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This article reports on the results of two components of the national evaluation involving 2,220 Latino youth and their families and compares those results with non-Latino white youth and their families. Results indicate that “Latino children are more likely [than non-Latino whites] to be referred to systems of care by juvenile justice, to be in families living below the poverty level, to have a history of family substance abuse, and, of greater concern, to report a likelihood of attempting suicide” (p. 4)

The samples were drawn from the national evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program, and included funded communities from 1997 through 2002. Overall, there were 18,849 children participating in the national evaluation: 53.7% were non-Latino white, followed by 23.8% African American, 11.8% Latino, 8.3% Native American/Alaska native, and 2.4% other races. About 53% of all Latino youth participating in the national evaluation were Mexican, Mexican American, or Chicano, and about 19% were Puerto Rican, 3.4% were Dominican, and 2.6% were Cuban. “Other” groups included Central American, South American, and other Hispanic heritage.

There were 2,220 Latino youth and 10,135 Non-Hispanic white youth in the national evaluation’s cross-sectional descriptive study and 1,195 Latino youth and 4,136 Non-Hispanic white youth in the longitudinal child and family outcome study. Outcome data for communities funded in 2002 were not available at the time of publication, and sample sizes vary depending upon collection methods, questionnaire skip patterns, and missing variables of interest. Table 1 shows a breakdown of Latino and non-Latino whites by funding cohort.

**Table 1. Latino and Non-White Latino White Children and Youth Served in Systems of Care by Funding Cohort**

	Communities funded in 1997-1998	Communities funded in 1999-2000	Communities funded in 2002
	N (%)	N (%)	N (%)
All Latino children and youth	1218 (16.6)	775 (18.1)	227 (30.6)
Non-Latino white children and youth	6118 (83.4)	3502 (81.9)	515 (69.4)
Total	7736 (100)	4277 (100)	742 (100)

Cross-sectional descriptive study. Of the 2,220 Latino youth, most were boys (68.1%). Most Latino youth tended to enter the system of care between the ages of 15-18, which is older than non-Latino whites, who typically begin receiving system of care services at 12 and 14 years. More Latinos (64.2%) than non-Latino white participants (49.9%) were living below the poverty level, and more Latino youth lived with their biological mothers than did non-

Latino whites. Instances of running away among Latino youth are also higher than for non-Latino whites, and the same can be said for substance abuse, with 30.7% of Latino youth having reported this activity compared to 19.9% of non-Latino youth. About 60% of Latino youth come from families with a history of substance abuse by biological family members, and about 39% of Latino youth have at least one parent who

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# DATA TRENDS

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has been treated in a psychiatric hospital. A little more than 27% of Latino youth have also been hospitalized for psychiatric problems. About 20% of Latino youth have attempted suicide, a figure much higher than that for non-Latino whites (15.7%). “It should be noted that Latino children and youth entering systems of care are older and therefore may have reached an age at which suicide attempts are more likely to be made” (p. 6). Further investigation of this phenomenon is warranted, “so that appropriate interventions can be identified and implemented for Latino children who have attempted suicide” (p. 7).

More than 60% of Latino youth received outpatient services, and many also received school-based services (50%) before entering the system of care. The largest number of referrals into the system of care for Latino youth came from mental health agencies, followed by schools, corrections, and child welfare. This distribution is similar for non-Latino whites, with one exception: “Latino children and youth were more than three times as likely to be referred into systems of care by juvenile justice” (p. 7) when compared to non-Latino whites. According to the authors this finding is “consistent with the national juvenile justice population, which is disproportionately African American and Latino” (p. 7). In addition, even though more Latino youth were referred by the juvenile justice sector than were non-Latino whites, only 26% of those Latino youth were diagnosed with ADHD, compared to 40.2% of non-white Latinos. The three most common diagnoses for Latino youth were: mood disorder, attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder.

Longitudinal child and family outcome study. Child Behavior Checklist (CBCL) scores indicate that from intake to 12 and 24 months, many Latino youth improved more than non-Latino whites; the same can be said for results of the Behavioral and Emotional Rating scale (BERS). Further, Latino youth remained stable at higher rates than non-Latino whites for both CBCL and BERS at intake to 6, 12, and 24 months.

Services received through the system of care are similar among Latino and non-Latino white youth, with individual therapy and case management services used by over 70% of Latino youth. Family therapy, flexible funds and transportation were used more often by Latino youth and their families than by non-Latino whites. This discrepancy “may indicate a need for intervention that involves families and for services that support the family with regard to finances” (p. 9). Latino youth reported less satisfaction with system of care services than did their parents. This suggests that “Latino youth may not believe that they are able to participate adequately in planning and other meetings regarding their needs and the services they receive” (p. 12).

In conclusion, Latino youth participating in the national evaluation are “generally compatible with those of non-Latino white children” (p.4), but there are exceptions. Latino youth are three times more likely to be referred from the juvenile justice sector to systems of care than are non-Latino whites. More Latinos than non-Latino whites live below the poverty level, and more Latinos have a history of family substance abuse when compared to non-Latino-whites. Perhaps the most disconcerting finding of all regards the high numbers of Latino youth who have attempted suicide. However CBCL and BERS scores show that Latino youth improved or remained stable from intake to 24 months. Studies of this sort are particularly useful as one way of assessing how well sites are implementing the principles of cultural competence.