



Data Trends

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

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Source: Cuffe, S. P., Waller, J. L., Addy, C. L., McKeown, R. E., Jackson, K. L., Moloo, J., & Garrison, C. Z. (2001). A longitudinal study of adolescent mental health service use. *Journal of Behavioral Health Services & Research*, 28(1), 1-11.

Data from this longitudinal study of adolescent mental health service use for youth at risk for suicide or with depression reveal a dramatic decrease in treatment use over time. Data were collected during three cycles (i.e., 1987-1989, 1991-1994, and 1994-1995) on a community sample of students in the Southeast. Data were analyzed to capture relationships between race, gender, psychiatric diagnosis, socioeconomic status, and mental health service use for both inpatient and outpatient care.

For the first cycle, students in grades 7 through 10 were screened for depressive symptomatology and suicidal ideation with the Center for Epidemiologic Studies Depression Scale (CES-D). This 20-item instrument asks adolescents to report on their feelings during the previous week; added to the CES-D were three questions designed to screen for suicidal thoughts or feelings during the same time period. As students in the first sample reached their senior year in high school, they were interviewed again, i.e., during the second cycle of interviews. The following year, students who had participated in the second cycle of interviews were mailed questionnaires regarding service use only (i.e., during cycle three). A little over half of the adolescents in each sample were female.

For students in the first two cycles, a DSM-IV diagnosis was determined using the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS). The K-SADS measures psychiatric symptomatology and suicide-related thoughts and activities in children ages 6-17. Impairment and functioning were assessed with the Children's Global Assessment Scale (CGAS). Socioeconomic status, depressive symptomatology, and treatment history were also reported during semi-structured interviews with parents.

As shown in Table 1, findings reveal that 24% of all students in cycle one reported having received mental health treatment in the previous year. That percentage dropped to 9% in cycle two, and to 3% in the final cycle. High-risk students in cycle one had the highest levels of depression (48%) and treatment (32%); this pattern was similar for high-risk students in cycle two (15% and 13.5% respectively). The methodology used for third cycle respondents precluded percentages relating to diagnoses.

Table 1	Cycle 1 (1987-1989) N = 579	Cycle 2 (1991-1994) N = 488
Grade	7 through 10	High School Senior
Any disorder	26%	6%
Any treatment in the past year	24%	9%
Any treatment for those with disorder	54%	49%

With regard to the differences over time, Cuffe et al. determine that selective attrition cannot account for the dramatic drop in service use by students. Rather, they suggest that decreased service use in late adolescence may be the result of other factors, such as: 1) having less parental influence; 2) having dropped out of high school, where mental health services are often available to youth, and; 3) and economic burdens related to the transition from school to work or college.

However, it is striking that the numbers of adolescents with psychiatric diagnoses decrease drastically over time. Some explanations for these findings may be due to the role that parents played in helping to secure diagnoses as their children grew older. According to the authors, "[a] possible explanation of this decrease is that the first cycle diagnoses relied heavily on the parent's report of symptoms in reaching a diagnosis. In 7th, 8th, and 9th grade the parent (usually the mother) felt very comfortable reporting symptoms for their children. In the second cycle, however, the interviewers noticed that many parents have very little knowledge of their adolescent's symptoms, particularly internalizing symptoms. This may have decreased the ability to reach a threshold for diagnoses in the second cycle. In addition, older adolescents may be more likely to deny or disavow emotional or behavioral problems" (p. 9).

In conclusion, these data indicate the need for further research on service use patterns and help-seeking behaviors among adolescents and their families.