

Garland, A. A., Hough, R. L., McCabe, K. M., Yeh, M., Wood, P. A., & Aarons, G. A. (2001). Prevalence of Psychiatric Disorders in Youths Across Five Sectors of Care. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*:4, 409-418.

Aarons, Gregory A., Brown, Sandra A., Hough, Richard L., Garland, A. F., & Wood, P. A. (2001). Prevalence of Adolescent Substance Use Disorders Across Five Sectors of Care. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*:4, 419-426.

These articles report on initial findings of the NIMH-funded “Patterns of Youth Mental Health Care in Public Service Systems” study, implemented in San Diego County, California. Both studies report on a random sample of 1,715 children and adolescents who were receiving services during the previous year in one or more of the following five service sectors: alcohol and drug (AD), child welfare (CW), juvenile justice (JJ), mental health (MH), and public school services for youth with serious emotional disturbance (SED). The sample for both articles is “somewhat unusual,” as these are youth receiving services in at least one sector of care but “not necessarily identified as needing or receiving mental health services” (p. 411). The first article reports on psychiatric disorders found in a subsample of the youth in this study ages 6-18, and the second article examines substance use disorders found among youth ages 13-18. About one-third of the youth in each study were receiving services from more than one sector.

Prevalence of Psychiatric Disorders in Youths Across Five Sectors of Care

The Diagnostic Interview Schedule for Children (DISC) was used to determine the presence of a psychiatric diagnosis for this subsample ($N = 1,618$) of youth ages 6-18. Results indicate that 54% of youth met criteria for at least one DSM-IV disorder, and almost one-fourth (23%) met criteria for at least two diagnoses. Table 1 provides age and gender distribution, as well as selected prevalence estimates of diagnostic impairment by sector. Males were common in four out of five sectors, and older youth were served most often by AD, JJ, and MH. More youth served by the SED sector met criteria for any disorder (70.2%) than youth in any other sector. The fewest number of youth meeting criteria for any study disorder were those served by CW. Rates of ADHD and disruptive disorders were higher than anxiety and mood disorders combined.

Findings also included significant differences for specific diagnoses. For example, “The rates of ADHD decline with age, whereas the rates of conduct disorder (CD) are higher among adolescents than among children. The rate of posttraumatic stress disorder (PTSD) is higher among older adolescents than among children, and the rates of major depression also increase with age.... Rates of ADHD and CD were significantly higher among males than females, and the rates of PTSD, separation anxiety, and major depression were significantly higher among females than males” (p. 414).

Table 1	AD (<i>n</i> = 166)	CW (<i>n</i> = 426)	JJ (<i>n</i> = 478)	MH (<i>n</i> = 876)	SED (<i>n</i> = 397)	Total (<i>N</i> = 1618)
Percentages	3.6	32.8	30.1	54.5	15.5	100
Age groups						
6-11	0	45.9	0	23.5	22.6	25.1
12-15	15.5	32.3	13.5	32.7	45.2	30.0
16-18	84.5	21.8	86.5	43.8	32.3	44.9
Gender						
Male	70.2	45.5	84.5	65.6	75.4	65.8
Female	29.8	54.4	15.5	34.4	24.6	34.2
Any disorder	60.3	41.8	52.1	60.8	70.2	54.0
ADHD/disruptive	54.4	38.7	47.9	55.3	65.6	49.7
ADHD	21.1	20.8	12.7	28.8	42.3	24.4
Conduct Disorder	32.1	16.1	29.9	28.1	34.3	24.9
Oppositional Defiant	19.3	13.5	14.5	20.2	22.6	17.4
Anxiety disorders	14.0	8.6	8.5	11.9	14.5	9.9
Separation anxiety	10.6	4.6	3.7	6.5	7.9	4.9
Mood disorders	11.4	5.2	7.0	8.5	9.4	7.0
Major depression	8.9	4.7	4.7	5.7	7.9	5.1

In order to understand the extremely high rates for any disorder (54%) found in this study, the authors compare their findings with those of the MECA study. The MECA study reported on 1,285 youth (ages 9-17) with disruptive and/or depressive disorders who had used mental health or substance abuse services; it provides one of few community samples that can compare to

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the present study. Only 29% of youth in the MECA study met DSM-III criteria for impairment, and rates of ADHD and disruptive disorders were higher in the present study than in the MECA sample (49.7% and 11.5%, respectively). However, rates of anxiety disorders were almost half as high in the present study (9.9%) when compared with the MECA sample (17.5%, excluding simple phobias), and rates of depressive or mood disorders were about the same for each study (7.0% versus 7.5% for the MECA study). Adding that other community samples have reported high prevalence rates of anxiety as well, the authors suggest that "...youths with ADHD and disruptive disorders are significantly overrepresented in public sectors of care and/or that youths with anxiety disorders are underrepresented in these sectors of care" (p. 416).

Results from this study reveal that a high percentage of youth with ADHD and other disruptive disorders are served by sectors providing mental health services (i.e., AD, MH, and SED), while many youth with a disorder have no contact with mental health service providers. Policy implications of these findings suggest that more attention needs to be paid to the "implementation and testing of empirically supported interventions for ADHD and disruptive behavior disorders" (p. 417), and that "improved screening, identification, and referral mechanisms" (p. 417) for youth at risk for psychiatric disorders must occur in CW and JJ. The authors also call for "improved efforts to identify and refer youths from community settings (e.g., school and primary care) with anxiety and mood disorders" (p. 417) to mental health service sectors.

Prevalence of Adolescent Substance Use Disorders Across Five Sectors of Care

Youth in this subsample (N = 1,036) were between the ages of 13-18 and were interviewed with the Composite International Diagnostic Interview-Substance Abuse Module (CIDI-SAM). Diagnoses for substance use disorders (SUDs) were classified according to the DSM III, DSM I-V, and ICD-10. Youth were interviewed on their use of alcohol, cannabis, amphetamines, hallucinogens, cocaine, and opiates: a) during their lifetime, and b) in the past year.

Findings indicate that older youth (ages 16-18) were more than three times as likely to have an SUD for any of the above substances than were youth ages 13-15 (52.5%, and 15.6%, respectively), and were almost three times as likely to meet criteria for an SUD during the past year (30.8% and 11.8%, respectively). Older youth were also found to have higher SUD prevalence rates for specific substances than were younger children.

Males tended to have higher prevalence rates than females for any substance during one's lifetime (44.0% and 29.6% respectively), and during the previous year (27.9% and 16.0%, respectively). This pattern of higher use among males than females was also prevalent for individual substance use.

Table 2 illustrates prevalence rates by sector and substance, and reveals the highest lifetime and previous year prevalence rates among youth served by AD and JJ. However, youth served by the MH sector comprise the next largest group; 40.8% of these youth meet criteria for having an SUD during their lifetime, and 22.9% met criteria for the previous year.

Table 2	AD (n = 137)	CW (n = 190)	JJ (n = 419)	MH (n = 547)	SED (n = 230)	Total (N = 1,036)
Any Substance						
Lifetime	82.6	19.2	62.1	40.8	23.6	39.5
Past Year	42.6	11.0	36.9	22.9	16.0	24.1
Alcohol						
Lifetime	68.9	16.6	48.6	32.2	19.1	31.5
Past Year	31.1	7.8	28.1	17.2	12.1	18.1
Cannabis						
Lifetime	54.3	8.3	44.5	29.1	14.6	26.6
Past year	21.7	5.5	15.2	10.3	8.3	11.3
Amphetamine						
Lifetime	37.8	3.7	22.6	13.8	4.9	12.8
Past Year	15.2	1.9	10.3	6.7	2.8	6.2
Hallucinogen						
Lifetime	19.6	0.09	9.0	5.8	2.8	5.2
Past Year	4.4	0.0	3.2	1.2	0.7	1.6
Cocaine						
Lifetime	13.0	0.5	2.2	1.3	0.0	1.2
Past Year	2.2	0.0	0.5	0.4	--	0.3
Opiate						
Lifetime	2.2	0.0	0.5	0.2	0.0	0.3
Past Year	0.0	--	0.0	0.0	--	0.0

Implications of these findings suggest that SUDs occur among youth not treated by the AD sector, and that evaluation of youth should include a "structured assessment of substance use patterns and SUDs" (p. 424), along with investigations into the psychosocial relationships (i.e., family, academic, peer) among youth who use substances and the relationship, if any, between substance use and the cause or exacerbation of mental health problems.

Finally, with regard to findings of both studies, "For youths involved in multiple sectors of care or with multiple providers, treatment planning should take into account the roles of all providers in order to coordinate appropriate levels of care" (p. 424).