

## Treatment Patterns for Common Childhood Psychiatric Disorders in California's Publicly-Funded Outpatient Mental Health Clinics

### Authors/Presenters:

Bowen Chung, M.D., M.S.H.S.  
Post-Doctoral Research Fellow  
Health Services Research Center, UCLA Semel  
Institute  
10920 Wilshire Blvd  
Suite 300  
Los Angeles, California  
Bchung@mednet.ucla.edu

Thomas Belin, Ph.D.  
Professor of Biostatistics and Psychiatry  
UCLA School of Public Health/Geffen School of  
Medicine at UCLA  
Box 951772, 51-267 CHS  
Los Angeles, California  
Tbelin@ucla.edu

Bonnie Zima, M.D., M.P.H.  
Professor-in-Residence, Associate Director  
Health Services Research Center, UCLA Semel Institute  
Department of Psychiatry  
10920 Wilshire Blvd.  
Suite 300  
Los Angeles, California  
Bzima@mednet.ucla.edu

Penny Knapp, M.D.  
Medical Director  
Department of Mental Health, State of California  
1600 9<sup>th</sup> Street  
Suite 151  
Sacramento, California  
Penny.Knapp@dmh.ca.gov

Gang Liu, M.S.  
Graduate Student  
UCLA School of Public Health, Department of  
Biostatistics  
10920 Wilshire  
Suite 300  
Los Angeles, California  
Lg36@yahoo.com

### Objective

To describe treatment patterns among youth with probable attention-deficit/ hyperactivity disorder (ADHD), conduct disorder (CD), and major depressive disorder (MDD) in California's outpatient publicly-funded child mental health clinics. To also explore how documented guideline-concordant care varies by child socio-demographic and clinic characteristics.

### Method

Using a computerized medical record abstraction tool, treatment patterns for children receiving care for probable ADHD, CD and MD were assessed among a statewide sample of 813 children ages 6.0-16.9 years with at least 3 months of outpatient care, drawn from a 4,958 patients in 62 mental health clinics in California from 8/1/1998 through 5/31/1999. Acceptable care was defined for ADHD as any stimulant and / or behavioral treatment, for MD as any antidepressant and / or individual therapy, and for CD as any behavioral treatment and / or family therapy. Multivariate regression was conducted to explore independent predictors of acceptable care, using weighted data.

### Results

Most children (81.7%) received psychosocial treatment, of which individual psychotherapy was most common, and use did not vary by disorder. Almost 60% received psychotropic medication treatment, and 42% received case management. Of those with ADHD or MD, 58.9% and 42.9% received a stimulant or antidepressant

treatment, respectively. Acceptable care was documented for 62.1% of children with ADHD, 39.1% with CD, 89.6% with MDD.

**Conclusion**

Documented use of evidence-based psychosocial treatments was moderate. Use of first-line medication treatment for ADHD and MD was inconsistent with the strength of the evidence base. Further research is needed to explore how contextual factors relate to use of evidence-based treatments for children in "real world" settings.

Funding Source: State of California Department of Mental Health, NIMH (P30 MH68639, P50 MH546230, P50 MH50313, 5R01MH061540-03), American Psychiatric Association Program in Minority Research Training in Psychiatry - National Institute of Mental Health (T32 MH19126-17), Klingenstein Third Generation Foundation Fellowship in Childhood and Adolescent Depression

**References**

1. Zima, B. T., M. S. Hurlburt, et al. (2005). "Quality of publicly-funded outpatient specialty mental health care for common childhood psychiatric disorders in California." *J Am Acad Child Adolesc Psychiatry* **44**(2): 130-44.
2. Zito JM, Safer DJ, dosReis S, Gardner JF, Magder L, Soeken K, Boles M, Lynch F, Riddles MA. Psychotropic practice patterns for youth: a 10 year perspective. *Arch Pediatr Adolesc Med.* 2003;157:17-25