

Mental Health Services for Children & Families

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Systems of Care

- Family driven
 - Individualized, evidence and strength based
 - Youth guided
 - Culturally and Linguistically competent
 - Community based
 - Accessible
 - Interagency network
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- 2006-2008 Annual Report to Congress/Comprehensive Community Mental Health Services for children and their families programs

Description of Youth SAMHSA Study

YR 2006-2008

- 64% were male
- 59% belonged to non-White racial and ethnic groups
- 45% lived with their biological mother only, and another 25% lived with both biological parents
- More than 55% lived in poverty (as defined by the U.S. Department of Health and Human Services)

YR 2009

- 62.9 percent were male (compared to 51.2 percent of the U.S. population);
- 59.7 percent belonged to non-White racial and ethnic groups (compared to 42.3 percent of the U.S. population)
- 49.1 percent lived with their biological mother only (compared to 23.1 percent of children and youth aged 0–17 years in the U.S. population), and another 25.7 percent lived with both biological parents (compared to 69.4 percent of children and The Comprehensive Community Mental Health Services for Children and Their Families Program Evaluation Findings 2009 Annual Report to Congress • Executive Summary • Page III youth aged 0–17 years in the U.S. population); and
- 57.6 percent lived in poverty (as defined by the U.S. Census Bureau, compared to 17.2 percent of all children and youth aged 0–17 years in the U.S. population)

Most Common Diagnosis

2008

- Mood Disorders(35%)
- Attention Deficit Disorder(34%)
- Oppositional Defiant Disorder (25%)
- Adjustment Disorders (12%)

2009

- Conduct or delinquency-related problems (57.0 percent)
- Hyperactive and attention-related problems (37.7 percent)
- Depression-related problems (35.0 percent)
- School performance problems (32.5 percent)
- Adjustment-related problems (31.9 percent)
- Anxiety-related problems (28.1 percent)
- Suicide-related problems (including ideation, attempt, and self-injury) (16.3 percent)

Improvements

- Regular school attendance (attending at least 80 percent of the time) improved from 82.4 percent to 89.8 percent.
 - Missing school due to behavioral or emotional problems decreased from 77.2 percent to 63.4 percent.
 - Missing daycare or afterschool programs due to behavioral or emotional problems decreased from 36.7 percent to 19.6 percent. Maintaining a single, rather than multiple, living situation in the previous 6 months increased from 70.9 percent to 81.7 percent.
 - Being arrested (as reported by youth aged 11 and older) decreased from 18.0 percent to 8.0 percent.
 - Engaging in any delinquent behavior (as reported by youth ages 11 and older) decreased from 77.0 percent to 46.4 percent.
- Caregivers reported improved outcomes as well:
- Almost half (46.4 percent) of caregivers reported decreased levels of strain associated with caring for their children.
 - Employed caregivers reported missing 6.9 days of work on average in the 6 months prior to intake. In contrast, at 24 months after intake, employed caregivers reported missing only 3.1 days of work on average in the previous 6 months.

Maslow's Hierarchy of Needs

