

## Recurrent psychiatric crisis among children and youth in state custody

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### Background

- Recurrence rates among children and youth
  - Depression: 54%-72% (3-8 year follow-up)
  - Bipolar disorder: 35%-70% (6 month-4 year FU)
  - Suicidal attempt: 12%-30% (3-18 month FU)
  - Repeat psychiatric visits to pediatric ED: 19% (6 month FU)
- Prevalence of mental health problems among children in child welfare: 42%-60%
- Few studies on recurrence of psychiatric crisis among children and youth in child welfare

### Background (Cont.)

- Psychiatric crisis services
  - to stabilize a child exhibiting serious behavioral or emotional problems
  - to prevent a recurrence of the crisis.
- Reducing recidivism as a desirable outcome.
- Understanding predictors of repeat psychiatric crisis is important for developing improved intervention strategies

### Purpose of the Study

- To examine the extent and associated factors of return to psychiatric crisis services
- A 24-month follow-up for children and youth in state custody referred for a state-wide psychiatric crisis program

### Data Sources

- Child welfare records from the Illinois Department of Children and Family Services (DCFS)
- Data for the Screening, Assessment and Support Services (SASS) program
  - All children under custody of child welfare agency are eligible for SASS
  - Child exhibiting emotional/behavioral problems that might need hospitalization
  - The Childhood Severity of Psychiatric Illness (CSPI) for screening and assessment

### Sample

- 1,462 children:
  - under DCFS custody between July 1, 2001 and June 30, 2003
  - were screened for the first time by the SASS program between July 1, 2001-June 30, 2003
  - between the ages of 3 and 17
- Each individual has the same observation period of 24 months after their first SASS episode

## Measures

- CSPI (27 items with 4 anchored levels per item)
  - Symptoms: psychosis, emotional disturbance, conduct disturbance, oppositional behavior, impulsivity, contextual consistency of symptoms, temporal consistency of symptoms
  - Risk behaviors: suicide risk, danger to others, elopement risk, crime/delinquency, sexual aggression
  - Functioning: school dysfunction, family dysfunction, peer dysfunction
  - Comorbidity: adjustment to original trauma or separation, medical status, substance abuse, severity of abuse or neglect, sexual development, learning disability or developmental delay
  - System factors: caregiver's ability to provide supervision, caregiver's motivation for change, caregiver's knowledge of the child, placement safety, community capacity for individualized services, multi-system needs

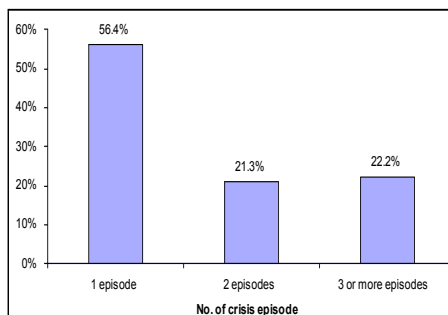
## Measures (Cont.)

- Psychiatric hospitalization
- Child welfare characteristics
  - Reasons of child welfare case opening
  - Type of placement at SASS episode
  - Placement instability: (0: 2 or less placement changes, 1: 3 or more placement changes)
- Age, sex, race/ethnicity
- Return to psychiatric crisis services

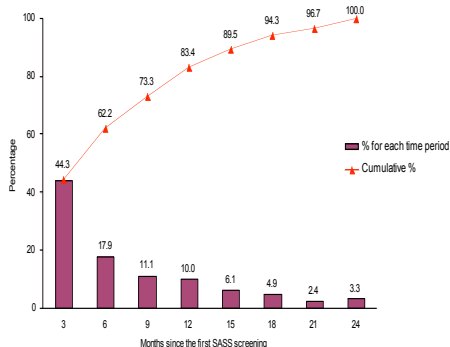
## Analysis

- Chi-square and t-test analyses
- Logistic regression for multivariate analysis

Percentage of children and youth by the status of repeat crisis episodes



Rates of recurrent psychiatric crisis



Logistic regression of recurrent psychiatric crisis  
(One episode group vs. Three or more episode group)

Covariate	Odds Ratio
Suicide risk	1.56**
Elopement risk	1.46*
Contextual consistency of symptoms	1.45*
African American (vs. white)	0.73*
Residential care (vs. non-kinship care)	2.15***
Placement instability	1.65**

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

### Summary

- 44% of the sample returned to crisis services
- Associated factors
  - Severity of psychiatric illness (i.e., suicide risk, elopement risk, & contextually consistent symptoms)
  - White youth (vs. African American)
  - Residential care
  - Placement instability

### Implications

- Provide some evidence of an appropriate use of crisis services
- Help identify a target group for immediate action to reduce the risk for return to crisis services