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According to the authors, unmanaged alcohol, drug and mental health problems among caregivers can be a risk factor for their children. Thus, this study compared American Indian caregivers with White, Black, and Hispanic caregivers with regard to whether they received services for alcohol, drug, and mental health problems. Results indicate that Hispanic, Black, and White caregivers were more likely to receive services for these problems than were American Indians. "American Indian caregivers were [statistically] significantly less likely to receive services than were Hispanic caregivers, but not significantly less likely than were White or Black caregivers" (p. 628).

Data for the study were from the National Survey of Child and Adolescent Well-Being, a nationally representative longitudinal study of children and their families who were investigated by Child Protective Services for child abuse or neglect. There were 3,340 families involved in the study, and 5% of them were American Indian. White, non-Hispanics comprised the largest group (52%), followed by Black, non-Hispanic (28%), and Hispanic (14%) families. Almost all children were living at home at the time of the initial investigation (baseline). At baseline, a child welfare worker investigated the following risk factors in caregivers: (a) serious alcohol or drug problems, (b) serious mental health or emotional problems, (c) physical impairment, (d) impaired parenting, (e) monetary problems, and (f) active and current domestic violence. Eighteen months later, the child welfare worker determined whether the caregiver had received assessments, services and referrals for alcohol, drug and mental health problems since the baseline investigation.

At baseline, 22% of all caregivers had alcohol, drug, and mental health problems. Yet only 15% of American Indian caregivers with these risk factors received a formal assessment; of this group, about 25% were referred for services, and only 12% received any type of specialty services for alcohol, drug, or mental health problems. In general, caregivers of children ages 3-5 received more services than caregivers of older children, and comorbidity problems "more than doubled" (p. 630) a caregiver's probability of receiving services when compared with substance abuse problems only.

Hispanic caregivers "fared the best" with regard to receipt of services, assessments, and referrals—perhaps because of "language specific resources" unavailable in the American Indian community. Further, American Indian caregivers may not receive the services they need due to problems associated with the 1978 Indian Child Welfare Act and other funding problems. The study calls for an understanding of the barriers to services that American Indian parents experience. Also, the small sample size precluded the generation of national estimates of minority parents; thus, future studies involving American Indians should oversample this important population.