



DATA TRENDS: #1

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



Functional Status and Academic Achievement in Systems of Care

Source: Rosenblatt, J.A., & Rosenblatt, A. (1999). Youth functional status and academic achievement in collaborative mental health and education programs: Two California care systems. *Journal of Emotional and Behavioral Disorders*, 7(1), 21-30, 53.

Describing the demographic, educational, and clinical characteristics of the children involved in a system of care, and the relationships among those characteristics, is an essential step towards improving services. Of special concern are the characteristics of children involved in specific aspects of the system of care. In this article, Rosenblatt and Rosenblatt examine children enrolled in joint education and mental health programs. They describe two studies on children enrolled in a system of care in Santa Cruz or Sonoma County; both sites are grantees of the Comprehensive Community Mental Health Services for Children and Their Families Program. The researchers conclude that these studies add to the evidence that children being served in joint education and mental health programs have complex needs that require service collaboration.

The first study examined the educational, clinical, and functional status of 61 youth in Sonoma County (52 boys, 9 girls), and 82 youth in Santa Cruz County (69 boys, 13 girls). Educational achievement was measured by the Wide Range Achievement Test-3 (WRAT-3) and three subtests of the Woodcock-Johnson Revised Tests of Achievement. Clinical and functional status were measured by the Child Behavior Checklist (CBCL), the Child and Adolescent Functional Assessment Scale (CAFAS), and a DSM-III-R diagnosis. Results indicated that youth in both counties were primarily Anglo-American with a mean age of approximately 11½ years. Youth scored in the clinical range on all scales of the CBCL and on the CAFAS Total Scale. In both counties children and adolescents averaged well below grade level, scoring especially poorly in spelling and written language. The youths' mental health functional status was not significantly related to their academic achievement, but the sample size was small.

The second study compared youth enrolled in the education/mental health programs (Education group) and youth enrolled in the broader system of care (Comparison group). In both counties, youth in the Education group scored as having more severe difficulties than the Comparison group on the CAFAS Total Scale. In Sonoma County, youth in the Education group also scored significantly higher on the CBCL Externalizing and Total Problem Scales. DSM diagnoses did not differ between the two groups.

These findings indicate that, “the CAFAS... may best empirically reflect the decision that leads to referral and placement in these programs.” Most importantly, this study adds to a growing body of evidence that youth served in education/mental health programs have complex needs that justify service collaboration and special attention, “especially in light of the discouraging prognosis of children and adolescents with comorbid academic and behavioral problems.” They conclude with the argument that an expanded understanding of the unique characteristics of children and families within the system of care will contribute to service design and ultimately, school success.

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