Introduction
The goal of patient-centered care is to engage consumers as decision makers about their care. The patients’ perceptions about the risks and benefits of medications may affect treatment decisions. In some cases, patients and family members have misconceptions or attitudes that lead them to discount certain treatment options.

In mental health, little research exists on parents’ perceptions of pediatric antidepressant use because attitudinal surveys have focused exclusively on adult mental health treatment options. This research is one of the first studies to measure parents’ perceptions of the risk and benefits of pediatric antidepressant use. Demographic factors included parental level of education, race, child’s age, child’s insurance status and diagnostic status.

Key Findings from Study
• Among a group of parents seeking mental health care for their children, counseling was perceived as beneficial and having few risks, whereas antidepressant medications were perceived as both beneficial and risky.

• African American parents often had less favorable views of antidepressants relative to parents of other ethnicities. They viewed these medications as both less beneficial and more risky.

• A substantial portion of parents reported concerns regarding the safety of antidepressants; many parents perceived antidepressants as precipitating suicidal ideation.

• Many parents expected a higher level of physician monitoring of pediatric antidepressant use than is offered and available in most communities.

Research Method
• Sample consisted of 501 parents. Data were collected during 2006 in the waiting rooms of two urban community mental health centers owned and operated by a large children’s hospital.

• Research assistants approached adults with children in the waiting room and asked them to complete a questionnaire entitled: “What Parents Think about Behavioral health Care for Kids.” The instrument assessed demographic characteristics, treatment history and attitudes toward psychotherapy. Attitudes towards pediatric antidepressant use were assessed if a parent thought their child might be depressed or if the child was taking an antidepressant.

• One year after initial questionnaire, researchers accessed the clinics’ computerized database to determine:
  o Child’s primary Axis I diagnosis on the date the questionnaire was completed;
  o If the child had any prior history of psychotherapy and medication management appointments for the year preceding the questionnaire;
  o If the child had any future psychotherapy and medication management appointment for the year after the questionnaire completion date.

For more information, please contact the Center for Biobehavioral Health in The Research Institute at Nationwide Children’s Hospital at 614-722-3182 www.NationwideChildrens.org/Research


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