

Source: Farmer, E., Stangle, D., Burns, B., Costello, E. J., and Angold, A. (1999). Use, persistence, and intensity: Patterns of care for children’s mental health across one year. *Community Mental Health Journal*, 35(1), 31-46.

This article reports on data from the Great Smoky Mountains Study (GSMS), one of the most important epidemiological studies to date on mental health service use by children and adolescents. The children and families participating in this study (N=1,007) were randomly drawn from 11 counties in western North Carolina (known for its well-developed mental health service system) and oversampled for children with emotional disturbances. The article reports on patterns of mental health care provided to children ages 9, 11, and 13 over a 12 month period (N=1,007). Of the population studied 51% were male, 27% lived below the poverty line, and 20% met criteria for a psychiatric diagnosis. The authors looked at one- and multiple-sector use, intensity of services according to need, and persistence of use.

Service use fell generally into two main categories: 1) school counseling provided by the education sector, and 2) non-intensive mental health treatment via public mental health centers or private professionals. The high percentage of education-sector treatment (see box) versus specialty mental health service use suggests that “coordination, especially with schools, is crucial for the provision of services.” The younger children in this study were more likely to receive services through the education sector than were the older youths. Farmer et al. note that findings may underestimate school involvement in mental health services because data limited to children in the 9-14 year age bracket excludes a large portion of the primary and secondary population. Furthermore, data relied heavily upon parent reports of service use, and a “comparison of child and parent reports of school services suggest that reliance on parents may underreport use of school services.”

Sector Providing Mental Health Services by Percentage of Children Receiving Services	
Educational	12.0%
Specialty Mental Health	8.0%
Medical	4.0%
Juvenile Justice	0.8%
Child Welfare	1.4%
Informal, non-professional	4.0%

Children receiving services from two sectors were most often treated by both the educational system and as out-patients in the (public or private) specialty mental health sector. Three-fourths of all children receiving services from three or more sectors received services from the education sector, and in nearly all cases received services from specialty mental health services. The most common pattern of use was 1 to 2 visits over a 3 month period for both outpatient specialty mental health services and educational services. Very few in-home services, out-of-home placements, partial hospitalizations or specialized services for substance abuse were reported.

According to the authors, data from the first three months of the study revealed that only 40% of children with a serious emotional disturbance received any mental health services. Examining how children with serious emotional disturbances fared (e.g., whether they continued to receive mental health services) during a 12 month period was difficult to determine, due to a “complex pattern of movement into and out of services.” However, the data speak to the need for children’s increased access to specialty mental health services. Again, the region from which the GSMS data comes is known for its well developed mental health service delivery system. Yet the authors found that 60% of those children who met the criteria for a psychiatric diagnosis did not receive services within the first three months of the study. Data further indicates that of those children who did receive care throughout the year, symptomatology was most likely low-level and therefore treatable via school counselors and/or minimal out patient contact. Findings underscore the importance of interagency relationships between specialty mental health and other child-serving sectors (such as schools) to identify and treat children with both low- and high-level mental health services needs.