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Title: Referral Source Differences in Children's Mental Health Problems and the Role of Child's Race/Ethnicity

Text:

The systems-of-care approach to children's mental health services has been widely accepted as a model approach to treating children's mental health problems. Collaborative relationships between agencies that refer and provide children's services is an integral part of systems-of-care. A better understanding of how problems vary for children entering services through agencies, such as schools, and whether those differences vary for minority children, would enhance efforts to create effective prevention and early intervention programs targeting children most in need. This study examines the association between referral source and internalizing and externalizing problems among children entering systems-of-care, and determines whether race modifies these relationships.

The study utilizes data from a national evaluation of federally funded systems-of-care programs. The sample (n= 6,007) includes African American, Hispanic and White youth, 5-18 years old, who were referred into the systems-of-care program from a mental health, school, juvenile justice, or child welfare agency. The Child Behavior Checklist was used to measure internalizing and externalizing problems. Data on referral source, race/ethnicity, child and family risk factors, and demographic characteristics were obtained from caregiver report and clinical records. Analyses were conducted using random effects regression models.

Children referred from juvenile justice had fewer internalizing and more externalizing problems than children referred from mental health agencies. In addition, African American children had fewer internalizing problems compared to White children. There were significant interactions between referral source and race/ethnicity. Hispanic children referred from schools and child welfare had less internalizing problems than Hispanic children referred from mental health agencies. Hispanic children referred from juvenile justice had less internalizing and externalizing problems than Hispanic children referred from mental health agencies. Conversely, African American children referred from juvenile justice had more externalizing problems than African American children referred from mental health agencies. The results suggest there are varying thresholds for problems that result in service use and that those thresholds differ for minority children entering services from different agencies. These differences may act as a barrier to developing culturally and contextually relevant prevention and early intervention programs, and may exacerbate disparities in preventive care and treatment. Improved communication and collaboration between agencies regarding children's mental health problems can help agencies target their resources to hone targeted prevention and treatment programs.

Theme Groups: 1 Key social relationships