Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. [And Commentary, J. S. Lyons & L. Rogers, The U.S. child welfare system: A de facto public behavioral health care system]. *Journal of the American Academy of Child and Adolescent Psychiatry 43*(8), 960-973.

Keywords: child welfare, unmet mental health need, cross-agency collaboration

Results of this study indicate that approximately half of the children who come into contact with the child welfare system have need for mental health services. Findings reflect the critical need for child welfare workers to screen youth for emotional and behavioral problems when they first enter the child welfare system. However, as pointed out by Lyons and Rogers, child welfare is one system among many child-serving agencies currently overburdened by an influx of children who need mental health services. The authors of this article, and its commentators, underscore the importance of cross-agency involvement among child- and adult-serving sectors to identify and meet the mental health needs of youth and their families. Barriers to establishing such partnerships are also discussed.

Data for the current study were from the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative sample of youth whose caregivers/families were investigated by child welfare agencies between October 1999 and December 2000 for child maltreatment; the authors report on children between the ages of 2-14 years (*N* = 3,803). Youth, their caregivers and child welfare workers were interviewed within six months of each completed investigation to determine mental health need at the time of the investigation, and rates of service use 12 months prior to the investigation.

Child Behavior Checklist (CBCL) scores indicated that 48% of the sample had need for mental health services, and among those, only 11% had received services in the previous year. For very young children (ages 2-5), 33% had a need for services and only 7% actually received them. Overall, 16% of the entire sample received mental health services, and 84% did not. Youth with greater clinical need received services at a significantly higher rate than youth with less clinical need. All youth were more likely to receive services for sexual abuse than for neglect, and this finding was significant for very young children. Further, all youth were significantly more likely to receive mental health services if they had a parent with severe mental illness, or if they had been exposed to numerous risk factors. Almost all youth (90%) were living at home at the time of the investigation; of this group, children between the ages of 6-14 were significantly less likely to receive services than youth who were living outside of the home.

Importantly, 53% of the entire sample had previously come to the attention of a child welfare agency for allegations of child maltreatment. The authors ask: "Will their next appearance in the child welfare system result in a placement?" (p. 967). Over one-third of the youth in this study were exposed to impaired parenting skills, and two-thirds were victims of alleged neglect; these findings, combined with mental health services need and use by these children, indicate the urgent need for multi-agency partnerships. As suggested by the authors, these partnerships should also include agencies that serve the needs of parents (e.g., parenting, mental health, substance abuse, etc.).

In their commentary, Lyons and Rogers point out that if half of the children in the child welfare system have emotional and behavioral problems in the clinical range, then the child welfare system is a de facto behavioral health care system. As such, the child welfare system has a responsibility to identify youth with mental health needs and to secure treatment for them, not simply through referrals, but to the extent that "all aspects of the child welfare system…should be planned within the context of designing systems that are

responsive [to the needs of these children]" (p. 971). Moreover, systems involved with children and families that overlap with other child-centered systems (e.g., child welfare, education, social services, juvenile justice, and mental health) should coordinate services in such a way that the welfare of the children and their families served by these systems are addressed at every level of operation. Where Burns et al. suggest that their findings "beg for clear identification of the barriers to receiving mental health care," (p. 967) Lyons extends this call to an identification of barriers to inter-agency coordination among child-centered systems (which may parallel barriers among adult-serving systems; see text box).

Cross-system barriers to multi-agency cooperation:

- Services are often provided only in the system that the child/family enters, despite the family having multiple issues. Many people have referred to this as the "silos" in the service system;

- Finger pointing: The different child-serving systems, based on funding issues, regulations, and expertise, will take the position that their particular system is not responsible, but that another system should be accountable for the care of the child;

- Care is left uncoordinated in case of the multiple needs of particularly challenging children and families;

- Services are not uniformly monitored for quality and outcomes, leading to ineffective, underutilized services;

- Due to failures to sufficiently fund accessible community-based services, many children end up in the high-need, expensive services. In the absence of an effective community-based system, the waiting lists for these high-end services grow into bottlenecks that give the illusion that the system needs more high-end services;

- Most systems lack an infrastructure to identify and monitor children in high-end services and, consequently, to assist in a "step-down" process to reintegrate the child back into his or her family and community; and

- Services are not efficiently used because there are few mechanisms in place that assist the appropriate matching of children's needs and strengths to services, treatments, and levels of care.

Lyons & Rogers, p. 972.