

Source: Wu, P., Hoven, C., Bird, H., Moore, R., Cohen, P., Alegria, M., Dulcan, M., Goodman, S., McCue Horwitz, S., Lichtman, J., Narrow, W., Rae, D., Reigier, D., & Roper, M. (1999). Depressive and disruptive disorders and mental health service utilization in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(9), 1081-1092.

Data for this article come from the largest multi-site epidemiological study to date on mental health service use by children and adolescents. Wu et al. looked at NIMH data gathered from the 1992 Methods for the Epidemiology of Child and Adolescent Disorders Study (MECA) to determine patterns of mental health service use by children and adolescents with disruptive and/or depressive disorders. The MECA Study is a probability sample of youths ages 9-17 who had used mental health or substance abuse services of any kind (e.g., through public or private mental health specialty services or through schools), and for a wide range of emotional or behavioral impairment, during 1991. Data were collected from four geographic areas in Georgia, Connecticut, New York, and Puerto Rico, total $N=1,285$.

The study conducted by Wu et al. makes a significant contribution toward understanding patterns of perceived need and service utilization for children and adolescents with emotional or behavioral disorders. Findings indicate that youths with disruptive disorders received treatment through both mental health services and schools, whereas youths with depressive disorders were more likely to receive treatment through schools only. Data thus underscore the need to identify and serve youths with depressive disorders. To this effect the authors (see box) suggest that school-based screening, combined with parent and teacher education, might be one avenue by which depressed children may receive treatment. Because previous studies reveal that depression is one of the leading causes of suicide in youth (Brent et al., 1993; Shaffer et al., 1996), the findings of this study are especially noteworthy.

After controlling for familial, parental, and individual characteristics, and by perceived child needs, the authors found that "children with disruptive disorders still appeared to be more likely to use mental health services than children without disruptive disorders." While mental health service utilization is often associated with demographic or parental factors such as ethnicity, child's age, and maternal mental health service use, Wu et al. report that such factors "have no effect on the use of school services." According to the authors, such findings are consistent with other studies which show that "school-based services are most widely used by children and adolescents and are easier to access (Burns et al., 1995; Flaherty et al., 1996; Lear, 1996; Staghezza-Jaramillo et al., 1995)." In fact, although youths with internalizing problems were less likely to be identified by others and to receive treatment for their depressive disorders, these children "actually reported more need for services than those with disruptive disorders." The authors suggest that if depressed youths already find a modicum of treatment through school-based counseling, it may be good clinical and policy practice to expand the role of mental health services in schools.

Clinical and Policy Implications:

"Our findings indicate that patterns of service use are influenced not only by sociodemographic factors but also by types of disorders. Among children and adolescents, depressive disorders are less likely to be identified than disruptive disorders. Consequently, children with depressive disorders are less likely to be referred to mental health professionals. In future service planning, policymakers and clinicians need to find more effective ways to identify and appropriately refer depressed children.

The findings of this study indicate the important role of school-based services in meeting children's needs for mental health services. School-based services provide an efficient locus for the cost-effective delivery of mental health services to children. Existing services should be improved and new services developed to meet children's unmet needs. For example, there is a need for school-based screening instruments to identify children's psychiatric disorders at an early stage.

Finally, parent's or teacher's perceived need for child mental health services plays a critical role in children's obtaining mental health services. Further mental health education should be offered to parents and teachers, which in turn will improve early identification and treatment of children with psychiatric disorders." (page 1089)