Adm Policy Ment Health
DOI 10.1007/s10488-016-0788-4

ORIGINAL ARTICLE

Statewide Implementation of Parenting with Love and Limits Among Youth with Co-Existing Internalizing and Externalizing Functional Impairments Reduces Return to Service Rates and Treatment Costs

Emma M. Sterrett-Hong[1] · Eli Karam[1] · Lynn Kiaer[2]

Abstract Many community mental health (CMH) systems contain inefficiencies, contributing to unmet need for services among youth. Using a quasi-experimental research design, we examined the implementation of an adapted structural-strategic family intervention, Parenting with Love and Limits, in a state CMH system to increase efficiency of services to youth with co-existing internalizing and externalizing functional impairments (PLL $n=296$; Treatment-As-Usual $n=296$; 54% male; 81% Caucasian). Youth receiving PLL experienced shorter treatment durations and returned to CMH services at significantly lower rates than youth receiving treatment-as-usual. They also demonstrated significant decreases in internalizing and externalizing symptoms over time. Findings lay the foundation for further examination of the role of an adapted structural-strategic family treatment in increasing the efficiency of CMH systems.

Keywords Children · Mental health system · Treatment duration · Treatment cost

Background

Improving treatment for children suffering from mental illness is a national priority. Approximately one out of every five children in the United States experiences a mental health difficulty (CDC 2013; Merikangas et al. 2010). On average, 40–75% of children in the United States with mental health disorders do not receive the services they need (Mental Health America 2015; NIMH 2001). Due to federal sequestrations, states across the country have sustained cuts in funding for community mental health treatment (NAMI 2011). Relatedly, policy reports and empirical papers have documented the insufficient availability of therapists in publicly funded mental health systems (e.g., Fund 2010; Cummings et al. 2014; Hyde 2013). The disproportionate number of youth seeking treatment to therapists is expected to increase as more people in the United States gain access to healthcare through the Affordable Care Act (Garland et al. 2013). Importantly, youth living in rural areas face even lower availability of therapists, including those trained in evidence-based practices, as well as less accessibility due to higher levels of stigma toward therapy than youth in urban areas (Anderson et al. 2013; Cummings et al. 2014; Peterson et al. 2009).

Despite the high levels of unmet need for mental health treatment in the United States, the mental health treatment that is provided is costly to society and families. In fact, out of all conditions affecting children, mental health disorders cost the most to treat (Soni 2009). The Centers for Disease Control and Prevention (CDC) estimates the annual cost of child mental health disorders to be $247 billion (CDC 2013). One explanation for both unmet need and the relatively high cost of mental health treatment when provided are inefficiencies in mental health systems (Lagomasino et al. 2010). Efforts to improve efficiency in mental health systems can address any factors that minimize cost for a given output, such as improved clinical functioning (Lagomasino et al. 2010). Factors that could improve efficiency in mental health systems include increasing the use of evidence-based treatments, providing treatment in

✉ Emma M. Sterrett-Hong
emma.sterrett@louisville.edu

[1] Couple and Family Therapy Program, Kent School of Social Work, University of Louisville, 310 N. Whittington Pkwy Burhans Hall 134, Louisville, KY 40222, USA

[2] Hornby Zeller Associates, Inc., Troy, USA

Published online: 24 January 2017