Data Trends
Summaries of research on mental health services for children and adolescents and their families
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This article presents the results of a study of premature termination patterns among residents of the United States and Ontario using mental health services. Although the study surveys individuals between the ages of 15-54 years, findings with regard to youth ages 15-24 are especially salient. In support of previous findings, statistically significant results of the current study indicate that youth are *more likely to drop out of treatment than any other age group studied*, and that—among all age groups—lack of insurance figures prominently into treatment drop out rates.

Initial data were taken from the US National Comorbidity Study and the Mental Health Supplement to the Ontario Health Survey (1990-1992). From this database, respondents were selected for interviews if they had received treatment for self-reported mental health problems (i.e., emotions, "nerves," mental health, use of alcohol or drugs) at some period during the preceding 12 months. A total of 830 Americans and 431 Canadians were interviewed (N = 1,261). Of this group, respondents who had terminated treatment, but did *not* report that treatment had improved symptoms, were classified as "treatment dropouts." Although the dropout rate increased over time, crude dropout rates were 19% for Americans and 17% for Canadians.

The authors measured variables in four domains that may influence treatment dropout: 1) *sociodemographic data* were collected on gender, family income, urbanicity, country of residence, education and ethnicity; 2) *diagnoses* occurring in the year prior to the interview were assessed for each respondent, and were grouped into the following categories: major depressive episode, mania, dysthymia, social phobia, simple phobia, agoraphobia, generalized anxiety disorder, panic disorder, alcohol abuse or dependency, and drug abuse or dependence; 3) *treatment modes* were grouped into the following four, broad-ranging categories: pharmacotherapy and talk therapy; talk therapy only; pharmacotherapy only, and; spiritual counseling, and; 4) *attitudes* toward mental health services were ascertained by asking respondents to estimate the percentage of people that they thought could helped by such services. Respondents who estimated that 50% or fewer of all individuals receiving mental health services would be helped were assessed to hold negative attitudes toward mental health services.

Results indicated that individuals receiving treatment for a single disorder were more likely to dropout of services than those receiving treatment for co-occurring conditions. Similarly, individuals were more likely to terminate services that provided only one mode of treatment (e.g., talk therapy or pharmacotherapy) than those receiving dual-modality treatments. Additionally,age, lack of insurance, and the belief that mental health treatments are not effective also were found to predict dropout.

These findings further illuminate the dropout problem as it relates to adolescents with mental health problems and their families. First, "Mental health treatment dropout is a serious problem, especially among patients who have low income, are young, lack insurance, are offered only single-modality treatments, and have negative attitudes about mental health care" (p. 845). Second, because youth with mental disorders often have "greater morbidity, dysfunction, and worse longitudinal cours[es] " (p. 849) than their elder counterparts, treatment dropout is an important issue for researchers and policymakers concerned with the mental health needs of youth and their families.

While the authors list limitations to this study, implications for policy and services can still be culled from their findings. For example, interventions and health care policies need to work to reduce stigma surrounding mental health issues, and health care clinicians should be encouraged to talk to their patients

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about the appropriateness of mental health services. In an effort to reduce negative perceptions of mental health care, researchers, clinicians, and policymakers must continue to educate the public about mental health care. Also, increased efforts should be made to help individuals feel comfortable in mental health care settings. According to the authors, "a large proportion of respondents believe that mental health treatments are not effective…[and] respondents who reported feeling uncomfortable in mental health care were substantially more likely to drop out of treatment" (p. 849). Furthermore, although unmentioned by the authors, mental health clinicians need to keep abreast of the most recent studies of effective treatments and service delivery systems. Finally, although the finding that insurance status affects mental health services use is not new, this article supports the need for greater insurance access for youth with serious emotional disorders and their families.

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