

Environmental Risks and Children's Mental Health Treatment Outcomes: A Person-Centered Analysis

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-Link Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined evidence of post-treatment symptom reduction for children served by a community mental health center using scores from the Strengths and Difficulties Questionnaire (SDQ), identified environmental risk subgroups of children, and investigated differences between subgroups on outcome change scores. Overall, results indicated that children benefited from being served at a community-based healthcare center, with significant symptom reduction reported both when comparing first and last SDQ scores and when reporting high and last SDQ scores. On average, children's first SDQ scores were lower than their highest SDQ scores. Analyses identified four subgroups of children based on risk factors (Low-Risk, High-Poverty, High-Risk, and Low-Poverty with Maltreatment). No significant differences in treatment outcomes were found between the four subgroups.

Discussion on Practice Implications

1. This study found that children's first SDQ scores (which measured their symptoms) were lower than their highest SDQ scores. Have you seen this phenomenon in your own work? What potential reasons can you think of to explain this difference? Why do you think it is important to recognize that reports of children's symptoms may be lower when first reported than at later times during treatment?
2. This study found that children served by a community-based children's mental health center experienced significant reductions in symptoms, and the author notes that this finding may help build public confidence in the effectiveness of similar treatment facilities. Why do you think it would be important to build public confidence? What are some ways we can use findings from this study to help increase public confidence in community-based mental health treatment facilities for children? How will these findings shape your professional practice?

Discussion on Agency- & System-Level Changes

1. The author notes that with high rates of mental health disorders among America's youth, community-based treatment centers are being used more regularly. What barriers exist for families in accessing community-based treatment centers? What barriers might community-based treatment centers encounter in their work? How can we advocate for change that breaks down these barriers?
2. Children being treated at community-based mental health treatment centers are served by multiple systems (e.g., child welfare, education). How can communication between these systems be utilized to improve treatment outcomes for children? What policies impact cross-system communication and collaboration? What new practices could improve communication between systems to improve treatment outcomes for children?
3. No differences in treatment outcome were found for children in the four risk groups (low-risk, high-poverty, high-risk, and low-poverty with maltreatment) after controlling for age, gender, and race/ethnicity, which indicated that children from all groups benefited similarly from mental health treatment at a community-based center. Do you think treatment is offered in an equitable way to children across these groups? If there are issues of equity in terms of how treatment is offered, what policies could address these issues?