

Source: Walrath, C. M., Nickerson, K. J., Crowel, R. L., & Leaf, P. J. (1998). Serving children with serious emotional disturbance in a system of care: Do mental health and non-mental health agency referrals look the same? *Journal of Emotional and Behavioral Disorders*, 6(4), 205-213.

Understanding the characteristics of the children and families served in systems of care is vital to effectively matching services to needs. Using data from the East Baltimore Mental Health Partnership (EBMHP), one of the CMHS Child Mental Health Services Initiative demonstration sites, Walrath et al. report the findings of a study comparing the characteristics of children referred to the EBMHP by a traditional mental health center and those referred by education, juvenile justice, and social services.

Data were gathered on the demographics, psychosocial histories, functioning, and diagnoses of 254 children and their families referred to the EBMHP by one of the four agencies. Overall, the children referred to the EBMHP were predominately African American (93%), male (69%), and had an average age of 11 years. Over half lived alone with their mothers, and more than 2/3 came from families with reported annual gross incomes under \$10,000. With regard to referral patterns, education referred 36% of the children, followed by mental health (26%), social services (22%), and juvenile justice (16%).

Results indicated that children from different referral sources had different profiles. For example, children referred by the mental health agency tended to be males presenting with problems of physical aggression, significant levels of psychosocial dysfunction, internalizing problem behaviors, and oppositional defiant disorders, while those referred by social services were predominately females of late elementary school age characterized by histories of physical aggression, depression, and adjustment disorders. Such a finding, the authors assert, has important implications for service and practice. For instance, the needs of the children referred by the mental health agency were met through home-based services and the development of a strong coordination among outpatient, emergency room, inpatient, and respite services. Due to issues of reunification and placement stability, a strengths-based approach was particularly important for those referred by social services who typically received case management and mental health services as well as parent advocacy training and support.

In addition to implications for the design and delivery of services, these differing profiles “lay the empirical groundwork” for conducting analyses in an attempt to better understand differential outcomes as a function of subgroup for those served in systems of care. This latter implication is particularly important given attempts to determine which children and families “could, would, and do benefit most” from a system of care approach to service delivery.

Walrath et al. conclude that “children in need of mental health services do not constitute a homogeneous group.” This finding is consistent with that of other recent studies (e.g., Rosenblatt et al., 1998) indicating that despite sharing a common label of *serious emotional disturbance*, children served in a system of care may not share common mental health profiles.