

Summaries of research on mental health services for children and adolescents and their families

August, 2004 No. 103

Harrison, M. E., McKay, M. M., & Bannon, W. M. (2004). Inner-city child mental health service use: The real question is why youth and families do not use services. *Community Mental Health Journal*, 40(2), 119-131

keywords: mental health services use, need for services, service providers, barriers

Due to the stresses of poverty and urban living, many children of color who reside in low income, urban neighborhoods may be at risk for emotional and behavioral problems. Yet empirical studies show that these children and their families receive relatively few mental health services, possibly due to inadequate supports and/or cultural differences. In order to better understand the gap between service need among this population and service use, the authors investigated parental *help-seeking behaviors* and *utilization* or *non-utilization* of services. Miscommunication between parents and service providers was the most often cited reason for non-utilization of services.

Respondents (N = 253) were parents of children consecutively referred to a community-based mental health clinic in a Midwestern, urban city. Children were an average age of 9.8 years (SD = 4.14), and most were African American (79%), followed by Latino (12%), and Caucasian/Other (7%). A battery of questionnaires identified (a) parenting skills (e.g., discipline effectiveness); (b) child psychopathology; (c) steps families took prior to service use and the helpfulness of informal supports; (d) factors associated with service use; and (e) barriers to accessing services. Parents were contacted to participate in the study after their children were referred to the service agency. Families who kept at least one appointment for services were interviewed periodically after the child's first appointment, for 16 weeks (families who dropped out of treatment were asked about their reasons for doing so). Families who kept no appointment after scheduling services were contacted by phone to determine why they had not come to the clinic for services.

There were 171 (68%) families who kept at least one appointment, and 82 (32%) families who kept no appointments (there were no significant demographic differences between these groups). The severity of child psychopathology did not influence the degree of service use or non-use by families. Selected results of the three main goals of this study are provided below.

- *Help-seeking behavior*: most parents sought help from a school counselor or from family members prior to seeking services;
- *Utilization of services*: effective discipline and social support were two factors that significantly influenced the use of services, while having a positive attitude to mental health approached significance; and
- *Non-utilization of services*: miscommunication, or because the therapist had not called the family back, was the most often reported reason for not keeping an initial appointment, followed by feeling too overwhelmed to keep an appointment. However, when contacted by phone, nearly three-quarters of families who had not kept an appointment reported that they would still like to receive services for their child.

Results of this study provide additional confirmation of the gap between unmet need and service use among low income, urban families of color. Yet these results also suggest some strengths that clinicians and researchers can build upon. As mentioned by the authors, parents were using informal supports prior to their child's referral, and most found those supports very helpful. Thus, understanding family strengths may contribute to greater participation in services. For example, most parents in this study wanted their child to receive services (even if they had not kept an appointment)—this knowledge, combined with community outreach efforts about mental health services and programs, may help attract and retain children and their families in services. Finally these results suggest that community-based clinics may want to evaluate their inhouse policies and procedures to ensure that they do not discourage families from seeking services.