviewed provides valuable insight for understanding parental involvement and mental health issues. The articles are published in reputable journals and provide verifiable data. Further, the methodology and research design of the various articles allow for the replication of the studies in different settings. The findings are also

verifiable and supported by scientific methods that enhance the validity and reliability of the findings. Despite the presence of weaknesses and limitations in each article, the authors understood them and tried to overcome them; thus, their impact on the studies was insignificant. However, the literature reviewed did not consider the changing nature of mental health issues, including the emergence of new stressors like COVID-19. Similarly, there is a need to integrate the latest studies in the review to enrich the study.

## State of the Art

Despite the coverage of the literature reviewed, there are still gaps that need further investigation. The literature reviewed did not integrated new stressors like COVID-19, likely to increase mental health issues like depression, anxiety, or substance abuse. The study seeks to fill these gaps by examining the impact of parental involvement on the mental health of participants from different cultural groups.

CHAPTER 3

METHODS

This chapter deals with the research method the researcher will use to investigate parental involvement and mental health across cultures. The researcher will use hierarchical linear regression which involves examining if a set of predictor variables will explain an outcome. Hierarchical linear regression is appropriate for this study because it allows the four categories of the research question to be put into groups where the researcher can relate the information back to the dependent variable. The researcher will be able to see the percentage of the variance attributes to the dependent variable by each of the groups. The researcher does not interfere with the respondents because the study is conducted in natural settings; thus, it is possible to generate meaningful insight by describing the feelings and experiences of parental involvement and mental health issues. Lastly, the research method allows for the generation of new ideas using open-ended interview questions, which can help identify new opportunities or problems the researcher has not thought about while integrating quantitative data from the survey. The chapter includes a description of the subjects, a description of the measures, variables, research design, research procedures, and analytical techniques.

**Description of the Subjects**

The study will collect data from 227 participants, divided into parents and professionals from a k-12 private institution with a high minority group population. The targeted school is located in Centerville, Ohio. The researcher will interview 3

professionals from the school and use surveys to collect data from 224 parents. The sample will include father and mother using simple random techniques; hence, no preference will be given to any gender. The researcher will not restrict the study to a number of males or females but will try to ensure that male and female will be in proportion to the population at study. Seventy-five parents of students from grades 7-8 and 149 parents from grades 9-12 will be surveyed to participate in this study. Survey and interview answers from parents and professionals will be compared to gather data.

## Description of the Measures

Since the research question has four categories, the researcher will use hierarchical linear regression because it allows the variables to be put into groups. The purpose of this research is exploratory, meaning that the researcher intends to explore or understand a phenomenon that has not been adequately studied (Creswell & Creswell, 2017). Exploratory is appropriate for the proposed research because it is open ended and flexible, thus enabling the researcher to gather more information and avoiding restricting them to one approach (Saunders et al., 2019). Similarly, exploratory studies are appropriated in situations involving surveys and interviews. The researcher will send online surveys to parents using the school's email system and conduct interviews with the three professionals drawn from the institution.

## Variables

The independent variable in this study is parental involvement. The dependent

variable is ==mental health==.

## Research Design

The researcher will send surveys to the participants who are parents of students at the k-12 school. It involves sending the survey questions through online means where participants can fill them at their comfort or convenient time and send them at their convenient time. Online surveys are ideal because they are convenient, can be sent to more participants, and are affordable, unlike interviews which are time consuming and requires one to travel from one location to another (Creswell & Creswell, 2017). Similarly, the responses from the online surveys are highly accurate, thus avoiding errors and the process of verifying the data. The researcher developed the interview questions based on the study. The interview will be conducted at the participants' premises to avoid interrupting their schedules and observing them in their natural environment (Saunders et al., 2029). Each interview will last 30 minutes, and the researcher anticipates conducting one interview in a day, subject to the availability of the participants.

## Research Procedures

The researcher will start by acquiring permission from the respective bodies, such as the Internal Revenue Board. The researcher will then contact the school principal requesting approval to use parents' email from the school system to conduct the study. Once granted, the researcher will administer the survey and plan for the interviews, including their time, location and date. An interview schedule and recording will be used during the actual interview to ensure that the researcher covers all questions and speeds up the process by avoiding unnecessary interruptions. The researcher will start by introducing the purpose of the study and the reason why it is necessary, followed by an

interview which will start with simple questions that allows the participants to build rapport (Creswell & Creswell, 2017; Saunders et al., 2019). Once the interviews are completed and surveys returned, the researcher will conduct data analysis and then write the final report.

## Analytical Techniques

The researcher will combine descriptive statistics like mean, median, standard deviation, and skewness to analyze quantitative data. The researcher connects the statistics with the collected data and then selects appropriate tables for representing the data using excel. Similarly, the researcher will perform hierarchical linear regression using the four categories of the research question to establish the relationships. The researcher will use content analysis for qualitative data. The steps, in this case, include developing a coding scheme and applying it to the interview data (Saunders et al., 2019). The next step is identifying the data's themes, relationships, and patterns. The researchers will then summarize the data and link the finding to the hypothesis.

## Appendix A

## Research Questions

1. What relationship exist between parents' cultural beliefs towards mental health issues

   and

   a. Perceptions of their child's mental health status.

   b. Parental action to support their children's mental health.

   c. Use of available mental health support systems.

   d. Students' decisions to seek mental health support services.

APPENDIX B

SURVEY QUESTIONS FOR PARENTS

1. How many years have you lived in the United States?

2. What is your gender?

3. What is your ethnicity?

4. What is your native language?

5. What is your religion?

6. What is your highest level of education?

7. How involved are you in your child's education?

8. Mental health is important to me?

9. How important do you feel that your school counselor provides mental health services for your child?

10. How likely are you to use different support services for your child?

11. How likely are you to use a pastor for your child support services?

12. How likely are you to use a doctor for your child support services?

13. How likely are you to use a social worker for your child support services?

14. How likely are you to use a school counsellor for your child support services?

15. I help my child with their homework.

16. My child is allowed to talk to a therapist or school counsellor about his/her feelings.

17.  I feel like I know my child.

18. The COVID pandemic has affected my child's relationship with friends and family.

19. My child likes to spend time with family.

20. My child likes to spend time alone.

21. My child likes to spend time with friends.

22. How often have you heard your child talk negatively about himself/herself?

23. What have you done to encourage your child when they are faced with difficult choices?

24. What does your child like to do in his/her spare time?

25. What activities do you do with your child?

26. What activities do you do to help your child with his/her learning?

APPENDIX C

QUESTIONS FOR STAFF MEMBERS

1. How long have you worked at Spring valley academy?

2. In what ways do parents get involved in their child's schooling?

3. In your opinion, what is the effect of parental involvement on the mental health of a student?

4. Have you seen an increase in mental health issues of students and if so what kind?

5. Are you seeing students whose parents do not get involved with more mental health issues?

6. Are there differences between parental engagement between minority and majority groups, and if so, what is the effect of such variations?

7. What do parents do about their child's mental health issues?

8. Do you think race influences how cultures view mental health?

9. Why are students not willing to share their mental health issues with their parents?

10. Do you think traditional approaches for addressing mental health issues are still applicable to the current environment with new stressors like COVID-19?

11. Are there notable changes in mental health following parental involvement?

12. In your opinion, what is the best approach to enhance mental health?

13. Do parents understand their children's mental health needs, and how does such an understanding influence them to get involved?

14. Are parents concerned about their child's mental health?

15. How do parents support their child's mental health?

16. Are you seeing different perceptions and perspectives attached to various cultures

about mental health?

CHAPTER 4

RESULTS

**Result from Staff Members Interviews**

There are several ways in which parents can get involved in their children's schooling. These can include sending emails when their kids are home sick, through classroom volunteers, or on field trips. From Interview P1, parental involvement can hugely contribute to their children's mental health. However, it is unfortunate that most parents do not get involved in their kids' schooling. There has been an increase in students' mental health issues, especially following the COVID-19 pandemic. No kid has been immune to these issues, which have been exploding and affecting kids from all backgrounds, from high to low-income families. Unfortunately, the most affected are the younger kids, who show much anxiety due to bullying from the older kids.

Some of the main effects of mental health issues among school-going kids, as discussed in Interview P1, include ADD, difficult psychiatric conditions, and depression. Other effects include bipolar symptoms and oppositional defiant disorders. However, anxiety remains the biggest impact on mental health. Mental health issues affect students whose parents get involved in their schooling and those whose parents do not. It cuts across the board. However, it is still important for parents to get involved with their children's studies. There is a big difference in parental engagement between the majority and minority groups. According to Interview P2, minority parents assume their kids do not need parental involvement. For instance, some Latino and Hispanic cultures do not

believe in parental counseling. They have a strong stigma attached to mental health. They believe problems can be fixed through family groups or religious leaders. They believe that praying plays a big part in fixing issues. Minority groups do not understand the meaning of mental illness, therefore, resisting help.

Unfortunately, some parents do not see the importance of educating their children on mental health issues. As seen in Interview P3, these minority parents resist reaching out to their children to educate them on mental health. While some children only need TLC, others badly affected by mental health issues require more attention and intensive help. Race has a significant influence on how the culture views mental health. The history of how an individual was raised can influence how they view things. As discussed above, some races, such as Asians, Hispanics, and Latinos, do not believe in addressing mental health issues but rely on pieces of advice from family members and religious leaders.

From the three interviews, it is clear that most kids are never willing to share their mental health issues with their parents or teachers due to stigma. They usually fear what their parents or family members would think of them. Generally, most parents have a more open relationship with their children, making it easy to discuss mental health issues with their parents. However, as seen in Interview P1, some kids find their parents too busy for them and would not give them full attention to hear them out. With new stressors such as the COVID-19 pandemic, the traditional approaches to addressing mental health issues have changed. For instance, counseling sessions, medications, and treatments have significantly evolved. The number of centers and agencies that offer counseling on mental health issues has increased. Counseling sessions can now be done online, reducing the need for physical meetings with counselors. Parental engagement

brings significant changes in mental health issues among children. The best method that would enhance the approach to mental health issues is acknowledging that there are mental health issues and reducing the stigma surrounding people affected by them. Parents must engage with their children and understand their mental health status and needs. They should listen and pay close attention to issues surrounding their kid's mental status.

**Demographic Results from Parent survey**

Parent Survey Demographic Table

| Variable | Value | Number | Percentage |
|----------|-------|--------|------------|
| Age | 24-30 | 4 | 9.09 |
| | 31-40 | 12 | 27.27 |
| | 41-50 | 24 | 54.55 |
| | 51-64 | 4 | 9.09 |
| Gender | Male | 13 | 28.9 |
| | Female | 31 | 68.9 |
| | Other | 1 | 2.2 |
| Ethnicity | African American | 7 | 15.6 |
| | White/Caucasian | 25 | 55.6 |
| | Asian | 5 | 11.1 |
| | Hispanic | 2 | 4.4 |
| | Two or more Races | 4 | 8.9 |
| | I choose not to disclose | 2 | 4.4 |
| Language | English | 42 | 93.3 |
| | Spanish | 2 | 4.4 |
| | Portuguese | 1 | 2.2 |
| Religion | Seventh-day Adventist | 43 | 95.6 |
| | Protestant | 1 | 2.2 |
| | Evangelical | 1 | 2.2 |
| Education | High School | 1 | 2.2 |
| | College | 2 | 4.4 |
| | Associates | 2 | 4.4 |
| | Bachelors | 12 | 26.7 |
| | Masters | 18 | 40 |
| | Doctorate | 10 | 22.2 |

Table

Descriptive Statistics

| | N | M | SD |
|---|---|---|---|
| Mental health is important to me. | 39 | 4.79 | 0.47 |
| How important do you feel that your school counselor provide mental health services for your child? | 39 | 3.97 | 1.09 |
| How likely are you to use a doctor for your child's support services? | 39 | 3.87 | 0.89 |
| How likely are you to use a pastor for your child's support services? | 39 | 3.13 | 1.38 |
| How likely are you to use a school counsellor for your child's support services? | 39 | 3.54 | 1.33 |
| How likely are you to use a social worker for your child's support services? | 39 | 2.82 | 1.48 |

| | | | |
|---|---|---|---|
| How likely are you to use different support services for your child? | 39 | 4.31 | 0.95 |
| How involved are you in your child's education? | 39 | 4.46 | 0.85 |
| My child likes to spend time alone. | 39 | 3.51 | 0.85 |
| My child likes to spend time with friends. | 39 | 4.21 | 0.70 |
| The COVID pandemic has affected my child's relationship with friends and family. | 39 | 2.90 | 1.25 |
| I feel like I know my child. | 39 | 4.54 | 0.64 |
| My child likes to spend time with family. | 39 | 4.15 | 0.78 |
| I help my child with their homework. | 39 | 3.82 | 1.14 |
| How often have you heard your child talk negatively about himself/herself? | 39 | 2.87 | 1.08 |
| My child is allowed to talk to a therapist or school counsellor about his/her feelings? | 39 | 4.41 | 0.97 |

| Name of Models | M 1 | M 2 | M 3 | M 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Use of available mental health support systems.** | 1. Mental health is important to me. | | | | | | | | | | | | | | | | |
| | 2. How important do you feel that your school counselor provide mental health services for your child? | | | | 0.56 | | | | | | | | | | | | |
| | 3. How likely are you to use a doctor for your child's | | | | 0.12 | 0.32 | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | support services? | | | | | | | | | | | | | | | | | |
| | 4. How likely are you to use a pastor for your child's support services? | | | | 0.20 | 0.21 | 0.27 | | | | | | | | | | | |
| | 5. How likely are you to use a school counsellor for your child's support services? | | | | 0.52 | 0.68 | 0.26 | 0.39 | | | | | | | | | | |
| | 6. How likely are you to use a social worker for your child's support services? | | | | 0.21 | 0.26 | 0.00 | 0.26 | 0.13 | | | | | | | | | |
| | 7. How likely are you to use different support | | | | 0.44 | 0.64 | 0.33 | -0.03 | 0.32 | 0.28 | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | services for your child? | | | | | | | | | | | | | | |
| **Perceptions of their child's mental health status.** | | 8. How involved are you in your child's education? | | | 0.44 | 0.38 | 0.01 | 0.37 | 0.35 | 0.32 | 0.31 | | | | |
| | | 9. My child likes to spend time alone. | | | -0.06 | -0.01 | 0.05 | -0.12 | 0.14 | 0.20 | 0.16 | -0.22 | | | |
| | | 10. My child likes to spend time with friends. | | | 0.13 | 0.32 | 0.21 | -0.08 | 0.22 | -0.27 | -0.06 | 0.01 | -0.14 | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 11. The COVID pandemic has affected my child's relationship with friends and family. | | | -0.08 | 0.17 | 0.22 | -0.07 | 0.29 | 0.05 | 0.27 | -0.10 | 0.39 | -0.01 | | |
| | | 12. I feel like I know my child. | | | 0.38 | 0.02 | 0.12 | 0.13 | 0.08 | -0.01 | 0.11 | 0.45 | -0.13 | -0.02 | -0.22 | |
| **Parental action to support their children's mental health.** | | . | 13. My child likes to spend time with family | | 0.23 | 0.00 | -0.20 | 0.10 | -0.13 | 0.07 | -0.10 | 0.52 | -0.44 | 0.23 | -0.39 | 0.46 |

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| | | | Question | | Value | Value | Value | Value | Value | Value | Value | Value | Value | Value | Value | Value | Value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 14. I help my child with their school work. | | 0.17 | 0.27 | -0.07 | 0.21 | 0.31 | -0.02 | 0.15 | 0.46 | -0.01 | 0.25 | 0.04 | 0.17 | 0.2 |
| **Students' decisions to seek mental health support services.** | | | | 15. How often have you heard your child talk negatively about himself/herself? | -0.11 | 0.22 | 0.17 | -0.13 | 0.34 | -0.08 | 0.22 | -0.22 | 0.47 | 0.04 | 0.59 | -0.31 | 0.4 |
| | | | | 16. My child is allowed to talk to a therapis | 0.19 | 0.46 | 0.00 | 0.06 | 0.40 | -0.04 | 0.29 | 0.18 | 0.09 | 0.34 | 0.28 | -0.15 | 0.0 |

| | | | t or school counselor about his/her feelings? | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Name of Models | | | R | $R^2$ | $R^2\Delta$ | df1 | df2 | F | p |
| | **Use of available mental health support systems** | | | .620 | 0.38 | 0.384 | 6 | 32 | 3.33 | .012 |
| | **Perceptions of their child's mental health status.** | | | .727 | 0.53 | 0.145 | 11 | 27 | 2.75 | .016 |
| | **Parental action to support their children's mental health.** | | | .738 | 0.54 | 0.015 | 13 | 25 | 2.29 | .036 |
| | **Students' decisions to seek mental health support services.** | | | .747 | 0.56 | 0.013 | 15 | 23 | 1.93 | .075 |

| | b | SE | B | t | p |
|---|---|---|---|---|---|
| (Constant) | 3.687 | 0.376 | | 9.805 | 0.000 |
| How important do you feel that your school counselor provide mental health services for your child? | 0.097 | 0.104 | 0.224 | 0.930 | 0.359 |

| Item | B | Std. Error | Beta | t | Sig. |
|---|---|---|---|---|---|
| How likely are you to use a doctor for your child's support services? | -0.063 | 0.082 | -0.120 | -0.766 | 0.449 |
| How likely are you to use a pastor for your child's support services? | 0.026 | 0.057 | 0.078 | 0.466 | 0.644 |
| How likely are you to use a school counsellor for your child's support services? | 0.100 | 0.072 | 0.285 | 1.389 | 0.174 |
| How likely are you to use a social worker for your child's support services? | 0.009 | 0.049 | 0.029 | 0.185 | 0.855 |
| How likely are you to use different support services for your child? | 0.117 | 0.098 | 0.238 | 1.196 | 0.240 |
| (Constant) | 2.859 | 0.773 | | 3.700 | 0.001 |
| How important do you feel that your school counselor provide mental health services for your child? | 0.069 | 0.120 | 0.160 | 0.571 | 0.573 |
| How likely are you to use a doctor for your child's support services? | -0.058 | 0.085 | -0.110 | -0.675 | 0.505 |

| | | | | | |
|---|---|---|---|---|---|
| How likely are you to use a pastor for your child's support services? | -0.006 | 0.059 | -0.018 | -0.103 | 0.919 |
| How likely are you to use a school counsellor for your child's support services? | 0.132 | 0.078 | 0.376 | 1.692 | 0.102 |
| How likely are you to use a social worker for your child's support services? | 0.030 | 0.053 | 0.094 | 0.562 | 0.579 |
| How likely are you to use different support services for your child? | 0.128 | 0.107 | 0.260 | 1.194 | 0.243 |
| How involved are you in your child's education? | -0.009 | 0.106 | -0.016 | -0.085 | 0.933 |
| My child likes to spend time alone. | -0.028 | 0.089 | -0.050 | -0.310 | 0.759 |
| My child likes to spend time with friends. | 0.042 | 0.111 | 0.062 | 0.378 | 0.708 |
| The COVID pandemic has affected my child's relationship with friends and family. | -0.069 | 0.060 | -0.184 | -1.142 | 0.264 |
| I feel like I know my child. | 0.212 | 0.118 | 0.290 | 1.797 | 0.083 |
| (Constant) | 2.711 | 0.812 | | 3.338 | 0.003 |

| | | | | | |
|---|---|---|---|---|---|
| How important do you feel that your school counselor provide mental health services for your child? | 0.069 | 0.123 | 0.161 | 0.562 | 0.579 |
| How likely are you to use a doctor for your child's support services? | -0.060 | 0.092 | -0.114 | -0.653 | 0.520 |
| How likely are you to use a pastor for your child's support services? | 0.002 | 0.061 | 0.005 | 0.028 | 0.978 |
| How likely are you to use a school counsellor for your child's support services? | 0.146 | 0.083 | 0.416 | 1.767 | 0.089 |
| How likely are you to use a social worker for your child's support services? | 0.016 | 0.056 | 0.051 | 0.285 | 0.778 |
| How likely are you to use different support services for your child? | 0.140 | 0.111 | 0.285 | 1.269 | 0.216 |
| How involved are you in your child's education? | -0.010 | 0.128 | -0.018 | -0.079 | 0.937 |
| My child likes to spend time alone. | -0.003 | 0.096 | -0.006 | -0.034 | 0.973 |
| My child likes to spend time with friends. | 0.031 | 0.126 | 0.046 | 0.244 | 0.809 |

| | | | | | |
|---|---|---|---|---|---|
| The COVID pandemic has affected my child's relationship with friends and family. | -0.063 | 0.062 | -0.168 | -1.013 | 0.321 |
| I feel like I know my child. | 0.183 | 0.130 | 0.251 | 1.411 | 0.171 |
| My child likes to spend time with family. | 0.080 | 0.135 | 0.133 | 0.593 | 0.559 |
| I help my child with their homework. | -0.048 | 0.069 | -0.117 | -0.694 | 0.494 |
| (Constant) | 2.943 | 0.900 | | 3.269 | 0.003 |
| How important do you feel that your school counselor provide mental health services for your child? | 0.081 | 0.129 | 0.189 | 0.631 | 0.534 |
| How likely are you to use a doctor for your child's support services? | -0.052 | 0.096 | -0.099 | -0.539 | 0.595 |
| How likely are you to use a pastor for your child's support services? | -0.006 | 0.063 | -0.018 | -0.095 | 0.925 |
| How likely are you to use a school counsellor for your child's support services? | 0.165 | 0.088 | 0.469 | 1.871 | 0.074 |

| | | | | | |
|---|---|---|---|---|---|
| How likely are you to use a social worker for your child's support services? | 0.005 | 0.059 | 0.016 | 0.087 | 0.931 |
| How likely are you to use different support services for your child? | 0.145 | 0.115 | 0.293 | 1.263 | 0.219 |
| How involved are you in your child's education? | -0.035 | 0.135 | -0.063 | -0.257 | 0.800 |
| My child likes to spend time alone. | 0.026 | 0.104 | 0.047 | 0.246 | 0.808 |
| My child likes to spend time with friends. | 0.017 | 0.132 | 0.025 | 0.127 | 0.900 |
| The COVID pandemic has affected my child's relationship with friends and family. | -0.037 | 0.072 | -0.099 | -0.513 | 0.613 |
| I feel like I know my child. | 0.145 | 0.144 | 0.198 | 1.004 | 0.326 |
| My child likes to spend time with family. | 0.096 | 0.140 | 0.160 | 0.686 | 0.500 |
| I help my child with their homework. | -0.024 | 0.082 | -0.058 | -0.291 | 0.773 |
| How often have you heard your child talk negatively about himself/herself? | -0.081 | 0.097 | -0.187 | -0.834 | 0.413 |

| | | | | | |
|---|---|---|---|---|---|
| My child is allowed to talk to a therapist or school counsellor about his/her feelings? | -0.024 | 0.099 | -0.049 | -0.242 | 0.811 |

**CHAPTER 5**

**Discussion**

The study has reported the existence of significant relationship between parental

involvement and mental health status of K-12 students. Specifically, this study has

established that parental involvement remains significantly related with multiple markers

of young learners' (K-12 students) mental health, including development of less risky

behaviors as well as improved mental and physical wellbeing. Consistent with the

findings from the previous studies by Brown et al. (2006) and Trask-Tate and

Cunningham (2010), results from this study suggest that there is a significant relationship

between positive parental involvement in the K-12 students' life and improved quality of

mental health which is characterized by their positive relationship between family

members, friends and development of positive behaviors. Results from this study showed that most of the parents had positive feelings towards the involvement of school counselor in providing mental health services to their children. These findings are further echoed in the previous studies by Abramson et al. (2002), Brown et al. (2007), and Takeuchi and Kim (2000) which established that most of the parents had advocated for increased involvement of the school management, including the school counselor, in caring for the mental needs of their children. However, increased involvement of school management has been criticized in the study by Mancoske (2013) which argue that some of the parents often become reluctant to support and address mental needs of their children after realizing that the school is playing more active role. Therefore, a comparative analysis of results from the present study and those from the existing literature leads to the development of a general argument that even though the school counselor may help in improving quality of students' mental health, parental involvement is still a key mediating factor for such success to be fully realized.

Results from this study show that improved parental involvement is associated with reduced risks of bullying, physical harm, drug and substance abuse as well as poor mental health outcomes among the K-12 students. The findings from this study support the hypothesis presented in the previous study by Mancoske (2013) that higher parental involvement is a key mediating factor for improved adolescent mental and physical health. Furthermore, results from this study are consistent with those from the previous research on parental involvement, such as Mancoske (2013) and Williams (2018), which established that children with lower parental involvement often engage in risky behaviors such as substance abuse, toxic relationships, which increase their vulnerability to poor

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mental health outcomes. Furthermore, the reported results from the conducted analysis show that parental involvement has key impacts on the childhood psychosocial development process. However, such influence was negatively impacted by COVID19 pandemic which led to the erosion of parental power as well as increased emphasis on the parental psychological control, key events which have significant impacts on the childhood-adolescent development process.  Results from this research are comparable to those from the previous studies, such as Barber and Roberts (2015) and Woods-Giscombe et al. (2016), which reported higher levels of poor mental health outcomes among children with reduced parental involvement and that lack of parental understanding is significantly associated with negative mental health outcomes such as greater incidences of depression, anxiety and suicidal ideation and thinking. Therefore, results from this study suggest that schools should ensure that the parents are actively involved in all school programs, specifically those that are focused on improving the overall wellbeing of the learners.

Similar to the results from the present study, the previous study by Mancoske (2013) established that key indicators of parental involvement such as parental understanding and parental monitoring were associated with decreased vulnerability to bullying and physical harm among the adolescent students. Therefore, these results reinforce the notion that parental involvement has significant protective effects against school bullying or exposure of the students to life threatening situations, both at school or in the society. With reference to the data presented in Table 3 (Chapter 4), there is a positive correlation between parental involvement and improved quality of mental health among K-12 students. However, the relationship was not statically significant as p-values

in all of the items were >0.05. therefore, there results suggest that impacts of parental

involvement on child's mental health are influenced by other mediating factors which

might not have been identified and reported in the present study. Nonetheless,

interpretation of these findings can be achieved using evidence from the previous studies

by Barber and Roberts (2015) and Warner (2011) which reported that the magnitude of

impacts of parental involvement on student's mental health is further influenced by the

existing school policies supporting parental involvement in child's learning process.

Therefore, these results suggest that even though the parents were willing to be involved

in their children's lives, quality of such involvement was further influenced by the

willingness of teachers, social workers, doctors among other professionals caring for the

children to take part in the program.

In another student by Barber and Roberts (2015) which used an exploratory

design, it was established that parental involvement is a key factor which helps in

reducing incidences of school truancy among students. Even though the present study did

not specifically assess direct relationship between parental involvement and school

truancy, it established that parents who are actively involved in the school life of their

children are often concerned about efficiency of every program executed, including those

that are focused on developing positive perceptions among students towards school.

Furthermore, parents included in this study reported that COVID19 pandemic negatively

affected the quality of relationship between their children's relationship with friends and

family. The previous studies by Barber and Roberts (2015) and Warner (2011)

established that limited socialization and physical interactions during the pandemic

exposed more children and adolescents to mental health problems such as loneliness,

depression, anxiety and suicidal feelings. Therefore, parental involvement in the life of their children during the COVID19 pandemic was reported as a key approach for reducing vulnerability of such children to poor mental health outcomes.

Detailed analysis of results reported in this study further shows that the parental involvement is a dyadic relationship as it is dependent on willingness of the child to abide by the instructions provided by their parents and the attention from the parental figures. Similarly, previous studies by Barber and Roberts (2015) and Mancoske (2013) suggest that greater involvement of parental figures in the child's life and more knowledge of adolescent activities are associated with reduced risks of being involved in risky behaviors. Therefore, this argument support results from the present study which established that enhanced parental involvement is linked with development of less risky behaviors among children. This study has further established that parental involvement is defined by their willingness to seek additional support from different professionals such as social workers, doctors, and school counsellors with the aim of reducing vulnerability of their children to mental health issues. The findings are consistent with those reported in the previous studies by Pruchno el al. (1994) and Stevenson and Baker (1987) which established that increased parental involvement led to reduced rates of daily engagement in life threatening and risky behaviors, such as drug and substance abuse, among the school going children. Such outcomes may be associated with the fact that healthy parent-child relationship and improved parental monitoring would lead to the realization of a more controlled protective environment against the possible influence of peer pressure on the children. Therefore, these results further show that family structure plays an important role in determining the quality of parental involvement in the children's life.

Results in this study further demonstrated that there is an overlap between the parental factors which are associated with each other. The reported associations in this study indicate that the effects of parental involvement on the psychological health of K-12 children include invisible effect of other associated factors. Similar to the results reported in the previous studies by Abramson et al. (2002) and Mancoske (2013), this research has identified culture as an important mediating factors determining the type of parenting style and patterns, which have ultimate effects on the quality of parental involvement in the children's life. Indeed, this study has demonstrated that quality of mental health among the K-12 students vary across cultures. Even though not reported in the previous study by Warner (2011), this research has identified sex of the adolescent as a key factor associated with their quality of mental health outcomes. Consistent with the findings from the previous studies by Brown et al. (2006) and Trask-Tate and Cunningham (2010), this study has established that there is a significant relationship between increased levels of parental involvement and reduced incidences of violence as well as increased positive learning outcomes. Specifically, an interventional trial conducted by Takeuchi and Kim (2000) reported that the parental involvement helped in reducing truant and other problem behaviors among students. Similarly, the present study has established that parental involvement and support could be incorporated into interventions which are targeted to facilitate reduction in aggressive and truancy behaviors among the students. In the context of the mental health, the reported results showed that an increase in the parental involvement led to significant prevention of internalizing problems such as anxiety, loneliness, and suicidal ideation. These results are consistent with those reported in the previous studies by Pruchno el al. (1994) and

Stevenson and Baker (1987) which established that children with poor mental health outcomes are often from the families where parents are not actively involved in their overall development process.

Results from this study has further demonstrated that parental involvement has protective effects on their children, with the K-12 students having highly involved parents reporting low incidences of bullying, engaging in physical fight, developing suicidal ideation as well as low levels of school truancy. Similar to the results reported by Abramson et al. (2002), this study has established that overall positive health status of the children seem to increase with the increasing involvement of parents, and this could possibly be used by parents or guardians to improve on the prevalence of various health behaviors of their adolescent children. A comparative assessment of results from the present study and those reported in the previous studies by Pruchno el al. (1994) and Stevenson and Baker (1987) further shows that parental involvement in the form of health-promoting interventions for both children and the parents should be strengthened in order to improve efficiency of health promotion targets. The present study has further identified different parental action to support their children's mental health. Specifically, the parents included in this study showed greater levels of willingness to be included in the school programs focused on improving their children's mental health, collaborating with other professionals such as social workers and school counsellor to ensure that the children report positive mental health outcomes. These results are further echoed in the study by Mancoske (2013) which reported that parents can create more time with their children by performing tasks such as having family meals, completing projects together, taking walks, helping them with the homework as well as playing games together. All of

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these activities are specifically focused on increasing the levels of parental involvement in their children's life as a strategy for developing a protective measure against the possible negative health outcomes such as the feeling of loneliness and possible development of suicidal thoughts.

Evidence from the previous studies, such as Brown et al. (2007) and Williams (2018), shows that there is a positive connection between the children's mental health and that of their parents. Therefore, parents with positive mental health status are likely to raise and support children with similar health outcomes. Even though not assessed in the present study, previous analysis by Barber and Roberts (2015) reported existence of a positive relationship between parental involvement and higher levels of academic achievements among the students. However, results from the present study can be further linked to those from the study by Barber and Roberts (2015) as they both report a positive relationship between increased parental involvement and improved quality of life among students, which is often characterized by higher levels of academic achievements. The relationship between parental involvement and mental health of students may be further influenced by the nature of family ties involved. From the cultural perspective, results from the present study, similar to those reported by Brown et al. (2006) and Trask-Tate and Cunningham (2010), show that the cultural orientation of parents has significant impacts on levels of involvements they have toward their children. According to Warner (2011), most of the K-12 children often want more independence and may try to discourage their parents from being highly involved in their school life as well as their relationships with peers. Nonetheless, the present study has established that this stage of development is often more treacherous and it is a period when parental involvement

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would make a critical difference in the mental health of the children.

Quality of mental health outcomes among the K-12 children was further influenced by their decisions to seek mental health support services. Results reported in this study show that the willingness of K-12 students to seek mental health support was relatively low and varied, with the parental involvement being a key mediating factor for positive attitudes among these students toward the mental health support systems. Consistently, results from the study by Brown et al. (2007) identified poor parental involvement as a key factor that reduce likelihood of students to seek mental health support, including their ability to use the available mental health treatment programs within their schools. Results from this study are further echoed in the previous study by Woods-Giscombe et al. (2016) which identified factors such as lack of perceived need, perceived ineffectiveness of treatment, problems with access to care, and inconvenience as key limiting factors in increasing the willingness of students to seek mental health support. Therefore, results from this study suggest that students with poorly involved parents are likely to have low willingness levels of seek mental health support, hence exposing themselves to wide range of mental health problems including increased vulnerability of being bullied, victimized, stigmatized and development of suicidal thoughts and depression.

**Recommendations**

Future research in this context should focus on address key limitations of the present study. The first limitation is that this study was primarily based on the data collected from parents despite being conducted in the school context. Therefore, future research in this context should focus on including other educational stakeholders who are

involved in the wellbeing of the children. Specifically, additional data should be collected from teachers, school counsellor among other educational practitioners. Furthermore, the findings from this study about the parental involvement may not be all inclusive as they failed to cover aspects of parental involvement in adolescent development. Therefore, extensive research in this area is recommended with special focus on the impacts of different types of parental attachment or parenting styles on the quality of mental health outcomes among the K-12 students. Adoption of a mixed-methods research was appropriate for this study as it allowed for the collection and analysis of detailed data about the research problem. However, none of the analyzed data were collected from the students themselves hence the study failed to include first-hand experiences and perceptions of the students about the importance of parental involvement in the quality of their mental health.

**Implications**

Newly developed knowledge from this study has great implications on the education sector. First, the results can be used to demonstrate the importance of including parents in school programs focused on improving or supporting mental health of the students. From the parenting perspective, the reported results in this study show the need for parents to ensure that they develop a close and positive relationship with their children as a strategy for protecting them against negative mental health outcomes. Furthermore, results from this study imply that both parents and teachers, as well as other educational practitioners, should work together towards realization of positive mental health outcomes among the students. Parents also have an important role in promoting development of positive mental health support seeking behaviors among their children.

**Conclusion**

The present study has established that parental involvement is key in improving quality of mental health outcomes among children. Specifically, those children with least involved parents are more likely to experience poor quality of mental health compared to their peers with highly involved parents. Furthermore, this study has established that parental involved is a key protective factor against risky behaviors, poor physical wellbeing and poor mental health outcomes among the K-12 learners. Parents included in this study showed greater levels of willingness to be included in their children's school life. Specifically, this study has established that the parents were willing to discuss the status of their children's mental health with other professionals within the school such as doctors, social workers and school counsellors. This is an indication that the parents included in this study appreciated the role of their involvement in improving quality of mental health outcomes among children. Additionally, this study has established that most of the students were not willing to seek mental health support on their own, and that they depended on the involvement of their parents in order to seek and use such services. Therefore, results from this study could encourage parents to actively participate in their children's lives in order to promote positive health outcomes such as development of healthy behaviors. Furthermore, this study could potentially motivate school management and healthcare professionals to always include parents in the programs focused on improving quality of mental health among students.

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