

Source: Briggs-Gowan, M. J., Horwitz, S. M., Schwab-Stone, M. E., Leventhal, J. M., & Leaf, P. J. (2000). Mental Health in Pediatric Settings: Distribution of Disorders and Factors Related to Service Use. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(7), 841-849.

This article reports on a study intended to focus on three areas of concern: 1) How many children with emotional/ behavioral and psychiatric problems are being seen by pediatricians, 2) What factors influence parental reports of these emotional/behavioral and psychiatric problems to their pediatricians? and, 3) How many parents seek mental health services for their children?

Nineteen randomly selected pediatric offices agreed to participate in this study, and data on children and families seen by these pediatricians were collected at baseline and at one-year follow up. The pediatricians were affiliated with health centers, managed care providers, or had private practices in the greater New Haven, Connecticut area. Most children were Caucasian (81.6%). African-American children comprised 10.3% of the total sample, and 6.2% were Hispanic. Almost half of the children were girls (48.9%), and the mean age of the children in the total sample was 7.17 years ( $SD = 1.41$ ). Almost all respondents were mothers (96.4%), and most respondents were married or cohabitating (81.9%).

With regard to baseline interviews, children from 1,886 families were screened for behavioral problems with the Child Behavior Checklist (CBCL; completed by parents) and the Provider Rating Form (PRF; completed by physicians). Of this group, 918 children screened positive for behavioral problems; added to this sample were 465 families of children who screened negative, creating an initial group of 1,383. This article reports on families who completed both baseline and follow-up interviews ( $N = 1,060$ ).

Table 1	
Child psychiatric disorders as reported by parents on the DISC-R	
Any DISC-R disorder	16.8%
Internalizing disorder	07%
Externalizing disorder	12%
Both internalizing and externalizing	44%
Parental reports of discussion and service use	
Discussed emotional/behavioral problems with pediatrician	21%
Discussed child's psychiatric disorder with pediatrician	55%
Sought service use w/ pediatric discussion	46.8%
Sought service use w/o pediatric discussion	18.2%

Follow-up interviews addressed a number of issues. First, parents were interviewed with the Diagnostic Interview Schedule for Children (DISC-R) to determine the presence of psychiatric disorders in their children. Second, parents were asked: "In the past year, did you talk to [child's] doctor about any problems with [child's] behavior, emotions or nerves?" Parents were also asked whether their child had ever received any kind of mental health service

(i.e., psychologist, school psychologist, psychiatrist, counselor, therapist or social worker) for any emotional or behavioral problems during the previous year. Finally, parents themselves were screened for any of the following during the previous year: 1) anxiety or depression, 2) potential child abuse, 3) stressful life events, and 4) parental support systems.

Table 1 reports on child psychiatric disorders identified by the DISC-R, and on parent reports of discussions with their child's pediatrician about emotional/behavioral problems and with service use. The authors note that "fewer than half of parents who reported a child disorder also reported having consulted their pediatrician about behavioral/emotional concerns" (p. 847). With regard to DISC-R disorders, boys showed higher rates of ADHD (10.3%) and externalizing disorders (14.8%) than girls (5.6%; 9.7% respectively). Race and ethnicity were not associated with the type of childhood disorder, with discussion about the child's emotional or behavioral problems in the pediatric setting, or with the receipt of mental health services outside of the pediatric setting.

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# Data Trends

*Summaries of research on mental health services for children and adolescents and their families*

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“The presence of parental depression/anxiety was related to 2- to 3-fold increases in the rates of each type of [childhood] disorder, [and] possible physical abuse was associated with increased rates of externalizing disorders and any disorder” (p. 845). Internalizing disorders were associated with fewer parental social support systems. Parents with depression/anxiety and who were possibly abusing their children were likely to report psychiatric disorders in their children on the DISC-R. However, these factors (depression/anxiety and possible child abuse) were *not* found to initiate discussion in pediatric settings about children’s emotional and behavioral problems. Of parents who sought mental health services for their children, the three factors most prevalent were: 1) having discussed concerns about their child with a pediatrician, 2) being single, and 3) experiencing stressful life events.

The authors conclude that a correlation certainly exists between parents who discuss their child’s emotional and behavioral problems with their pediatrician and parental help-seeking behavior. However, these findings “...stress the importance of improving pediatrician’s ability to identify and refer families in distress, and underscore the need to support pediatricians in their role as gatekeepers for mental health services” (p. 848)