Data Trends
Summaries of research on mental health services for children and adolescents and their families
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Teagle, S. (2002). Parental problem recognition and child mental health service use. *Mental Health Services Research*, 4(4), 257-266.

Farmer, E. M. Z., Burns, B. J., Phillips, S. W., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*(1), 60-67.

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This *Data Trends* summarizes two recent articles that make use of the same dataset from the ongoing Great Smoky Mountains Study (GSMS). The first article explores the ability of parents to recognize mental health problems in their children and asks about services sought for those children, while the second focuses on the kinds of services children use, along with their points of entry and pathways of use. Results of the first article suggest that parents with their own history of mental health needs are more likely than other parents to identify mental health problems in their children and to obtain specialty mental health services for them. The second study found a consistent pattern of service receipt among children, such that mental health services are most often received through the schools, followed by specialty mental health services. While both studies found that some children who are severely ill tend to receive services through specialty mental health providers, results of each study also suggest that greater attention needs to be paid toward identifying those children who need specialty mental health services but have not yet received them.

Demographics reported for both studies list a sample of 1,420 youth and their families, and show that over half (51%) were boys, 89% were Caucasian, 7% were African American, and 4% were American Indian. Data and analyses differed among studies. For example, Teagle used data from four annual interviews, while Farmer et al. used data collected over the same time period, but on a quarterly basis. Furthermore, Teagle collected data with the following three, primary interview instruments, whereas Farmer et al. made use of the first two instruments only: 1) the Child and Adolescent Psychiatric Assessment (CAPA); 2) the Child and Adolescent Services Assessment (CASA); and 3) the Child and Adolescent Impact Assessment (CAIA).

For the first study, parents were interviewed about any mental health *problems* the child might be experiencing or need help with, along with any (non-financial) *impacts* those problems might be having on the family. Teagle reports that 39% of parents of a child having one or more diagnoses perceived their child to have mental health problems, and 32% felt that those problems impacted the family. According to Teagle, parents of younger children were likely to perceive *problems* in their children, whereas parents of older children were likely to report *impacts*, suggesting a close association between problem perception and impact recognition. Results also showed a high correlation between parents' ability to recognize problems and impacts and the severity of those problems (when measured structurally). Thus, parents were more sensitive to externalizing mental health problems than internalizing ones.

Parents in the Teagle study were also asked about any types of mental health services received in the schools, through specialty mental health services, or in general medical settings. Parents who identified problems in their children and who had their own history of mental illness were the most likely of all parents to seek specialty mental health services for their children. Among all parents who perceived problems, 17.8% found services for their children through the schools, followed by specialty mental health services (16.5%), and the general medical sector (6.8%).

Results of the second study shed additional light on the patterns of service receipt among this group of 1,420 children. Whether data were arranged by use in any given year, over the course of the study, or over a

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lifetime (defined as birth to age 16), the finding that schools provided services more often than any other setting, followed by specialty mental health service use, was consistent. Over a three-year period, 33.6% of all youth received services, and of this group 24.1% received them through the schools, followed by specialty mental health services (14.2%). In general, schools were the most common point of entry among all youth receiving services, and once a child found services through the schools, he or she was the least likely to receive subsequent services elsewhere. However, a small group (about 25%) of all youth who entered services through the schools also received services from the specialty mental health and general medical sectors; of this group, 58% sought care through the specialty mental health sector.

In contrast to the fairly simple and consistent service patterns reflected among youth who first entered services through the schools, youth who first entered through specialty services showed more complex pathways to care. The specialty mental health sector was the most likely service sector to offer access to other sectors, and "was a common subsequent provider for youths who initially entered services through other sectors" (p. 65). Sixty-two percent of youth entering through specialty mental health services received services from other agencies; of this group, almost 56% received services from the schools, and 30% received services from the general medical sector. Youth who first received services through the general medical sector were often recipients of additional services in either the schools or specialty mental health. With regard to severity of illness, youth who found services in the schools were not likely to have both a diagnosis and functional impairment, whereas youth who received services in the specialty mental health sector were the most likely to have both, and therefore to have a serious mental illness.

In conclusion, these studies help children's mental health services researchers and policymakers identify areas where education and collaboration are needed. Teagle's finding that over half of parents (60.9%) of children with one or more diagnoses did not perceive problems, suggests that parent and caregiver education programs may help identify children who need specialty mental health services. Because parental factors (e.g., problem perception and parent history of psychopathology) are strongly related to determining whether children receive specialty mental health services, Teagle suggests that universal screening programs in general medical settings and schools should complement parent education programs. The study by Farmer et al. provides a "generally encouraging picture of triage" (p. 65) among the education, specialty mental health, and general medical service sectors. However, because schools are often the only place where children receive treatment, the authors voice a concern that youth with severe mental illness who are being served through the schools may not be receiving the specialty mental health care that they require. Thus, increased interagency collaboration among each service sector may further identify youth who need specialty mental health services.

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