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Future Direction for Child Mental Health: Developing a Blueprint using the System of Care Framework

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Introduction

- Behavioral health concerns are common, often adversely impacting life functioning. Furthermore, access to effective treatment and support is variable (Beecham, 2014; Centers for Disease Control, CDC, 2018).

- The integration and routine use of system, program, and direct level evaluation and quality improvement information to inform planning and to monitor progress continue to offer significant insights on behavioral health system dynamics and client outcomes.

- In a wraparound program and system of care (SOC) in Midwestern state, the integration and routine use of such information reveals trends in system development and behavioral health outcomes (Karikari, Walton & Bishop, 2019; Kutash, Greenbaum, Boothroyd & Friedman, 2011; Walton, Karikari, Garry & Moynihan, 2018).

- Nevertheless, measures are needed to consolidate the present gains and also ensure future consistency (Huang et al., 2005).

- This presentation proposes the use of the SOC framework to inform actions to consolidate the gains.
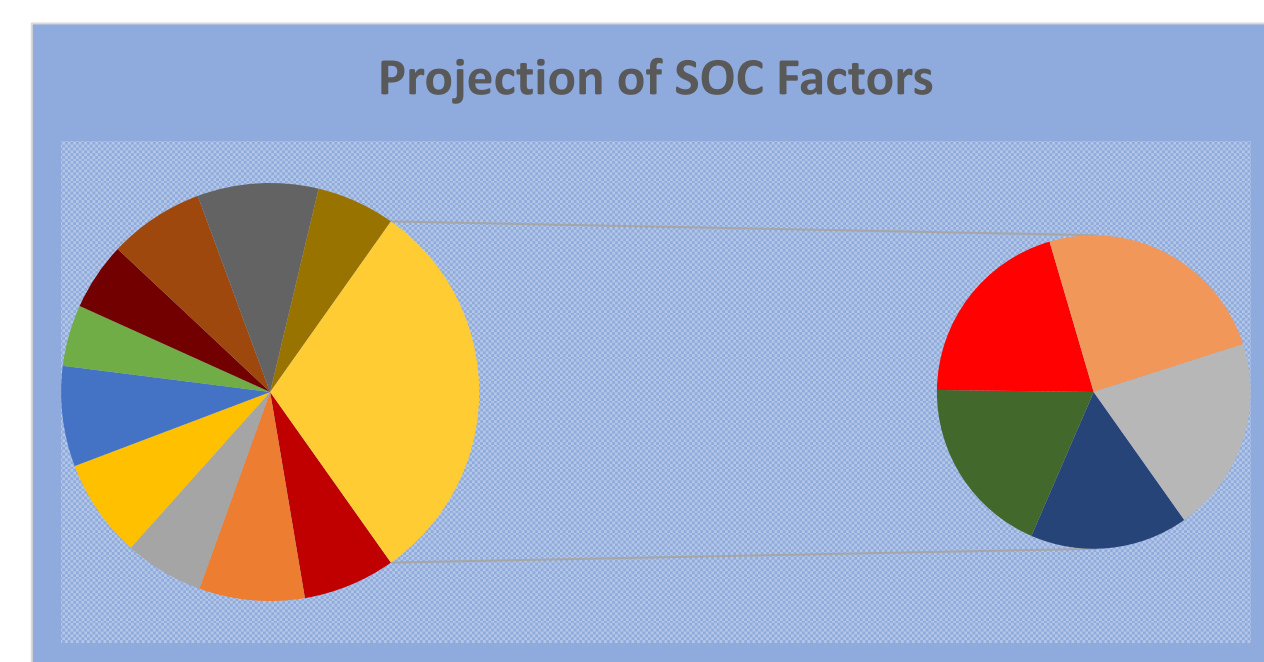
Methods

Study Participants and Data Collection

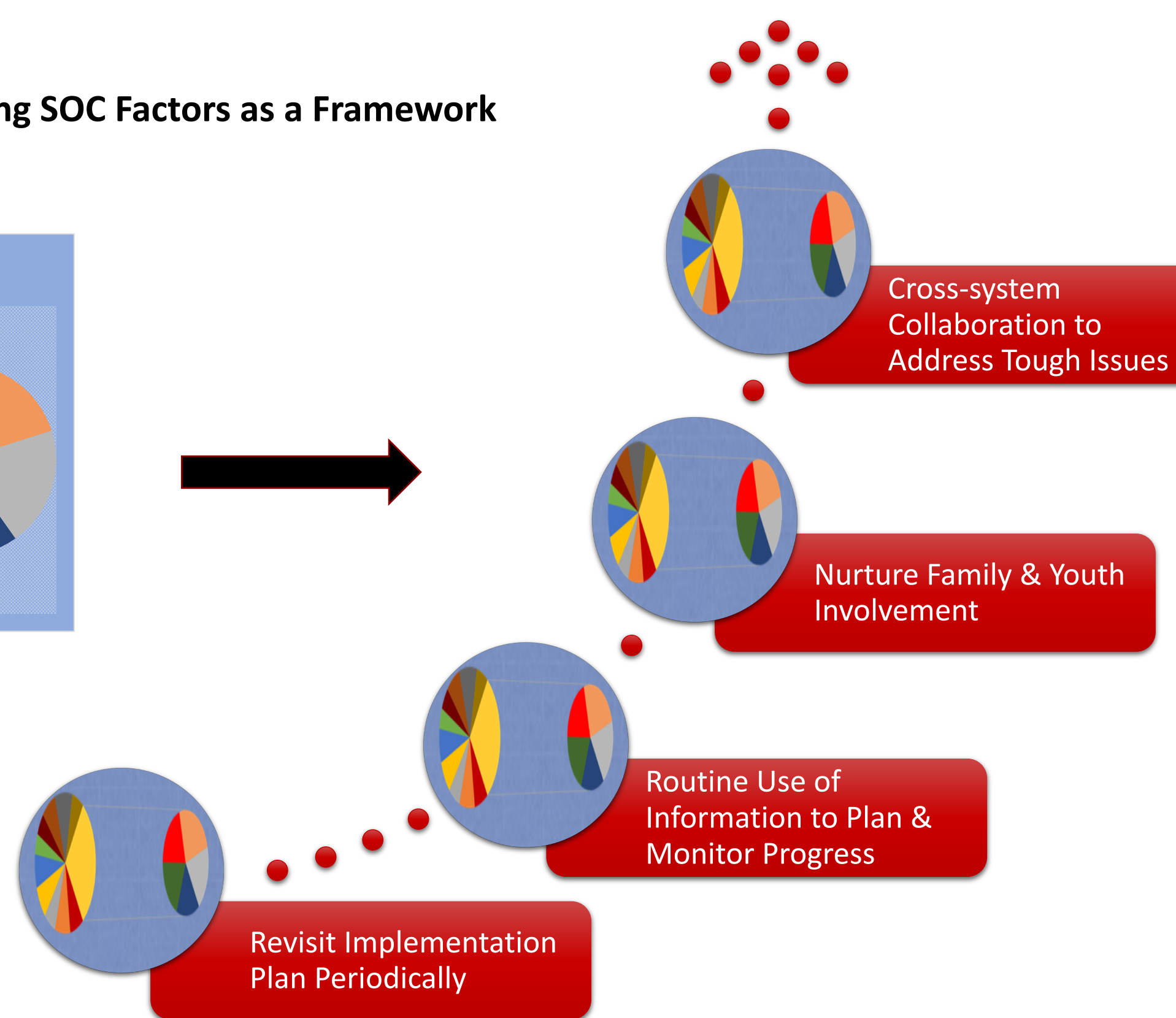| Data Collection Instrument/Component				
Child and Family Study – 2018 (N = 50 unduplicated cases)	Information	Respondents		
		Caregivers of Children/Youth (ages 6 to 18)	Child/Youth (ages 11 to 18)	Clinical Staff
Background/Administrative Data	Admissions, demographic and service data			X
Family/Living Data	Household Composition	X		
Columbia Impairment Scale (CIS) (N: Caregiver = 28; Child/youth = 13)	Psychosocial Functioning	X	X	
Pediatric Symptom Checklist 17 (PSC-17) (N: Caregiver = 46; Child/youth = 26)	Behavioral Health	X	X	
Caregiver Strain Questionnaire (CGSQ-13)	Caregiver Experience	X		
		Respondents		
Systems of Care Implementation Survey (SOCIS) – 2014 - 2018 (N = 31)	Self-assessment of the level of implementation of 15 key factors related to child service systems' infrastructure for behavioral health services for children, youth, and their families.	Youth and family members, mental health service providers, and people/professionals from various service systems (for e.g. child welfare, education, juvenile justice, and health), advocates, and other community stakeholders).		

Results

Figure 1: Primary Diagnosis - Aggregated
- Depressive Disorders: 14, 28%
- Anxiety Disorders: 6, 12%
- Trauma- and Stress- Related Disorders: 9, 18%
- Disruptive Behavioral Disorders: 21, 42%

Figure 2: Pediatric Symptom Checklist - Total Scores (n = 15)
Baseline 22.87, 6-Month Reassessment 20.26

Figure 3: Columbia Impairment Scale - Total Scores (n = 7)
Baseline 29.57, 6-Month Reassessment 24.00

Figure 4: Caregiver and Child/Youth Differences - PSC (N = 72)
Caregiver 23.15, Child/Youth 19.19

Figure 5: Caregiver and Child/Youth Differences – CIS (N = 41)
Caregiver 30.18, Child/Youth 27.92

Figure 6: County SOCIS Mean Ratings - 2014 - 2018

Figure 7: County, National Benchmarks, and Community-Level Comparison

Using SOC Factors as a Framework

Projection of SOC Factors

Review of SOC development helps show where capacity has been built, and where growth is needed.

- Cross-system Collaboration to Address Tough Issues
- Nurture Family & Youth Involvement
- Routine Use of Information to Plan & Monitor Progress
- Revisit Implementation Plan Periodically

Analysis, Results, Discussion

- **Analysis.** The data were analyzed through descriptive statistical analysis and multiple comparison tests (e.g. Independent samples t-test).

- **Results and Discussion.** Overall, for functional outcomes (Figures 2 and 3), the results indicate improvements (though minimal) from baseline to 6-month reassessment.

- Significant differences were detected between caregiver and youth's ratings of the Pediatric Symptom Checklist. Caregivers' ratings suggested a higher level of functional impairment than the children/youth's ratings (Figure 4).

- On the Columbia Impairment Scale, significant differences were not detected between caregivers and youth ratings. However, caregivers' ratings suggested a higher level of functional impairment than the youth's ratings (Figure 5).

- SOCIS ratings (Figure 6) suggested adequate infrastructure development -- cross-system support, collaboration, family voice, individualized, culturally competent services, leadership, governance/management (Kutash et al., 2011; Walton et al., 2018) to better address remaining, tougher challenges.

- Recent SOC development in the county (2018) (Figure 7) is high compared to weighted national benchmarks, and community-level indicators.

- **Limitations.** Due to missing data for most of the clinical discharges, only two time-points, i.e. baseline clinical discharges (n = 19), the missing data ranged from 68.4% (13 cases) to 84.2% (16 cases).

- **Conclusion.** Improving the mental health system requires continuous and consistent effort (Huang et al., 2005; National Research Council and Institute of Medicine, 2009).

- **References** available upon request.

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