

Chavira, A., Garland, A., Yeh, M., McCabe, K., & Hough, L. (2009). Child anxiety disorders in public systems of care: Comorbidity and service utilization. *The Journal of Behavioral Health Services and Research*, 36:4, 492-504. DOI: 10.1007/s11414-008-9139-x

The authors of this study focus on service utilization by a subsample of 779 children and adolescents with one of three types of serious emotional disorders: (1) anxiety only ($n = 32$); (2) anxiety comorbid with at least one other psychiatric diagnosis ($n = 130$); and (3) any non-anxious psychiatric diagnosis ($n = 617$). According to the authors, 21% of the subsample had anxiety only or anxiety plus comorbidity, a figure reflective of lifetime prevalence rates found in other studies. They also found that youth having anxiety comorbid with another psychiatric disorder were significantly more likely to receive inpatient services than youth with anxiety only. Inpatient services for anxiety only or comorbid anxiety were more likely to originate through public service sectors for substance abuse, mental health, or special education than from child welfare or juvenile justice.

Data for the entire sample ($N = 1,715$) of randomly selected youth (ages 6 – 18) were from five public service sectors in San Diego County: mental health, child welfare, juvenile justice, substance abuse, and schools serving youth with serious emotional disorders. Data were collected and analyzed between 1997 – 1999 from children and caregivers for past year service use, and were part of a larger study, “Patterns of Care” (POC; see *Data Trends* nos. 35, 55, 86, 81, 101, and 119 for more about the POC methodology and findings). The mean age of the subsample ($n = 779$) was 13.9 years, and two-thirds of the subsample was male. Racial and ethnic data were coded as non-Hispanic white v. other. The authors employed Andersen’s Model of Health Service Use to ascertain caregiver need as it relates to service use. This model identifies three factors that drive or inhibit service use: (1) predisposing (e.g., age, gender, socioeconomic status); (2) enabling (e.g., insurance, language, social support systems), and; (3) need for services (e.g., perceived and evaluated need, including caregiver strain). Service use was classified as outpatient, inpatient, school, or nonspecialty services (e.g., pediatricians, doctors, etc.).

Analysis indicated that caregiver strain was similar across all groups. Further, compared to predisposing or enabling factors, parents of youth with anxiety disorders who perceived a need for services were most likely to seek treatment. Children having anxiety problems were found in each service sector; they were generally equally represented in each sector, although there were fewer boys in the anxiety alone group than in the non-anxiety group. Of all youth having anxiety comorbid with other disorders, 26% had comorbid mood disorders and 62% had comorbid disruptive behavior disorders.

Youth with anxiety comorbid with other internalizing and externalizing disorders received inpatient services significantly more often than those with anxiety only. According to Chavira and colleagues, the results of this study give cause for alarm, since youth having problems with anxiety and depression are often prone to suicidal ideation and suicide attempts—they suggest that high rates of inpatient service use by these youth may be related to such suicidal behaviors.

Yet more work must be done for this highly vulnerable group of anxious only and anxious/comorbid youth. Untreated childhood anxiety disorders are known to lead to an array of problems, from educational underachievement to substance abuse. Having anxiety comorbid with other mental health problems such as ADHD or conduct disorder may exacerbate these troubling outcomes.

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DATA TRENDS

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In conclusion, findings of the study lead to important implications for the field, especially with regard to treatment planning. For example, youth with anxiety comorbid with ADHD respond less well to stimulant medication and may require behaviorally-based treatments instead. Overall, children with anxiety disorders comorbid with internalizing or externalizing problems present a complex diagnostic group for whom early treatment is vital. Rather than focusing on one treatment at a time, the authors suggest that these youth may benefit from parent management training combined with cognitive skills training.