



## DATA TRENDS: March, 2001 #24

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



### Needs Assessment and Service Coordination in an Inner City Neighborhood

Sources: Davis, H., Day, C., Cox, A. & Cutler, L. (2000). Child and adolescent mental health needs assessment and service implications in an inner city area. *Clinical Child Psychology and Psychiatry*, 5 (2), 169-188.

Children's mental health services in the United States have embraced the philosophy of systems of care over the past 15 years, leading to the development of improved inter-agency coordination and more comprehensive services to children and families. More recently, the United Kingdom has also begun to examine the potential benefits of a service system that has a more highly coordinated and integrated approach. This article provides descriptive data on child and adolescent mental health needs in a London inner city neighborhood and presents implications of the data for a tiered service system model, in which level of service system response is determined by the number and type of problems and risk factors that young people face.

Participants in this study were children between 0 and 16 years old, and their families, who were randomly selected from lists of general practitioner doctors in "one of the most deprived areas in the UK" (p. 173). Semi-structured interviews were conducted with children and families that identified the number and severity of mental health problems and risk factors based on the Association for Child Psychology and Psychiatry core data set. Upon analysis of the descriptive data, one of the authors made "judgments about the type of help needed and the service level at which it might be provided...on a case-by-case basis, taking into account the number, type and combination of specific problems and risk factors in each family" (p. 174).

The authors found that 71.9% of the children had at least one significant problem (e.g. anxiety, depressed mood, antisocial behavior) and 36.7% had three or more. Risk factor analysis revealed that "85.8% of the sample were exposed to at least one factor associated with adverse psychosocial functioning [e.g. chronic health problems, bereavement, maternal mental health problems] and 51.5% were exposed to three or more possible adverse circumstances" (p. 176).

Based on analysis of the problems and risk factors, the authors propose a three level service system (level A is broken down into three additional levels) as indicated below (p. 184). Although percentages given are from this study's sample, the authors suggest that the demographics – including the number and types of problems and risk factors - may be generalizable to other inner city populations, and therefore may be relevant for future, inner city, service system design. Presumably children would be assessed upon entry to this service system and referred to the appropriate level of care.

Although this model lacks empirical validation, it is interesting to note how system of care type services are developing in the United Kingdom in comparison to the United States. As more research is conducted, it may be useful to monitor systems in England and elsewhere in order to benefit from a broad range of service experiences and research.

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| Level | Personnel  | Percent | Criteria for Service   |
|-------|--|---------|--|
| A 1   | Community professionals  | 5.2%    | Up to 2 problems with no more than 2 risk factors, excluding more serious problems and risk factors  |
| A 2   | Community professionals with child and adolescent mental health training and supervision | 19.8%   | Up to 4 problems and 4 risk factors, excluding problems indicative of possible harm and pervasive developmental disorders, and more direct and severe risk factors.  |
| A 3   | Solo child and adolescent mental health professional                                     | 19.0%   | Up to about 8 problems with several risk factors, except where there are concerns about abuse, a need for several people to work with different members of the family, and/or the need for the expertise of another child mental health professional.  |
| B     | Multidisciplinary child and adolescent mental health team.                               | 25.7%   | Multiple problems and risk factors, and cases where there is self-injury, eating problems, depression or possible psychotic symptoms, especially in adolescents, there are serious concerns of abuse, there are severe mental health needs in one or more family members, or there is need of multiple workers with different expertise. |
| C     | Specialist child and adolescent mental health team                                       | 2.4%    | Single or multiple problems where there are concerns with autistic behavior, including obsessional behavior in very young children with neurological concerns.   |

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