Journal of Psychologists and Counsellors in Schools (2023), **33**, 90–101
doi:10.1017/jgc.2023.2

CAMBRIDGE UNIVERSITY PRESS

ORIGINAL ARTICLE

Parents' mental health literacy, preferred school counsellor roles, and intention to follow up referrals

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(Received 28 March 2022; revised 29 November 2022; accepted 29 November 2022; first published online 06 March 2023)

Abstract

Many mental illnesses have onset during adolescence, and if untreated may have long-term negative outcomes. Parents and school counsellors can assist adolescents by monitoring for mental illness and facilitating appropriate support. The present study investigated parents' mental health literacy (MHL), preferred views of school counsellor roles, and intention to follow up referrals. Eighty-seven Australian parents of current secondary school students were recruited to an online cross-sectional survey via convenience sampling. Results showed that, on average, parents had good MHL, moderately endorsed school counsellor roles, and were committed to following up referrals. Higher MHL, but not preferred school counsellor roles, predicted intention to follow up referrals to general practitioners and specialised mental health services. Findings support targeted psychoeducational intervention for parents regarding MHL and the role of the school counsellor and directions for future research are discussed.

Keywords: Parents; mental health literacy; school counsellor; follow up; referral

Adolescence is characterised by changes in emotions, behaviours, interpersonal relationships, identity formation, and physical development (McGorry et al., 2007; Sawyer et al., 2007), and is often the onset of chronic and episodic mental illnesses (Lawrence et al., 2015). In Australia, one in seven adolescents are experiencing, and one in four are at risk of developing, a severe mental illness (McGorry et al., 2013; Mission Australia, 2017), and during 2019–20, those aged 12–24 made up 22% of all people receiving Medicare-subsidised services specific to mental health (Australian Institute of Health and Welfare [AIHW], 2021). Mental illness has adverse impacts on adolescents' health, social, educational, and employment outcomes (Bowman et al., 2017), and to the family unit (Johnson et al., 2016). When left untreated, these impacts can be felt into adulthood (Logan & King, 2001).

Secondary schools offer wellbeing support for adolescent students, and increasingly this includes professional services (Campbell, 2021), with a push for all Australian secondary schools to have access to a school counsellor (Campbell & Colmar, 2014). The experience, background, title, and availability of counselling, social work and psychology staff varies among schools in Australian states and territories (Australian Psychologists and Counsellors in Schools [APACS], 2013; Scarborough & Culbreth, 2008). Best practice dictates that school counselling and psychology services screen and assess students for signs of mental health issues, and, if identified, refer students to external treatment services (Anderson & Doyle, 2005; Rickwood, 2005). If an external referral is made, parents and those in parent-like roles, such as legal guardians (hereafter 'parents'), play a vital role in facilitating mental health interventions (Hurley et al., 2018; Samis et al., 1993). When parents do not follow up referrals

from the school counsellor, students may receive inadequate care, experience ongoing and worsening mental health, families may be stressed, and school counsellors often feel burnt out due to taking on the primary treating role or maintaining the adolescent in the interim (Anderson & Doyle, 2005).

Reasons cited for parents not following up referrals include financial costs of therapy, denial, stigma, religious and cultural belief systems, time constraints transporting children to and from appointments, and inability to recognise mental health problems (Dixon De Silva et al., 2020; Fazel et al., 2014; Logan & King, 2001). Parents' ability to identify the signs of mental illness (known as mental health literacy [MHL]) is critical in assisting their adolescent to access timely and appropriate support (Jorm et al., 2006; Vaishnavi & Aneesh, 2018). Specifically, MHL is defined as 'knowledge and attitudes regarding mental health that aid in recognition, management and prevention of mental health issues' (Jorm et al., 1997, p. 182). Parental MHL is often limited, incorrect, and inconsistent (Hurley et al., 2020), or is perceived by mental health professionals in this way (Frauenholtz et al., 2015). Positive predictors of parents' MHL have included female gender, higher levels of education, higher income, parents' perceiving greater severity of their child's problem, being Caucasian, greater prior experience with mental health services, experiencing their own mental illness, and being a parent of an older adolescent (Bonanno et al., 2021; Mendenhall & Frauenholtz, 2015).

There is scant research on the relationship between parents' MHL and intention of following up a referral. One large-scale Australian study (Rickwood et al., 2015) investigated adolescents' ($N = 30{,}839$) social influences for accessing mental health support and found parental MHL was vitally important. Furthermore, parents' recognition of mental health issues and being available to listen to their children increased service uptake.

The present study was interested in whether parents' MHL was related to the intention to follow up a referral from the school counsellor and views of the role of the school counsellor. The traditional view of a school counsellors' role entails the four Cs of counselling, consultation, curriculum, and coordination activities (Ghaith et al., 2012; Scarborough, 2005). 'Counselling' refers to conducting individual or group sessions with students concerning mental health, interpersonal, or educational issues, while 'consultation' means collaborating with key staff, parents, and external stakeholders, for the benefit of students (Scarborough, 2005). 'Curriculum' activities involve the school counsellor conducting classroom lessons regarding specific topics, such as conflict resolution, while 'coordination' calls for the school counsellor to run staff and parent programs, and promote and evaluate the school counselling service (Scarborough, 2005).

There is limited literature investigating parents' views of the school counsellors' role. Kirchofer et al. (2007) surveyed U.S. parents and found that 78.6% thought a full-time school counsellor was important or extremely important. Wilder and Ray (2013) surveyed U.S. parents using an adapted version of the School Counselor Activity Rating Scale (SCARS) to assess parents' views of the four Cs of counselling (Ghaith et al., 2012; Scarborough, 2005). They reported that parents preferred school counsellors to (in order of preference) engage in activities related to coordination, curriculum, counselling, and consultation. Wilder and Ray reported parents were concerned about privacy and lacked skills to engage with school counsellors.

While empirical literature is scant, we suggest that the association between parents' preferred views of the school counsellor's roles across the four Cs of counselling with intention to follow up a referral from a school counsellor may play out as follows: If parents endorse preferences for school counsellors to conduct counselling activities, they would be likely to follow up referrals to a school counsellor and may also be likely to follow up a referral to a GP or specialist mental health service, such as a psychologist, as the parents value counselling services and are likely to have developed a trusting relationship with their child's school counsellor. Alternatively, such parents may not follow up referrals to a GP or specialist service if they think the school counsellor alone should perform the counselling role. Parents who endorse the school counsellor's consultation role might endorse the counsellor building a network of allied health support services, and therefore may be more likely to follow up a referral within this network. There is no logical reason why parents who endorse consultation activities do not follow up a referral. Parents who endorse the curriculum role may view the school counsellor as a knowledgeable

https://doi.org/10.1017/jgc.2023.2 Published online by Cambridge University Press

mental health educator, and therefore be more likely to trust their expertise and in turn follow up a referral. Alternatively, parents who endorse the curriculum role within the school may believe the school counsellor's role does not extend beyond the school and may be less likely to follow up an external referral. Greater parental endorsement of the coordination role may be more likely to follow up a referral from the school counsellor, as such activities would highlight the importance of young people receiving ongoing mental health support and identify the mental health services available. Better parental psychoeducation may infer better MHL, and hence greater likelihood of following up a referral. Alternatively, parents who endorse the coordination role may believe this role should be limited to within the boundaries of the school and be less likely to follow up a referral external to the school.

The present study aimed to explore relationships between parental MHL, parents' views of the school counsellor role, and intention to follow up a referral from the school counsellor. The study was conducted in an Australian context from a parent perspective and adds to the literature on how parents, schools, and mental health professionals play integral roles in supporting adolescents with mental health issues (McGorry et al., 2013). While some studies have shown that greater parental MHL is associated with greater likelihood to follow up a mental health referral (Jorm et al., 2006; Rickwood et al., 2015; Vaishnavi & Aneesh, 2018), there is scant research on how MHL is linked with parents' preferred views of the school counsellor role, and how such views might be linked with intention to follow up a referral from a school counsellor. Given the limited prior research, our analyses were largely exploratory in their nature. To test potential associations, our investigation explored relationships between parents' MHL, preferred ratings of counselling, consultation, curriculum, and coordination activities of the school counsellor (as measured by the SCARS; Wilder & Ray, 2013), and intention to follow up a referral to the school counsellor, a general medical practitioner (GP), and specialised mental health service, such as a psychologist. Associations between demographic characteristics and parents' MHL, preferences for the school counsellor role, and intention to follow up a referral were explored.

Method

Participants

Participants were recruited through convenience sampling using the researchers' social network, social media sites (e.g., Facebook), and the university's student research platform (SONA). Participants using SONA received course credit. Participants were required to be Australian residents and parents of current secondary school students.

The sample comprised 87 adults; 17 (19.5%) males, 69 (79.3%) females, one (1.1%) nonbinary, and ranged in age from 24 to 67 years (M_{age} = 47.12 years, SD_{age} = 7.20 years). Participants' adolescents comprised 37 (42.5%) males, 47 (54.0%) females, and three (3.4%) nonbinary. Adolescents in their care ranged between 12 and 18 years (M_{age} = 14.66 years, SD_{age} = 1.76). Sociodemographic characteristics of participants are presented in Table 1.

Measures

Mental health literacy

The Mental Health Literacy Scale (MHLS; O'Connor & Casey, 2015) assesses recognition, knowledge, and attitudes about mental health, and was developed for use in general Australian populations. The original 35 items were adapted to form a 28-item scale for the present study, with 7 items removed as they were not relevant to the present study (e.g., willingness to live in close proximity to people with mental illness, that is, parents' own children). The adapted MHLS measured recognition of disorders, knowledge of risk factors and causes, knowledge of professional help available, and knowledge of self-treatments, on 4-point Likert scales (from 1 = *Very unlikely/Very unhelpful* to 4 = *Very likely/Very helpful*). Items measuring knowledge of how to seek mental health information and attitudes that promote recognition were measured on a 5-point Likert scale (from 1 = *Strongly disagree* to

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Table 1. Sociodemographic Characteristics

	n	%
Characteristics of parents		
Location		
Metropolitan	67	77.0
Rural	18	20.7
Remote	2	2.3
Parental relationship		
Biological	81	93.1
Step	1	1.1
Foster	0	0.0
Adoptive	1	1.1
Kinship carer	1	1.1
Not listed here*	3	3.4
Education level		
Up to Year 10	4	4.6
Up to Year 12	5	5.7
Trade, technical or vocational training	8	9.2
University undergraduate degree	34	39.1
University postgraduate degree	36	41.4
Employment status		
Full time	51	58.6
Part time	19	21.8
Casual	7	8.0
Job seeker	0	0.0
Student	2	2.3
Retired	1	1.1
Unable to work	6	6.9
Missing	1	1.1
Employment industry[a]		
Healthcare, social services or medicine	30	34.5
Experience with mental health, medical or disability service		
None	8	9.2
A little	22	25.3
A moderate amount	25	28.7
A great deal	32	36.8

(*Continued*)

https://doi.org/10.1017/jgc.2023.2 Published online by Cambridge University Press

Table 1. (*Continued*)

	n	%
Characteristics of their Adolescents		
Enrolment		
Single sex (male)	10	11.5
Single sex (female)	10	11.5
Mixed sex (male and female)	67	77.0
Type of school		
Mainstream	86	98.9
Specialised	1	1.1
School sector		
State	33	37.9
Systemic	32	36.8
Independent	20	23.0
Don't know	0	0.0
Missing	2	2.3
Type of student		
Day	87	100.0
Boarding	0	0.0
School counsellor at school		
Yes	87	100.0
No	0	0.0
School counsellor title		
Psychologist	16	18.4
Counsellor	45	51.7
Social worker	3	3.4
Teacher	3	3.4
Don't know	13	14.9
Not listed here**	8	9.2
Child seen the school counsellor		
Yes	39	44.8
No	45	51.7
Don't know	0	0.0
Missing	3	2.4

Note: *Responses included 'grandparent primary carer', 'non-bio mum (partner is bio mum)', and 'half-sister/legal guardian'. **Responses included 'student support officer', 'mental health practitioner', 'wellbeing', 'wellbeing officer', 'guidance officer', and 'wellbeing coordinator'. [a]Reflects participants answering 'yes' to this question.

5 = *Strongly agree*). Twelve items were negatively worded and were reverse scored. A total summed score was calculated, ranging from 28 to 125, with higher scores indicating greater MHL. O'Connor and Casey (2015) reported excellent internal consistency (Cronbach's alpha = .87), and good test-retest reliability, r = .79. The present study reported excellent internal consistency, Cronbach's alpha = .85.

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Views of the school counsellor role

The School Counsellor Activity Rating Scale (SCARS; Scarborough & Culbreth 2008) measures views of the four Cs of counselling (Ghaith et al., 2012; Scarborough, 2005). The present study used the 38-item parent-adapted version of the SCARS (Wilder & Ray, 2013). For each item, participants rated their preferred school counsellor activities, that is, counselling (10 items), consultation (7 items), curriculum (8 items), and coordination (13 items). The subscale for other activities (10 items) was omitted as it was not relevant (e.g., the frequency a school counsellor responds to health issues). Participants responded using a 5-point Likert scale (1 = *Never* to 5 = *Routinely*). Composite subscale scores and an overall score were calculated by summing relevant items, with higher scores indicating greater preference for school counsellors to perform these activities. Wilder and Ray (2013) reported excellent internal consistency for the subscales, (Cronbach's alpha = .83 to .93). The present study also displayed superior internal consistency, with Cronbach's alphas between .87 and .96 for the subscales, and .97 for the overall preferred scores.

Intention to follow up a referral

Vignettes measuring the intention to follow up a referral were adapted from Burns and Rapee (2006), with permission. Two vignettes posed hypothetical situations for parents of an adolescent experiencing symptoms consistent with major depressive disorder and generalised anxiety disorder (American Psychiatric Association [APA], 2013). Participants were asked to indicate the intention of following up a referral to the school counsellor, a general practitioner (GP), and a specialised mental health service (e.g., a psychologist) and responded to six items, using a 5-point Likert scale (1 = *Very unlikely* to 5 = *Very likely*). An overall intention to follow up a referral score was calculated across vignettes, ranging from 6 to 30, and subscale (school counsellor, GP, mental health service) scores ranging from 2 to 10. Higher scores indicated greater intention to follow-up a referral. Cronbach's alpha was .85, showing excellent internal consistency.

Procedure

The study received approval from the Charles Sturt University Human Research Ethics Committee (H21256). Overall, 185 participants started the survey and 87 completed (47% completion rate) the 92-item online questionnaire hosted on the Qualtrics platform (Qualtrics, 2021); starting with demographic questions, followed by the three scales. The questionnaire took approximately 25 minutes to complete. Data collection was undertaken from July to September 2021.

Results

All statistical analyses were conducted using IBM Statistical Package for the Social Sciences version 27 (SPSS; IBM Corp., 2020). Descriptive statistics are presented in Table 2.

Correlations

The relationships between parents' MHL, overall intention to follow up a referral and demographic variables were investigated using point-biserial correlations for categorical variables (e.g., gender) and Pearson's correlations for continuous variables (Table 3). Significant negative correlations showed female parents were more likely to follow up referrals to a GP and specialised mental health service than males. No significant relationship was found between parent gender and intention to follow up a referral to the school counsellor. A significant negative correlation showed female parents reported greater MHL than males. Significant positive correlations showed parents with higher levels of education and more experience with mental health, medical, or disability services reported greater MHL.

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Table 2. Descriptive Statistics

Scale or subscale	*M*	*SD*	*n*	Potential range
Mental health literacy	103.04	9.22	86	28–125
Overall preferred	138.65	27.49	84	38–190
Counselling	37.33	7.59	84	10–50
Consultation	26.24	5.40	84	7–35
Curriculum	27.94	7.99	84	8–40
Coordination	46.98	10.79	84	13–65
Overall intention to follow up	28.14	2.79	87	6–30
School counsellor	9.01	1.25	87	2–10
GP	9.58	0.83	87	2–10
Specialised mental health service	9.46	0.86	87	2–10

Table 3. Correlations Between Demographic Characteristics and Mental Health Literacy and Intention to Follow Up a Referral (Overall and Subscales)

Variables	Mental health literacy ($N = 82$)	Overall intention to follow up ($N = 83$)	School counselor ($N = 79$)	GP ($N = 79$)	Specialised mental health service ($N = 79$)
Parent gender	−.47**	−.20	−.06	−.27*	−.27*
Education	.43**	.13	.04	.19	.20
Experience	.30**	.05	−.05	.08	.23

Note: *$p < .05$, **$p < .01$.

Table 4. Correlations Between Mental Health Literacy, Views of the School Counsellor Role (Overall Preferred and Preferred Subscales), and Overall Intention to Follow Up a Referral

Scale or subscale	1	2	3	4	5	6
1. Mental health literacy						
2. Overall preferred	.20					
3. Counselling	.09	.85**				
4. Consultation	.26*	.90**	.79**			
5. Curriculum	.06	.86**	.65**	.63**		
6. Coordination	.26*	.91**	.64**	.83**	.69**	
7. Overall intention to follow up	.33**	.26*	.29**	.32**	.07	.24*

Note: *$p < .05$, **$p < .01$.

The relationships between parents' MHL, preferred counselling, consultation, curriculum, and coordination activities of the school counsellor, and overall intention to follow up a referral were investigated using Pearson's correlations (Table 4). Greater parental MHL was significantly positively associated with preferred parent ratings of consultation and coordination activities. No significant relationships between parents' MHL and parents' preference for counselling and curriculum activities were found. Greater intention to follow up a referral was significantly positively associated with preferred parent ratings of counselling, consultation, and coordination activities. No significant relationship was

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Table 5. Hierarchical Multiple Regression: Parents' Intention to Follow Up a Referral to a GP and a Specialised Mental Health Service

	Intention to follow up a referral to GP				Intention to follow up a referral to specialised mental health service			
Step and predictor variable	*B*	*SE B*	β	sr^2	*B*	*SE B*	β	sr^2
Step 1								
Constant	9.86	0.24			9.77	0.27		
Parent gender	−0.22	0.18	−0.13	.02	−0.25	0.20	−0.14	.02
Step 2								
Constant	4.79	1.17			4.50	1.30		
Parent gender	0.13	0.18	0.80	.01	0.11	0.20	0.06	<.01
MHL	0.04	0.01	0.42**	.15	0.04	0.01	0.44**	.16
Overall preferred	0.01	0.00	0.17	.04	0.00	0.00	0.08	.01

Note: *$p < .05$, **$p < .01$. MHL, mental health literacy.

found between intention to follow-up a referral and parents' preference for school counsellors to conduct curriculum activities. Greater parents' MHL was significantly associated with greater overall intention to follow-up a referral.

Regression Analyses

To test the combined and differential effects of parents' MHL and their overall preferred views of the school counsellor role in predicting likelihood of following up a referral, separate multiple regression analyses were conducted for following up referrals to a school counsellor, a GP, and specialist mental health service. Parent gender was included in the regression analyses for intention to follow up a referral to a GP and specialist mental health service as it was significantly correlated with these variables, but not follow-up to a school counsellor.

Intention to Follow Up a Referral to a School Counsellor

A standard multiple regression analysis showed parents' MHL and overall preferred role of the school counsellor did not significantly predict follow up to a school counsellor, $F(2, 81) = 1.94$, $p = .151$. That is, greater parents' MHL and the preferred views of the school counsellor role did not make significant unique contributions or a significant combined contribution to intention to follow up a referral to the school counsellor.

Intention to Follow Up a Referral to a GP

Hierarchical multiple regression analysis with two steps tested the ability of parents' MHL and overall preferred role of the school counsellor to predict the intention to follow up a referral to the GP, after controlling for parent gender. At Step 1, parent gender did not significantly predict intention to follow up a referral to the GP, explaining only 2% variance, $R = .13$, $F(1, 82) = 1.47$, $p = .230$. After entry of parents' MHL and overall preferred school counsellor role at Step 2, the model was significant and total variance explained was 21%, $F(3, 80) = 4.12$, $p < .001$. Table 5 shows greater MHL predicted greater intention to follow up a referral to a GP, contributing 15% of unique variance. Overall preferred school counsellor role and parent gender were not significant, contributing 4% and 1% of unique variance respectively.

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Intention to Follow Up a Referral to a Specialised Mental Health Service

Hierarchical multiple regression analysis with two steps tested the ability of parents' MHL and overall preferred school counsellor role to predict the intention to follow up a referral to a specialised mental health service, after controlling for parent gender. At Step 1, parent gender explained 2% of variance in intention to follow up a referral to a specialised mental health service, which was not statistically significant, $R = .14$, $F(1, 82) = 1.55$, $p = .217$. After entry of parents' MHL and overall preferred school counsellor role at Step 2, the model was significant and explained 19% of variance, $F(3, 80) = 6.38$, $p < .001$. Table 5 shows greater MHL predicted greater intention to follow up a referral to specialised mental health service and contributed 16% of unique variance. Overall preferred school counsellor role and parent gender were not significant, contributing 1% and 2% of variance respectively.

Discussion

The present study extended Wilder and Ray's (2013) research on parent preferences for school counsellor roles (Ghaith et al., 2012; Scarborough, 2005) to explore associations between such preferences, parents' MHL (Jorm et al., 2006; Jorm et al., 1997; Vaishnavi & Aneesh, 2018), and intention to follow up referrals (Anderson & Doyle, 2005; Rickwood, 2005; Rickwood et al., 2015). More specifically, our approach aimed to explore parent views of their adolescents' mental health, nuanced perspectives on parent preferences for the role of school counsellors, and how these perspectives are associated with intention to follow up referrals to school counsellors, GPs, and specialised mental health services.

Exploratory analyses using demographic characteristics were consistent with prior research (Bonanno et al., 2021; Mendenhall & Frauenhotlz, 2015) and demonstrated significant relationships between greater parents' MHL and female gender, higher level of parent education, and greater prior experience with a mental health, disability, or medical service. Mean parent's MHL scores indicated that the sample of parents reported moderate-to-high MHL and were consistent with Wilder and Ray's (2013) moderate endorsement of preferred roles of the school counsellor. Correlation results showed significant positive relationships between parents' MHL and preference for consultation and coordination activities of the school counsellor. These findings suggest that parents with greater understanding of mental health see value in school counsellors conducting consultation and coordination activities, while those with lower MHL endorse these roles to a lesser extent. In contrast, correlations between parents' MHL and preference for counselling and curriculum activities conducted by the school counsellor were not significant. The lack of significant association and inspection of moderate-to-high mean scores for counselling and curriculum roles supports the idea that regardless of the extent of their MHL, parents endorsed school counsellors performing counselling and curriculum roles. It is likely that counselling and curriculum roles may be perceived as the domain of the school counsellor aligning with their job title and education setting respectively, while those of consultation and coordination may be less explicitly known to parents with lower MHL (Fazel et al., 2014).

Mean scores for intention to follow up a referral from a school counsellor were very high, indicating that parents were highly likely to follow up referrals. Despite these high mean scores, there was enough variability across the sample to produce significant positive relationships between intention to follow up a referral and parental preference for school counsellors to conduct counselling, consultation, and coordination activities. The nonsignificant relationship between intention to follow up a referral and preference for school counsellors to conduct curriculum activities, coupled with moderate-to-high mean scores for the curriculum role, suggested that parents may endorse curriculum roles in the broader school context, but then view this educative role as irrelevant to a referral from the counsellor. Parents may hold preferred views of the school counsellor role that differentiate some aspects of the role as relevant to their decision as to whether to pursue a referral for their adolescent, while other aspects may be irrelevant to these decisions. The current findings suggest parents view the counselling, consultation, and coordination activities of a school counsellor as relevant to their child's mental health needs and the range of mental health services linked within the school counsellor's networks, but

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separate to their decision to follow up a referral. Potentially, parents may see the educative role directed at students, rather than parents themselves.

Given the vital role parents play in facilitating mental health intervention for their adolescent children (Hurley et al., 2018; Rickwood et al., 2015; Vaishnavi & Aneesh, 2018), it was expected to see that all intention to follow up referral variables were very high, with low variability, indicating that this sample of parents strongly endorsed following school counsellors' recommendations.

Higher parents' MHL was related to greater intention to follow up a referral, which is consistent with previous research (Dixon De Silva et al., 2020; Jeong et al., 2018; Rickwood et al., 2015). Specifically, parents with greater knowledge of mental health indicated they were significantly more likely to follow up referrals to GPs and specialised mental health practitioners than those with less MHL. This significant finding concurs with previous authors (Samis et al., 1993; Vaishnavi & Aneesh, 2018) who have emphasised that parents' ability to identify the signs of mental illness is important to assist their adolescent to access timely and appropriate support.

The regression analyses revealed that parents' MHL and preferred views of the school counsellor did not predict the intention to follow up a referral to a school counsellor. However, regardless of MHL and preference for school counsellor's roles, parents reported their intention to follow up a referral to the school counsellor. In the second and third regression analyses, greater parents' MHL predicted greater intention of following up a referral to a GP and specialised mental health service, suggesting that parents with greater MHL may understand the importance of treatment by a professional outside of the school context (Samis et al., 1993). It is plausible that parents with lower MHL may be hesitant to extend services beyond the school counsellor. These results suggest that it is when referrals are made outside of the school context that parents' MHL becomes most important.

Limitations and Future Research

Some key methodological and conceptual considerations should be noted. The questionnaire was quite long, with 92 items. During the time of data collection, COVID-19 online fatigue across Australia meant parents were teaching and working from home (World Health Organization [WHO], 2020). Several potential participants mentioned that this had an impact on their willingness to participate. Regarding parental role, a nongestational parent option should be provided in future research. Despite asking parents whether their child had seen the school counsellor, they were not asked about mental health professionals outside of the school context. Such prior experience could be collected in future research. Female parents accounted for most of the participants, which means the sample may not be generalisable to the Australian parent population. Typically, MHL is higher among females (Bonanno et al., 2021; Mendenhall & Frauenhotlz, 2015), which the results confirmed; however, future research might focus on recruiting a stratified sample.

Practical Implications and Conclusion

Our findings support the need for parent psychoeducation programs for MHL. Schools could facilitate parental MHL programs that include information on risk factors, causes, signs, and symptoms of mental illness disorders during adolescence, and debunks myths associated with mental illness. The present study suggests such programs would do well to target male parents, those with less education, and parents without prior involvement with services. While on average the sample endorsed the four Cs of the school counsellor role, such endorsement could be improved if schools provide more information to parents on the school counsellor's role, their professional training and qualifications, background and professional title, and information on when to refer their child to the school counsellor, and how to engage with an external professional. Consultation with the school counsellor regarding the best time, the frequency, and most effective way to target the parent population is essential.

In sum, the present study has reported the relationships between parents' MHL, preferences for school counsellor activities, and the intention to follow up a referral in a convenience sample of

https://doi.org/10.1017/jgc.2023.2 Published online by Cambridge University Press

Australian parents of secondary school students. The results support psychoeducational programs for parents on MHL and the school counsellor's role and inform future research regarding conceptualisation and measurement of the key constructs.

Acknowledgment. The first author would like to thank the co-author for the continuous support and invaluable supervision.

Financial support. This research received no specific grant from any funding agency, commercial, or not-for-profit sectors.

Conflicts of interest. None.

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Cite this article: Bignold MLGM and Anderson D (2023). Parents' mental health literacy, preferred school counsellor roles, and intention to follow up referrals. *Journal of Psychologists and Counsellors in Schools* **33**, 90–101. https://doi.org/10.1017/jgc.2023.2