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Research article

Factors associated with mental health services referrals for children investigated by child welfare

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ABSTRACT

Although child welfare caseworkers are responsible for facilitating mental health services access for maltreated children, little is known about caseworkers' decisions to refer children to services. We aimed to identify factors associated with caseworker referral of children to mental health services after a maltreatment investigation. We analyzed data from 1956 children 2–17 years old from the Second National Survey of Child and Adolescent Well-being. We examined associations of children's predisposing, enabling, and need-related factors and caseworkers' work environment characteristics with referral to mental health services. Caseworkers referred 21.0% of children to mental health services. In multivariable analyses controlling for potential covariates, factors associated with increased odds of caseworker referral included: older child age; child sexual abuse (versus neglect); child out-of-home placement; caregiver mental health problems; prior maltreatment reports; clinically significant child behavioral problems; and child welfare agency collaborative ties with mental health providers (all $p < .05$). Factors associated with decreased odds of caseworker referral included child Black race (versus White race) and lack of insurance (versus Private insurance) (all $p < .05$). In summary, children's need for mental health services was positively associated with caseworker referral to services but certain predisposing and enabling factors and caseworker work environment characteristics also correlated with services referral. Interventions to reduce disparities in services referral by race and insurance type are critically needed. These may include child welfare agency implementation of policies for mental health screening, assessment, and services referral based on clinical need and establishment of child welfare-mental health agency collaborative ties.

1. Introduction

Each year, over three million children are investigated by U.S. child welfare agencies for suspected maltreatment (U.S. Department of Health & Human Services, 2016). Mental health problems are common in this population, affecting one-quarter to one-half of children (Burns et al., 2004; Fong, French, Rubin, & Wood, 2015). Yet the majority of children do not receive mental health

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services after a child welfare investigation (Burns et al., 2004; Horwitz et al., 2012). In national samples of children investigated for suspected maltreatment, approximately three-quarters of children with clinically significant behavioral problems did not receive mental health services (Burns et al., 2004; Fong et al., 2015).

The gap between mental health need and services receipt for maltreated children appears to be particularly salient for minorities (Horwitz et al., 2012). In one study of 480 children in long-term foster care, Latinos and Asians/Others had significantly fewer mental health visits than Caucasians, after controlling for the severity of behavior problems, age, gender, maltreatment history, and placement history (Leslie et al., 2000). In another study of 1256 children receiving services for serious emotional problems in a large, publicly funded system of care, African Americans and Asian Americans/Pacific Islanders were half as likely to receive any mental health services compared to non-Hispanic Whites, after adjusting for child demographics, family/social factors, family resources, insurance, and child diagnosis and impairment (Garland, Landsverk, & Lau, 2003). In a national sample of 1693 children investigated for maltreatment, African American youth were overall less likely than non-Hispanic White youth to receive mental health services, after controlling for demographics, maltreatment history, and mental health need (Gudino, Martinez, & Lau, 2012). The authors provide several potential explanations for these disparities including decreased mental health services seeking among minorities (e.g., due to culturally specific perceptions about mental health problems and mental health services) (Garland et al., 2003; Gudino et al., 2012; Horwitz et al., 2012; Leslie et al., 2000); increased barriers to services access for minorities (e.g., language barriers, lack of knowledge about services, and lack of minority mental health provider availability) (Gudino et al., 2012; Leslie et al., 2000); and differential referral practices of child welfare agency professionals for Whites versus minorities (Horwitz et al., 2012; Leslie et al., 2000). These disparities underscore the need to identify factors contributing to unmet mental health problems in maltreated children.

The Gateway Provider Model is a theoretical framework of child mental health services use that may help identify factors affecting mental health services receipt in maltreated children (Stiffman, Pescosolido, & Cabassa, 2004). Stiffman and colleagues developed the Gateway Provider Model based on the premise that youth do not typically seek mental health care on their own and are often directed to care by family members, friends, or professionals ("gateway providers") who help identify mental health need and facilitate access to services. The model focuses on factors that influence gateway providers' decisions to help children obtain mental health services, including children's predisposing, enabling, and need-related factors, as previously described in Andersen's Behavioral Model (Andersen, 1995), and providers' work environment characteristics. The model posits that these factors influence providers' decisions to refer children to mental health services by impacting providers' knowledge and perceptions of child mental health problems and mental health services (Stiffman et al., 2004).

The Gateway Provider Model represents an ideal framework for studying mental health services receipt among children involved with the child welfare system because gateway providers' assistance with linking to mental health services is particularly important for this population. First, these children have higher rates of mental health problems as compared to the general population. For example, clinically significant treatment needs have been documented in 50–80% of children in foster care (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; McMillen et al., 2004), as compared to 20% of youth in the general population (New Freedom Commission on Mental Health, 2003). Second, early screening, assessment, and initiation of mental health services after maltreatment discovery is important for addressing the traumatic impact of abuse and neglect, family disruptions, and the investigative process (American Academy of Child & Adolescent Psychiatry & Child Welfare League of America, 2003; Berkowitz, Stover, & Marans, 2011; Romanelli et al., 2009). Third, children involved with the child welfare system face unique individual and contextual barriers to accessing mental health services, including complex child and caregiver mental health needs and limited community resources to meet these needs (Burns et al., 2004).

Among the host of gateway providers children may encounter after a report of suspected maltreatment (Stiffman et al., 2004), child welfare caseworkers are uniquely responsible for recognizing mental health problems and referring children to services (Dorsey et al., 2014). Caseworkers are charged with ensuring the safety, permanency, and well-being of children involved with the child welfare system, outcomes that are all associated with child mental health (Dorsey et al., 2014). For children in foster care, caseworkers serve as their legal guardian representatives and are responsible for addressing their mental health needs (Dorsey et al., 2014). Given the significant mental health need in maltreated children and the importance of early linkage to mental health services, experts and professional groups have published guidelines for timely mental health screening, assessment, and services referral for children involved with the child welfare system (American Academy of Child & Adolescent Psychiatry & Child Welfare League of America, 2003; American Academy of Pediatarics Committee on Early Childhood Adoption & Dependent Care, 2002; Romanelli et al., 2009). Furthermore, child welfare agencies are mandated to provide services that meet the mental health needs of these children (Stein et al., 2016; U.S. Department of Health & Human Services Administration for Children & Families, 2015).

Yet there is limited research about the factors associated with caseworkers' decisions to refer children to mental health services around the time of investigation. Prior studies have identified correlates of child receipt of mental health services (e.g., child age, race/ethnicity, maltreatment type, placement type, behavioral problems; family income; child welfare-mental health agency collaboration) (Garland et al., 2003; Horwitz et al., 2012; Hurlburt et al., 2004; Leslie et al., 2000). However, relationships between these factors and the likelihood of caseworkers' mental health services referrals remain understudied. One study used the Gateway Provider Model as a framework to examine provision of services to 307 youth by 27 caseworkers in a St. Louis, Missouri-based child welfare agency (Bunger, Stiffman, Foster, & Shi, 2010). The authors found that youth received services from a greater variety of sectors when their caseworkers were able to identify youth behavioral health problems and were more connected with community agencies. This study, which did not specifically examine caseworker referrals around the time of a maltreatment investigation, was limited by a small sample size, the assessment of child welfare practices within a single city, and the focus on a subset of Gateway Provider Model variables. Additional research is needed in larger, national samples to systematically examine a broad range of factors affecting caseworker referrals to mental health services after a maltreatment investigation. Such findings may guide the development of