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ABSTRACT

This paper summarizes results of a study which determined usage of mental health services by children with depressive disorders and whether patterns of service use and parents' perceptions of service use barriers are the same for children with depressive disorders as for those with disruptive disorders. The study used data from the Methods for Epidemiology of Child and Adolescent Mental Disorders (MECA) Study. In the MECA sample, 176 children met diagnostic criteria for either depressive (N=44) or disruptive (N=96) disorders or both (N=36). In the MECA study, measures of depressive and disruptive disorder were administered and an interview protocol determined service utilization and barriers to services. The study found that children with depressive disorder were less likely to use services than children with disruptive disorder. Also, parents of children with depressive disorders report more barriers to service than parents of children with disruptive disorders. Findings suggest that children with depressive disorders are less likely to be identified or referred to mental health services and that they have more difficulties in accessing services. (DB)

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Introduction

Many studies have shown that only a small proportion of youth with psychiatric problems receive professional help (Burns, 1991), and that youth with depressive or anxiety disorder are less likely to be referred for services than youth with disruptive disorder (Anderson, Williams, McGee, & Silva, 1987; Cohen, Kasen, Brook, & Struening, 1991). However, few studies have examined the service use patterns of children with depressive disorder in community samples. This study addresses two questions:

1. How likely are children with depressive disorders to use mental health services?
2. Are the patterns of service use and parents' perception of service use barriers the same for children with depressive disorder as for those with disruptive disorder?

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Method

Sample and Data

Data were derived from a multi-site community survey conducted in 1992 and funded by NIMH: the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study (Lahey et al, in press). This probability sample consists of 1285 child (ages 9-17) and parent/guardian pairs, and was drawn from four geographic areas: (a) Hamden, East Haven and West Haven, Connecticut (N = 314); (b) DeKalb, Rockdale, and Henry Counties, Georgia (N = 299); (c) Westchester County, New York (N = 360); and (d) San Juan, Puerto Rico (N = 312).

Structured, in-person interviews were conducted to obtain psychiatric diagnoses, as measured by NIMH's Diagnostic Interview Schedule for Children (DISC), version 2.3 (Shaffer, et al., in press), and impairment, measured by both the Non-Clinician Global Assessment Scale for Children (Bird, submitted) and the Columbia Impairment Scale (Bird et al., 1993). The Service Utilization and Risk Factors (SURF) interview was also administered (Leaf et al., in press).

Measures of Depressive and Disruptive Disorders

- **Depressive disorder (parent or child report):** Meets DISC criteria for major depressive disorder and/or dysthymic disorder, is positive on diagnosis-specific impairment (as measured by the DISC), and has a CGAS score (interviewer assessment) lower than or equal to 70.
- **Disruptive disorder (parent or child report):** Meets DISC criteria for attention deficit hyperactivity disorder, oppositional defiant disorder, or conduct disorder, is positive on diagnosis-specific impairment (as measured by the DISC), and has a CGAS score (interviewer assessment) lower than or equal to 70.

Measures of Service Utilization and Barriers to Services

- **Ever used any service (parent or child report):** Child has ever used any of the following services for emotional or behavior problems, or for the use of alcohol or drugs (Leaf et al, in press): (1) mental health specialist (see below for details); (2) medical professionals; (3) school-based services; (4) social services; (5) clergy; and (6) other (e.g., spiritualists, herbalists).
- **Ever used any mental health specialist (parent report):** Child has ever seen any of the following: (1) psychiatrist, (2) psychologist, (3) counselor, or (4) social workers.
- **Ever used two or more non-school mental health services (parent report):** Ever used two or more types of non-school mental health services with one of them being a mental health specialist.

being a mental health specialist.

- **Parent's perceived barriers:** Barriers to the use of child mental health services are measured by parental report of the number of barriers to service, based on 17 questions relating to the cost of treatment, access to services, and knowledge of and attitudes towards mental health services.

Results

In the MECA sample, 176 children (13.7%) met diagnostic criteria for either depressive or disruptive disorders (Shaffer, et al., in press). Among them, 44 children were diagnosed with depressive disorder only, 96 children with disruptive behaviors only, and 36 children met the criteria for both depressive and disruptive disorders.

Service use patterns were first compared for children with depressive disorder only, disruptive disorder only, both disorders, and neither of the two disorders. To further test the hypothesis that children with depressive disorder use less service than children with disruptive disorder, the disruptive disorder only group and the group with both disorders were combined into a "Disruptive disorder" group.

Children with either one or both disorders used more services than those with neither of the disorders. For children with depressive disorder, 61.4% have used any service; only 34.1% have ever seen a mental health specialist, and only 25.0% have ever used 2 or more non-school mental health services. Children with disruptive disorder, regardless of having depressive disorder or not, are more likely to use service than children with depressive disorder only. The difference is statistically significant for seeing a mental health specialist (see Table 1).

Three barriers were found to differ significantly between children with depressive disorder only and children in other groups. More parents of children with depressive disorder only reported that mental health professionals were unfriendly and that they did not trust mental health professionals than did parents of children with disruptive disorders or neither of the two disorders. Also, more parents of children with depressive disorder only reported that they were unable to get an appointment (see Table 2).

Logistic regression analyses of lifetime service use were conducted for the total sample in five steps (5 models). In each model, study site, mother's education, family income, health insurance, parental psychopathology, child's age, sex, ethnicity, and number of lifetime chronic illnesses were controlled. In addition to these control variables, depressive disorder was entered in Model 1; disruptive disorder was entered in Model 2; both depressive and disruptive disorders were entered in Model 3. Model 4 included all the variables in Model 3 as well as parent and child ratings on the Columbia Impairment Scale (i.e., CIS score of 16 or more). Model 5 included all the variables in Model 4 as well as

Model 5 included all the variables in Model 4 as well as parent perception of child service need.

When depressive disorder and disruptive disorder were entered into the logistic regression separately to predict lifetime service use, the Adjusted Odds Ratios (AOR) for disruptive disorder (Model 2) for all three service use variables were much higher than those for depressive disorder (Model 1). This pattern also held when the depressive and disruptive disorders were entered into the equation simultaneously (Model 3). When the parent and child ratings of child impairment (CIS) and parent perceived need were entered into the equation (Model 4 and 5), the effects of depressive disorder became non-significant, while the effects of disruptive disorder still held (see Table 3).

Discussion

Consistent with other studies (Anderson et al, 1987; Cohen et al, 1991), the findings here show that children with depressive disorder are less likely to use services than children with disruptive disorder. Also, parents of children with depressive disorder report more barriers to service than children with disruptive disorder. These findings suggest that children with depressive disorders are less likely to be identified or referred to mental health services, and that they have more difficulties in accessing services.

Parent's perception of the child's impairment and need for service use plays an important role in the child obtaining mental health services. This finding may be related to the lack of service use by children with depressive disorder, as this and other internalizing disorders are less likely to be recognized by other people, including the parents.

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