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COMMUNITY MENTAL HEALTH SERVICES' CLIENTS WITH CHILD WELFARE STATUS [1,2]

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Summary.—An examination of two samples of children seen one year apart at a community mental health service indicated that a significant proportion had also been involved with the child welfare system (44% of the 119-member older sample and 32% of the 160 individuals from the current sample). A reanalysis of the latter sample one year later showed that the caseload overlap had increased to 39%.

The importance of the linkage between children's mental health services and child welfare is clear (Lerman, 1984; Thompson, 1988). Most of the studies on this matter have examined children already in care and found the proportion with an emotional or mental disorder ranging from 25% to 90% (Fanshel & Shinn, 1978; Frank, 1980; Thompson & Fuhr, 1992). Wolkind and Rutter (1973), however, studied a large nonclinical sample, but also found high prevalences of emotional disorder among those in care (47% to 76% depending on the assessment method).

Interestingly, no studies have examined the involvement in child welfare of those on a mental health services caseload. This would be of importance because the need for service by children in care is obvious, and determining whether such children actually appear on a mental health services caseload would aid planners of prevention and treatment programs. The present study was designed to estimate the proportion of children on the caseload of a community mental health service who had been involved with a child welfare service.

Method.—Two samples of new registrations were drawn from the electronic record system of a province-wide community mental health service in Canada. The "older" sample comprised the records of every second child under 18 years of age registered over the course of the 6-wk. period one year prior to the present investigation ($N = 119$). The "current" sample included the records of all children who were first registered during the 6-wk. period that ended just prior to this study. The finding that the caseload had decreased over the one-year interval led to the decision to include all cases in the current sample to have a suitable number of records for analysis (resultant $N = 160$).

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To estimate the proportion of mental health clients who had also received official child welfare status, a search was conducted on the Provincial Child Welfare Information System for potential matching records (based on last name, one or more initials, sex, and age). On the assumption that any differences between the two samples would likely be due to an additional year of "eligibility" for child welfare service, the matching procedure for the current sample was repeated one year later.

An operations study showed that this index-case identification system produced a negligible error rate in terms of record duplications (less than 0.01% for the mental health system). Unfortunately, estimates for missed records were not available. Thus, if anything, the matching procedure would have produced conservative estimates of caseload overlap.

Results and discussion.—The initial matching procedure resulted in both mental health samples showing a substantial overlap with the child welfare caseload. Of the 119 cases in the older sample, 52 (44%) had been assigned status with the child welfare system. For the current sample, 51 of the 160 cases (32%) had been seen by child welfare at some time in their lives.

The larger overlap for the older sample ($\chi^2 = 4.10$, $p < .05$) may have reflected the fact that an additional year had elapsed between contact with mental health and the matching procedure (in comparison with subjects from the current sample whose files were examined shortly after registration). The follow-up of the current sample supported this view. When matched one year later, the number of identified cases rose to 62 (39%) from the original 51, a figure not materially different from the 44% found for the older sample ($\chi^2 = 0.69$).

Given the strong possibility that some matches would have been missed because of relocations, name changes, and recording errors, the magnitude of caseload overlap is likely higher than indicated by the present findings. Clearly, then, a meaningful proportion of children seen at a community mental health clinic will, at some time in their lives, have contact with the child welfare system. Of interest, the mental health services record system under study here has the capability for direct recording (usually by clinicians) of previous child welfare involvement. Traditionally this has indicated that only about five percent of cases had previous child welfare contact. Given that the data from this study indicate that much child welfare involvement occurs at or before the first contact with mental health, the mental health therapists may be unaware of such important historical involvements of their clientele.

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