The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children’s Trust.
Keynote
Engaging Urban Families in Child Mental Health Care: What Does the Evidence Suggest?

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Acknowledgements
Bronx Community Collaborative Board
Urban Child Mental Health Crisis

- *Two thirds* of children in need of mental health care do not receive services
- Rates of service use are at their *lowest* in low income, urban communities
- No show rates can be as high as 50%
- Drop outs occurring after *two or three sessions* are common
Barriers to Engagement

- Ecological perspective locates barriers to initial and ongoing engagement within the family, the provider, and/or the system
- Triple threat: poverty, single parent status, stress
- Concrete obstacles: time, competing priorities, transportation, child care
- Perceptual obstacles: attitudes about mental health, stigma, negative experiences, parents’ own stress and needs
Not all barriers are “equal.”
Perceptual barriers (e.g., stigma) and prior negative experiences have been shown to have the greatest influence on initial and ongoing engagement.
Addressing perceptual barriers may be more important than focusing only on concrete obstacles.
Early experimental work aimed at increasing initial and ongoing engagement

- Brief, evidence-informed, targeted interventions focused on enhancing attendance
  - During initial telephone or first meeting (closing the gap between referral/initial telephone contact and keeping a first appointment)
  - During first intake evaluation (closing the gap between evaluation and ongoing services)
Initial Engagement Interventions
(at point of telephone contact or referral)

Goals:

1. Clarify the need
2. Increase youth and caregiver investment and efficacy
3. Identify attitudes about previous experiences with care and institutions
4. PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE! around concrete obstacles to care
Study #1 Methods

- Outcome of interest: # of families that brought their child to an initial appointment
- Setting: urban outpatient clinic
- Sample: n = 54
- Design: Matched comparison of consecutive referrals in one month
Study #1 Results

- **Engage**: 21 children present, 6 no shows
- **Compare**: 13 children present, 14 no shows

# of children brought to first session (n=27 per condition)

Legend:
- Blue: # of children brought
- Red: no show
Outcome of interest: # of families that brought their child to an initial appointment

Setting: Outpatient clinic

Sample: n=108

Design: random assignment to condition
Study #2 Results

- Engage: 40 families came to 1st appt., 15 no shows
- Compare: 24 families came to 1st appt., 29 no shows

Legend:
- Blue: # of families that came to 1st appt.
- Red: No show
Families are 49% less likely to return after a first appointment if parents are skeptical about possible service helpfulness.

The first evaluation interview is the point at which many families decide if the clinic they are visiting is a good fit.

If families are leave first appointment dissatisfied or with significant questions/concern, they are not likely to return.
Two primary purposes:

- To understand why a youth and family want help from provider.
- To engage the youth and family in a helping process, if appropriate.
Four Critical Elements of the Engagement Process

- Clarify the helping process for the client
- Develop the foundation for a collaborative working relationship
- Focus on immediate, practical concerns
- Identify and problem solve around barriers to help seeking
Study #3 Methods

- Outcome of interest: # of families that came to initial and ongoing appointments
- Setting: Outpatient clinic
- Sample: n=107
- Design: Random assignment to condition
First Interview Results

- % for first interview (n=33)
- % for comparison (n=74)

Accepted 1st Appt. 2nd Appt. 3rd Appt.
Learning Collaborative: Enhancing Engagement of Youth & Families in Mental Health Care in New York City

New York State Office of Mental Health
New York City Department of Health & Mental Hygiene
Citizen’s Committee for Children
Mount Sinai School of Medicine
The continuous quality improvement cycle

Input

Plan

Act

Do

Check
CQI cycle

- **Plan** – define organizational plan for quality tied to customer needs.
- **Do** – improve organizational performance on key indicators.
- **Check** – assess how well the services delivered in “DO” phase accomplished the objectives in “PLAN” phase.
- **Act** – evaluate and refine quality plan.
Performance Indicator #1

- Show-rate for intake appointments for all new evaluations of children and adolescents
- Baseline in October, 2004
- Measured by:
  - # kept intake appointments
  - # scheduled intake appointments
Performance Indicator #1 (unweighted end point across 14 agencies)

% of kept intake appointments for May/June

baseline % of kept intake appts.

Oct., 2004 | June, 2005
63 | 81
Estimates of number of children completing an intake over time (using unweighted endpoint rate of change across 14 agencies)

- Represents an increase of 576 children seen for intake appts (81%)
- Estimated number of children seen for an intake based on 63% baseline show rate
Performance Indicator #2

- Attendance rate for any scheduled clinic appointment subsequent to the first intake appointment.
- As measured by:
  - # attended clinic appointments*
  - # scheduled clinic appointments*

*Exclude the first kept intake appointment
Performance Indicator #2
(unweighted endpoint across 12 agencies)

% of kept ongoing child mental health appts.

October, 2004: 71%
June, 2005: 76%
Performance indicator #3

- Increase the total # of children who attend 8 or more clinic appointments, measured every 3 months for all new evaluations:

  # children attending 8 or more clinic appointments
  # children in treatment
Performance Indicator #3 (unweighted trend across 5 agencies)

average % of youth receiving >8 sessions
Improve parents’ and caregivers’ perceptions of mental health care as measured by a survey:

Perception of care survey is administered to the parents and caregivers of all children and adolescents attending the clinic during a 1 week period every 3 months.
Performance indicator #4

Seven of the agencies completed at least one survey of satisfaction during the 9-month Learning Collaborative
Next steps: Engaging service delivery models
Multiple family groups (MFG) for youth with disruptive behavioral difficulties
Multiple Family Group (MFG) is a service delivery strategy meant to enhance child mental health service use and mental health outcomes for urban, low-income children of color.

NIMH-funded, randomized effectiveness trial of MFG vs. services as usual in 10 outpatient clinics across NYC

- Youth 7–11 and their families
- Met criteria for ODD or CD
- Majority of families with low household income and of African American and/or Latino descent

MFG content and process was designed in collaboration with parents & providers
What is a MFG?

- A clinical service meant to enhance child mental health service use and reduce serious conduct difficulties for urban, low-income children
- Developed from previous research involving urban parents and their children
- Provides an opportunity for parents and children to share information, address common concerns, and develop supportive networks
- Involves 6 to 8 families
- At least two generations of a family are present in each session
- Knowledge sharing and practice activities foster both within family and between family learning/interaction
MFG Evidence Informed Targets

- Strengthens parenting skills and family relationship processes
  - child management skills
  - family communication
  - within family support
  - parent/child interaction

- Addresses factors affecting service use and outcomes
  - parental stress
  - use of emotional and parenting support
  - stigma associated with mental health care
Multiple family groups should focus on: (4Rs)

- Rules
- Roles and Responsibilities
- Respectful communication
- Relationships

As well as the 2Ss:
- Stress and Support
MFG Collaborative Development & Service Delivery

- Clinician and parent advocate co-facilitate
- Clinicians provide professional expertise
- Parent advocates provide support and practical information
- Sessions guided by a manual characterized by flexibility, choice of activities, discussion questions
- Parent consumers made substantive contributions to the development of the intervention guide based on their experience and existing literature (e.g., brought stress to the forefront)
MFG Methods

Randomized effectiveness trial of MFG vs. services as usual (SAU) in 10 outpatient clinics across NYC

- Youth 7–11 and their families
- ODD or CD
- Low-income African American and Latino families
Research Design

400 youth aged 7-11 and their families

Random Assignment

Baseline

MFG

8 Weeks

16 Weeks

6 Month

18 Month

Random Assignment

Baseline

Standard Care

8 Weeks

16 Weeks

6 Month

18 Month
To date....

Emerging findings from 408 youth and their families involved in the study
Study Participants

- Adult caregivers were 87% female
- A third of parents were born outside the US
- Half of parents completed high school
- 45% were employed
- Racial/ethnic backgrounds were:
  - 47% African American; 42% Latinos
- Families had an average of 3 children living with them.
- Youth were evenly split by gender with an average age of 9.5 years.
MFG Attendance
(in comparison to rates of retention in comparison services)
Further steps: Evidence on Family Support & Engagement

- Reduces stigma and distrust by improving communication (Linhorst & Eckert, 2003)

- Improves activation in seeking care (Alegria et al., 2008)

- Improves self-efficacy—i.e., active participation in decision-making (Heflinger & Bickman, 1997; Bickman et al., 1998)

- Improves knowledge and beliefs about children’s mental health and this is associated with use of higher quality services for children (Fristad et al., 2003; 2008)
Resources

- McSilver Institute for Poverty, Policy, & Research:  www.mcsilver.org
- Families Together in New York State:  www.ftnys.org
- Clinic Technical Assistance Center (CTAC):  www.ctac.com
For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

**Additional Resources**

**Online resources:**
1. McSilver Institute for Poverty, Policy, & Research: www.mcsilver.org
3. Families Together in New York State: www.ftnys.org
4. Clinic Technical Assistance Center (CTAC): www.ctac.com

**Peer-reviewed Journal Articles:**