

Wood, P. A., Yeh, M., Pan, D., Lambros, K. M., McCabe, K. M., & Hough, R. L. (2005). Exploring the relationship between race/ethnicity, age of first school-based services utilization, and age of first specialty mental health care for at-risk youth. *Mental Health Services Research*, 7(3), 185-196.

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While schools have the potential to play a major role in the timely identification and treatment of youth at risk for emotional and behavioral problems, it is unfortunate that this has not been achieved in actual practice. Many studies have indicated a lag of from two to four years between age of onset and age of first service for emotional and behavioral problems (Kutash, Duchnowski & Friedman, 2005). The consequences of this lag in the delivery of school-based services may be further exacerbated because such services often are a gateway to needed mental health services in the mental health specialty system. This article sheds light on that relationship by investigating the age at which a youth first received school-based or specialty mental health services and the race/ethnicity of the youth. Results revealed that Non Hispanic White youth receive school-based and specialty mental health services at earlier ages than minority youth. Among all groups, results suggest that the younger a youth receives school-based services, the sooner the youth will receive specialty mental health services.

Participants ( $N = 1,552$ ) were active in at least one of the following service sectors: mental health (53.5%); child welfare (33.5%); juvenile justice (29.5%); schools (SED; 15.6%), and alcohol/drug treatment (3.5%). Youth were an average age of 13.9 ( $SD = 3.4$ ) years, and most were males (66%). Almost 40% of the sample was Non Hispanic White. Latinos (31%) comprised the next largest racial/ethnic group, followed by African Americans (22%) and Asian/Pacific Islanders (7%). A modified version of the Services Assessment for Youth and Adolescents (SACA) was used to identify lifetime service use, including inpatient and outpatient specialty mental health service use and school-based mental health services. The Children's Global Assessment Scale (C-GAS) measured functional impairment.

Results are for youth already being served by at least one service system. Seventy percent of the sample had used school-based services and 77% had used outpatient specialty mental health services; 61% of those using both services reported having received school-based services first (or during the same month in which specialty mental health services were first used). Minority youth under the age of six were less likely than Non Hispanic Whites to receive school-based services. Similarly, Asian Pacific Islanders and Latino youths between the ages of 6-10 years were less likely to receive school-based services than were Non Hispanic Whites. African Americans, Asian Pacific Islanders and Latinos were less likely than Non Hispanic Whites to receive any school-based services overall. Further, Non Hispanic White youth received specialty mental health services at younger ages than did minorities.

Age at first receipt of school-based services also predicted use of additional mental health services. That is, youth under six years of age who received school-based services received specialty mental health services at younger ages when compared to older youth. This trend continued with older age groups as well. Results suggest that the earlier a youth receives school-based services, the earlier the youth will receive specialty mental health services, regardless of level of functioning. Results also suggest that minority youth under the age of 11 are less likely to receive either school-based or specialty mental health services when compared to Non Hispanic White youth. With regard to racial/ethnic status, it is unclear which cultural factors influence this relatively late receipt of services. According to the authors, some minority groups seek more informal avenues for mental health problems (i.e., traditional healers, pastors, etc.) than do Non Hispanic Whites, and this may explain the significant differences found in this study between Non Hispanic service use and minor-

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ity service use (see *Data Trends* #101). However, the authors also call for greater effort among school staff to identify minority children in need of services.

Although schools have been called a de facto mental health services provider, results from this study suggest that schools have more work to do in identifying young children with emotional and behavioral needs; this is especially the case for minorities. The authors suggest that school staff, mental health staff, and educators “come together to examine the pathways for early intervention within their schools” (p. 194).

## Reference

Kutash, K., Duchnowski, A. J., & Friedman, R. M. (2005). The system of care 20 years later. In M.H. Epstein, K. Kutash & A.J. Duchnowski, *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices*, 2nd ed. (pp. 3-22). Austin: Pro-Ed.