

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Examining the association between suicidal behaviors and referral for mental health services among children involved in the child welfare system in Ontario, Canada

Philip Baiden^{a,*}, Barbara Fallon^b^a The University of Texas at Arlington, School of Social Work, 211 S. Cooper Street, Box 19129, Arlington, TX, 76019, U.S.A^b Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, ON, M5S 1V4, Canada

ARTICLE INFO

Keywords:

Referral for mental health service
Suicidal thoughts
Self-harming behavior
Child maltreatment
Child welfare

ABSTRACT

Although various studies have investigated factors associated with mental health service utilization, few studies have examined factors associated with referral for mental health services among maltreated children. The objective of this study was to examine the association between suicidal thoughts and self-harming behavior and referral for mental health services among children involved in the Child Welfare System in Ontario, Canada. Data for this study were obtained from the Ontario Incidence Study of Reported Child Abuse and Neglect 2013. An estimate 57,798 child maltreatment investigations was analyzed using binary logistic regression with referral for mental health service as the outcome variable. Of the 57,798 cases, 4709 (8.1%), were referred for mental health services. More than seven out of ten maltreated children who engaged in self-harming behavior and two out of three maltreated children who expressed suicidal thoughts were not referred for mental health services. In the multivariate logistic regression model, children who expressed suicidal thoughts had 2.39 times higher odds of being referred for mental health services compared to children with no suicidal thoughts (AOR = 2.39, 99% C.I. 2.05–2.77) and children who engaged in self-harming behavior had 1.44 times higher odds of being referred for mental health services compared to children who did not engage in self-harming behavior (AOR = 1.44, 99% C.I. 1.24–1.67), both after controlling for child demographic characteristics, maltreatment characteristics, and child functioning concerns. Given that referral is the initial step towards mental health service utilization, it is important that child welfare workers receive the necessary training so as to carefully assess and refer children in care who expressed suicidal thoughts or engaged in self-harming behavior for appropriate mental health services. The paper discusses the results and their implications for child welfare policy and practice.

1. Introduction

Various studies from Canada have found that children with a history of child abuse and neglect are at significantly higher risk for mental health problems, including engaging in suicidal behaviors, than their counterparts in the general population (Baiden, Stewart, Fallon, 2017; Rhodes et al., 2013; Farand, Chagnon, Renaud, & Rivard, 2004; Hadland et al., 2015; Katz et al., 2011; Rhodes et al., 2012). Suicidal behavior refers to the occurrence of thoughts about killing oneself (ideation) and engaging in self-harming behaviors

* Corresponding author.

E-mail address: philip.baiden@uta.edu (P. Baiden).

<https://doi.org/10.1016/j.chiabu.2018.01.027>

Received 3 April 2017; Received in revised form 25 January 2018; Accepted 30 January 2018

0145-2134/© 2018 Elsevier Ltd. All rights reserved.

that have the potential to end one's life (Nock & Favazza, 2009). A recent Canadian study found that as many as 80% individuals who attempted suicide had a history of child abuse (Martin, Dykxhoorn, Afifi, & Colman, 2016). Using data from the At Risk Youth Study, Hadland et al. (2015) found that after controlling for other factors, children with a history of physical abuse, emotional abuse, and emotional neglect were between 3–4 times more likely to have attempted suicide when compared to their non-maltreated counterparts. Katz et al. (2011) also examined suicide and suicide attempts among 8279 children in care and a comparison cohort of 353,050 children not in care from Manitoba, Canada. The authors found that the risk of suicide was 3.54 times greater and the risk of suicide attempts was 2.11 times greater among children in care when compared to their counterparts not in care.

Scholars have found that although children who come into contact with the child welfare system (CWS) often have serious mental health problems and are in need of mental health services, many do not receive services when they need them (Bunger, Chuang, & McBeath, 2012; Lee & Jonson-Reid, 2009; Marcenko, Hook, Romich, & Lee, 2012; Montoya, Giardino, & Leventhal, 2010; Villagrana, 2010a; Wherry, Huey, & Medford, 2015). Drawing on data from the National Survey of Child and Adolescent Well-Being, Burns et al. (2010) followed 2959 families involved in the CWS and found that only 44% of maltreated children in need of mental health services received these services. Available research suggests that referring individuals who exhibit suicidal behaviors to mental health care can aid in recovery (Christofferson, Hamlett-Berry, & Augustson, 2015; Gardner et al., 2010). The study by Katz et al. (2011) also found that hospital admissions and visits to a physician after entry into care significantly decreased the risk of suicide attempts by 73%.

The extant literature has focused attention on factors associated with mental health service utilization among maltreated children (Bunger et al., 2012; den Dunnen, Stewart, Currie, Willits, & Baiden, 2013; Finno-Velasquez, Cardoso, Dettlaff, & Hurlburt, 2015; Kim & Garcia, 2016). One area of research that has received comparatively little research attention within the child welfare literature is referral of maltreated children for mental health services (Burns et al., 2004; Staudt, 2003). Referral is the initial pathway towards mental health service utilization. A systematic review conducted by Staudt (2003) found that gateway providers, such as child welfare workers and school counselors, demonstrated a lack of awareness of adolescents' mental health service needs, suggesting that adolescents who need mental health services might not be referred for appropriate services. Some scholars have found that children placed in care as a result of neglect are less likely to receive mental health services (Leslie et al., 2000). Other scholars have found that sexually abused children are more likely to receive therapy and counseling, regardless of their level of mental health needs (Burns et al., 2004), whereas mental health services for physically abused children are more likely to target caregivers (Kolko, Seleyo, & Brown, 1999).

In terms of mental health factors, Fitzgerald et al. (2015) found that the proportion of maltreated children screened for trauma-related, internalizing, and externalizing behavior problems and referred for trauma-informed mental health services was much greater than their counterparts in a wait-list control group. Conn, Szilagyi, Alpert-Gillis, Baldwin, and Jee (2016) also found that youth in care with mental health problems had almost three times higher odds of participating in mental health therapy/counseling. Whereas some scholars have noted that continued engagement in services may be more difficult for youth from poor households and youth in out-of-home placement (Kerns et al., 2014), others have reported that youth in out-of-home placement tend to present with more mental health and behavior problems and, hence, are more likely to utilize mental health services (Brown, Courtney, & McMillen, 2015; McMillen et al., 2004; Pecora, White, Jackson, & Wiggins, 2009).

1.1. Current study

This study draws on the Gateway Provider Model developed by Stiffman, Pescosolido, and Cabassa (Stiffman, Pescosolido, & Cabassa, 2004). Drawing on the core variables of Andersen (1995) Behavioral Model of Health Service Use, the Gateway Provider Model argues that child welfare workers perceptions of clients need, enabling, and predisposing factors directly influence mental health service utilization (Stiffman et al., 2004). As a result, child welfare workers must be able to assess maltreated children for mental health need and refer them for effective treatment (Stiffman et al., 2000; 2004). This model has received support from a number of studies (see e.g., Dorsey et al., 2012; Garcia, Circo, DeNard, & Hernandez, 2015).

Given that children involved in the CWS are at significant risk of engaging in suicidal behaviors (Anderson, 2011; Hadland et al., 2015; He, Fulginiti, & Finno-Velasquez, 2015; Katz et al., 2011; Vinnerljung, Hjern, & Lindblad, 2006), the objective of the current study was to add to the existing body of literature by examining the association between suicidal thoughts and self-harming behavior and referral for mental health services among children involved in the CWS in Ontario, Canada. This study examined other known predictors of mental health service utilization, such as child demographic characteristics, maltreatment characteristics, and child functioning concerns. This study also offers an important contribution to the existing literature as it identifies maltreatment characteristics that influence referral for mental health services.

2. Methods

2.1. Data

This study uses data from the Ontario Incidence Study of Reported Child Abuse and Neglect 2013 (OIS-2013). The OIS-2013 is the fifth cycle of the child abuse and neglect incidence study to be conducted in Ontario, Canada (Fallon et al., 2015). The primary objective of the OIS-2013 was to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Ontario. Specifically, the OIS-2013 sought to:

determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, exposure to

Download English Version:

<https://daneshyari.com/en/article/6831957>

Download Persian Version:

<https://daneshyari.com/article/6831957>

[Daneshyari.com](https://daneshyari.com)