Mental Health Need and Service Use Among Latino Children of Immigrants in the Child

Welfare System

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Abstract

Despite the rapid growth of the Latino population in the child welfare system and the high rate of mental health need among children involved with this system, little is known about the mental health needs or use of mental health services among Latino children of immigrants involved with this system. Further, little is known about how the need for mental health services or use of those services differs from children of U.S.-born Latinos. This study analyzes data from the National Survey of Child and Adolescent Well-being (NSCAW) to identify the need for mental health services, mental health service use, and unmet mental health needs among Latino children of immigrants involved in the child welfare system, and compares those factors to those of children in U.S.-born Latino families. Findings indicate that significant differences are present, both in the need for mental health services and the use of those services. Awareness of these differences is necessary to effectively respond to the unique needs and experiences of Latino immigrant children and families who come to the attention of the child welfare system.

Keywords: Latinos, immigrants, children, child welfare, mental health, National Survey of Child and Adolescent Well-being (NSCAW)

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1. Introduction

Latino children and their families represent the fastest growing population within the public child welfare system. Over the past several years, the percentage of Latino children confirmed as victims of maltreatment has risen from 14.2% in 2000 to 20.7% in 2007 (U.S. Department of Health and Human Services, 2002; 2009a). Similarly, the percentage of Latino children in foster care has increased from 15% in 2000 to 20% in 2008 (U.S. Department of Health and Human Services, 2006; 2009b). Although Latino children are not overrepresented among the child welfare population nationally, recent data indicate that Latino children are disproportionately overrepresented among children in foster care in more than ten states (Hill, 2007). Additional research indicates that when compared to non-Hispanic White children, Latino children are more likely to be placed in out of home care (Church, Gross, & Baldwin, 2005) and remain in care for longer periods of time than their non-Hispanic White counterparts (Church et al., 2005; Texas Health and Human Services Commission, 2006).

Despite the growing number of Latino children involved in child welfare, few studies have emphasized the experience of Latino children with immigrant parents. Nationally, more than half of all Latino children living in the U.S. are children of immigrants (Fry & Passel, 2009). Within the child welfare system, recent research has identified that 36% of all Latino children who come to the attention of child welfare agencies have at least one immigrant parent (Dettlaff, Earner, & Phillips, 2009). Yet, despite the presence of children of immigrants in the child welfare system, little is known about their unique needs and experiences upon entering this system, and how these needs and experiences may differ from children with U.S.-born parents.

Of particular importance is an understanding of the need for mental health services among this population. Multiple studies have documented the need for mental health services among children involved with child welfare systems (Burns et al., 2004; Pecora, White, Jackson, & Wiggins, 2009; White, Havalchak, Jackson, O'Brien, & Pecora, 2007). Children of immigrants may be particularly vulnerable to mental health concerns due to the stress and pressure experienced by immigrant families as a result of immigration and acculturation (Finno, Vidal de Haymes, & Mindell, 2006; Segal & Mayadas, 2005). Yet, little is known about the need for mental health services among children of immigrants in the child welfare system, and how this need differs from children with U.S.-born parents. The current study analyzed data from the National Survey of Child and Adolescent Well-being (NSCAW) to identify the mental health needs and service utilization of Latino children of immigrants who come to the attention of the child welfare system, and to compare those needs and service usage to those of children in U.S.-born Latino families. An increased understanding and awareness of these differences may facilitate improved assessment and identification of mental health needs among children of immigrants involved with the child welfare system.

2. Mental Health Need and Service Use Among Children Involved in Child Welfare

Children who come to the attention of state child welfare agencies have often experienced issues including abuse, neglect, abandonment, domestic violence, or parental substance abuse. As a result, they typically have more mental health concerns than children in the general population (Sullivan & Zyl, 2007). Several studies have found that as many as 80% of children in foster care have emotional or behavioral disorders, developmental delays, or other concerns requiring mental health intervention (Farmer et al., 2001; Landsverk, Garland, & Leslie, 2002; Zima, Bussing, Yang, & Belin, 2000). In contrast, mental health disorders occur

among approximately 20% of children and adolescents in the general population (U.S. Department of Health and Human Services, 1999). Although the majority of research concerning the mental health need and service use among children involved with the child welfare system has focused on children in non-relative foster care, several studies have found that children who are involved in child maltreatment investigations but remain in their homes experience serious emotional disturbances at a rate similar to youth in foster care (Farmer et al., 2001; Kolko, Seelye, & Brown, 1999; Stahmer et al., 2005).

Despite the tremendous need for mental health services, a large number of children involved with the child welfare system do not receive treatment. Burns and colleagues (2004) found that only one-fourth of children involved in child maltreatment investigations with a clinical need for mental health services received treatment. Among all children who came to the attention of the child welfare system, only 15.8% received any form of mental health intervention. Studies indicate that youth who are placed in non-relative foster care are more likely to receive mental health services than children who are placed with relatives or remain in their homes (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Stahmer et al., 2005). Children with the most severe problems are also the most likely to receive treatment. For example, children who scored higher on mental health indicators using the Child Behavioral Check List (CBCL) were more likely to receive mental health services than children who did not reach clinical levels (Burns et al., 2004). Similarly, youth who displayed a history of emotional and behavioral problems were more likely to receive mental health treatment than youth who presented with fewer problems (Farmer et al., 2001; Leslie et al., 2004). A child's age is another important correlate of mental health use among children in foster care. Several studies have found that older children are more likely to demonstrate mental health need than younger

children (Burns et al., 2004; Leslie et al., 2004). As a result, older children are also more likely to receive mental health services.

2.1 Mental Health Need and Service Use Among Latino Children

Although a small number of studies have shown that Latino youth, particularly Mexican Americans, may be at increased risk for depression and for suicidal behaviors (Canino & Roberts, 2001; Roberts, 2000), the majority of studies on youth in the general population have found no significant differences in the need for mental health services by race or ethnicity (e.g., Briggs-Gowan, Horwitz, Schwab-Stone, Leventhal, & Leaf, 2000; Costello et al., 1996). However, although Latino youth may not experience a greater rate of mental health disorders than children of other races, a number of studies have documented disparities in the receipt of mental health services, resulting in higher rates of unmet mental health needs among Latino youth as compared to non-Hispanic White and African American children (Hough et al., 2002; Kataoka, Zhang, & Wells, 2002). Barriers to the receipt of mental health services among Latinos may include cultural values and beliefs concerning mental health treatment (Ho, Yeh, McCabe, & Hough, 2007), cultural differences in the interpretation or understanding of children's behaviors (Roberts, Alegría, Roberts, & Chen, 2005; Zimmerman, Khoury, Vega, Gil, & Warheit, 1995), and a lack of culturally appropriate services available to Latino families (Gudiño, Lau, & Hough, 2008; Lopez, Bergren, & Painter, 2008).

Among Latinos, very few studies have addressed differences in the need for or receipt of mental health services between immigrant Latinos and those who are native-born. However, several studies have suggested that youth in immigrant families may be at increased risk of having unmet mental health needs given immigrant parents' greater likelihood of limited English proficiency, lower levels of formal education, lack of insurance coverage, and poorer access to

regular health care providers (Fiscella, Franks, Doescher, & Saver, 2002; Solis, Marks, Garcia, & Shelton, 1990). Further, cultural differences are likely to be more pronounced among immigrant families. Immigrant parents may be less likely to seek mental health services for their children due to stronger adherence to cultural beliefs concerning mental illness and stigma, as well as less familiarity with social problems affecting youth in the U.S. (Gudiño et al., 2008).

Within the child welfare system, research on the need for mental health services among Latino children is limited. A recent study by Ayón and Marcenko (2008) found that Latino children overall did not experience higher rates of depression than other children in child welfare. Similarly, Burns et al. (2004) found no significant differences in the need for mental health services between Latino children and children of other races. However, multiple studies have shown significant disparities in the receipt of mental health services and high rates of unmet mental health need among children of color in the child welfare system (Garland et al., 2000; Garland, Landsverk, & Lau, 2003; Leslie et al., 2000). Specifically, several studies have found that both African American and Latino youth are significantly less likely to receive mental health treatment compared to White youth even after controlling for key variables including age, gender, income, and severity of need (Garland et al., 2000; Garland et al., 2005; Leslie et al., 2004).

Although the majority of research on children in the child welfare system has treated Latino children as a homogenous group, recent research has identified important differences between children of Latino immigrants and children of U.S.-born Latinos. Specifically, Dettlaff et al. (2009) found significant differences in the risk factors and type of maltreatment experienced by children of immigrants as compared to children of U.S.-born parents. While these differences may have implications to the need for mental health services, there is little

research that examines the need for mental health services among Latino children according to parental nativity.

2.2 Summary

Understanding and responding to the mental health needs of children involved with the public child welfare system is critical to addressing their overall health and well-being.

Although Latino children are the fastest growing population in the child welfare system, little is known about their mental health needs or use of mental health services. Further, among Latino children involved with the child welfare system, little is known about differences that may exist as a result of parental nativity. The purpose of the analyses presented in this article is to promote a better understanding of the need for mental health services and mental health service utilization among Latino children of immigrants who come to the attention of the child welfare system.

To that end, we analyzed data from the National Survey of Child and Adolescent Well-being to report population prevalence estimates of the need for mental health services, mental health service use, and unmet mental health needs among Latino children of immigrants involved in child maltreatment investigations. We then examined whether those issues differed significantly from those in families with U.S.-born Latino parents.

3. Methods

The information reported in this article is based on data from the National Survey of Child and Adolescent Well-being (NSCAW), a study of a nationally representative sample of children who were subjects of reports of maltreatment to child protective services (CPS) agencies between 1999 and 2000. NSCAW was collected under contract from the Administration on Children, Youth, and Families, and is the first national study to examine child and family well-being outcomes among children involved with the public child welfare system.

NSCAW consists of data collected from children randomly selected to participate in the survey, along with their associated caregivers and child welfare caseworkers. Data collection interviews were conducted in Spanish if this was designated as the preferred language.

3.1 Sample Design

The NSCAW sample design employed a two-stage stratified sample in order to produce national population estimates. In the first stage, the United States was divided into nine sampling strata. Eight of these corresponded to the eight states with the largest child welfare caseloads. The ninth consisted of the remaining 42 states and the District of Columbia. Primary sampling units (PSUs), typically child protective services agencies, were selected from within those nine strata. In the second stage, 5,501 children ages 0 to 14 were randomly selected from lists of closed investigations or assessments from the sampled agencies. Sampling within primary sampling units was stratified by age, type of maltreatment, and receipt of child welfare services. The current analyses are based solely on children who were living with a biological parent at the time of the baseline NSCAW interview (N=3,717), as information is not available on the nativity of parents whose children were in out-of-home care. Among these children, analyses were further restricted to children identified as having a Hispanic ethnicity between the ages of 2 and 14 to correspond to measures of mental health need (N=430).

3.2 Measures

3.2.1 Primary caregiver nativity

The term primary caregiver refers to the person with whom children were living who had the majority of responsibility for their care. The current analyses were restricted to primary caregivers who identified as biological mothers or biological fathers. The nativity of primary

caregivers was established through caregiver reports of whether or not they were born in the United States.

3.2.2 Child characteristics

Information concerning child characteristics, including age, gender, and nativity, were established through primary caregiver reports at the time of the initial NSCAW interview. Three age categories were established using those found in previous research examining mental health needs of children in child welfare settings (e.g., Burns et al., 2004; Hulburt et al., 2004), representing pre-school age children (2-5 years), school age children (6-10 years), and adolescents (11-14 years).

3.2.3 Mental health need

The Child Behavior Checklist (CBCL) was used to determine the presence of clinically significant emotional and behavioral problems for children ages 2 to 14 (Achenbach, 1991). CBCL scores are based on the report of the child's primary caregiver. Two caregiver report forms of the CBCL were used, one for children aged 2 to 3 years and another for children aged 4 to 14 years. The Spanish version of the CBCL was used with Spanish-speaking caregivers. Caregivers rated children on a series of behaviors using a 3-point scale (0 = not true; 1 = somewhat or sometimes true; 2 = very true or often true). Children were considered to be in need of mental health services if they scored in the clinical range (64 or above) on the total problem scale of the CBCL. The more conservative clinical cut point was used rather than the borderline range to avoid overestimating need. The reliability and validity of the CBCL are well established (Achenbach, 1991) and the measure is used frequently in research on child welfare populations (e.g., Garland et al., 2000; Landsverk et al., 2002).

3.2.4 Mental health service use

Data on the use of mental health services was obtained from primary caregivers using an adapted version of the Child and Adolescent Services Assessment (CASA) (Burns, Angold, Magruder-Habib, Costello, & Patrick, 1996). The instrument gathers data from caregivers on an array of services received in the previous 12 months for emotional and behavioral problems including outpatient and residential care. Outpatient services included (a) clinic-based specialty mental health services (e.g., community mental health clinics), (b) private professional services (e.g., psychiatrist, psychologist, social worker, or psychiatric nurse), (c) in-home counseling or crisis services, (d) therapeutic nursery, (e) day treatment, and (f) family doctors/other medical doctors. Residential services included (a) hospitalization in a psychiatric hospital or psychiatric unit of a general hospital and (b) hospitalization in a medical inpatient unit for emotional or behavioral problems.

3.2.5 Unmet mental health need

Unmet need for mental health services was determined by estimating the percentage of youth who demonstrated a clinical need for mental health services (as demonstrated by a score in the clinical range of the CBCL) who had not received any form of mental health services in the past 12 months.

3.3 Data Analysis

3.3.1 Analysis weights

All prevalence rates and statistical tests were weighted to yield estimates for the national population of children who were subjects of reports of maltreatment to CPS agencies. Analysis weights were constructed to adjust for the selection probability of PSUs and for the selection probability of individual children within PSUs. Weights were further adjusted to account for month-to-month variation in the size of the sampling frame, the exclusion of siblings of children

selected in previous months, loss of coverage in certain states, and non-response. Full details of the NSCAW sample design and weight derivation are available in Dowd et al. (2003).

3.3.2 Population prevalence estimates and between-group comparisons

The reported prevalence estimates of mental health service need, mental health service use, and unmet mental health need were estimated in Stata 10.0 using survey commands to adjust for the two-stage sampling employed in NSCAW (StataCorp, 2007). In addition to reporting population-based prevalence estimates, between-group differences were tested using tests of categorical independence. These tests are based on the Pearson chi-square statistic converted to an *F*-statistic with non-integer degrees of freedom using a second-order Rao and Scott (1981) correction.

4. Results

4.1 Sample Demographics

Table 1 displays information concerning children's age, gender, and nativity. Nearly 31% of the sample included in these analyses were in the pre-school age group (ages 2-5), while 45.9% were in the school-age group (ages 6-10), and 23.3% were in the adolescent group (ages 11-14). The majority of youth were female (56.5%). No significant differences were present in age or gender between those with immigrant parents and those with U.S-born parents. Children of immigrants were significantly more likely to be born outside of the United States. However, nearly 4 out of 5 children (79.8%) living with a foreign-born parent were themselves born in the U.S.

4.2 Mental Health Need

Among the total sample of Latino youth, Latino adolescents had the highest rate of clinical need, with 60.9% scoring in the clinical range of the CBCL, followed by 38.3% of

school-age children and 37.2% in the pre-school group. No significant differences were found between children with immigrant parents and children with U.S.-born parents in the adolescent or school-age groups. However, Latino children of immigrants in the pre-school age group were significantly more likely than Latino children of U.S.-born parents to score in the clinical range of the CBCL (59.3% versus 28.8%).

4.3 Mental Health Service Use

The highest rate of mental health service use was found among Latino adolescents, with 39.1% receiving some form of mental health service in the past 12 months, followed by 17.3% of school-age children, and 10.8% of pre-school age children. Consistent with their higher rate of mental health need, pre-school age children of immigrants were significantly more likely than pre-school children of U.S.-born parents to be receiving mental health services (28.1% versus 4.3%). However, although there were no significant differences in the need for mental health services among youth in the adolescent group, adolescent children of immigrants were significantly less likely to be receiving any form of mental health services than adolescent children of U.S.-born parents (22.7% versus 55.9%).

4.4 Unmet Mental Health Need

Unmet need for mental health services was highest among pre-school age children, with 77.3% of children who scored in the clinical range of the CBCL not receiving any form of mental health services in the past 12 months. Unmet need was also high among school-age children, with 75.6% of children with scores in the clinical range of the CBCL not receiving any form of mental health services. Although slightly lower, 57.9% of Latino adolescents who scored in the clinical range of the CBCL had an unmet mental health need. Significant differences between children of immigrants and children of U.S.-born parents were present

among both pre-school age children and adolescents. Among pre-school age children, Latino children of U.S.-born parents were significantly more likely to have an unmet mental health need than children of immigrants (95.2% versus 55.6%). Conversely, among adolescents, Latino children of immigrants were significantly more likely to have an unmet mental health need than Latino children of U.S.-born parents (73.6% versus 41.0%). A summary of mental health need, service use, and unmet mental health need is included in Table 2.

5. Discussion

As the immigrant population in the United States has increased over the past decade, research in child welfare has begun to focus on issues affecting immigrant children and families in order to gain a better understanding of their experiences and service needs (Dettlaff et al., 2009; Dettlaff, Vidal de Haymes, Velazquez, Mindell, & Bruce, 2009; Earner, 2007). During this same time, there has been increased interest in the mental health of children and families involved with the child welfare system (Leathers, McMeel, Prabhughate, & Atkins, 2009). The results of this study add to this growing body of research, and provide new information concerning the mental health needs and service utilization of Latino children of immigrants involved in this system, and how these needs and service utilization differ from Latino children in non-immigrant families. Overall, rates of both mental health need and mental health service use among Latino children in this sample are consistent with previous research on youth involved with the child welfare system (Burns et al., 2004; Garland et al., 2003; Leslie et al., 2004). However, the results of this study show significant differences between children of immigrants and children of U.S.-born parents in their mental health need and service use. These differences varied according to the age of the child.

Overall, young children ages 2-5 were least likely to score within the clinical range of the CBCL. However, significant differences were present between children of Latino immigrants and children of U.S.-born Latinos, with young children of immigrants more than twice as likely as young children of U.S.-born parents to score within the clinical range (59.3% to 28.8%). This difference may be the result of increased stress often experienced by immigrant families as a result of immigration and acculturation. Following immigration, families may experience several sources of stress, including financial challenges, loneliness, isolation, language difficulties, and acculturation stress, along with the loss of previously established support systems (Finno et al., 2006; Maiter, Stalker, & Alaggia, 2009). Multiple studies have documented a relationship between parental stress and child behavior problems, particularly among young children (Barry, Dunlap, Cotton, Lochman, & Wells, 2005; Feldman, Hancock, Rielly, Minnes, & Cairns, 2000; Gross, Sambrook, & Fogg, 1999). These studies have consistently found that parental stress is significantly correlated with higher levels of total children's behavior problems. Longitudinal studies have also found that parenting stress predicts child behavioral problems over time (Baker et al., 2003; Leadbeater & Bishop, 1994; Shaw, Winslow, Owens, & Hood, 1998). For example, Baker et al. (2003) found that parental stress was negatively associated with child behavior problems from ages 24 months to 36 months.

Although young children had the lowest overall rates of mental health need, they had the highest rate of unmet mental health need (77.3%). This finding is consistent with previous research both in community settings (Lavigne et al., 1998; Stein & Silver, 2003) and child welfare settings (Burns et al., 2004; Leslie et al., 2004) indicating that young children generally have the lowest rates of mental health service use. However, contrary to what we expected, children of Latino immigrants were significantly *more* likely to be receiving mental health

services than children of U.S.-born Latinos and *less* likely to have unmet mental health needs. Among children of U.S.-born Latinos with a clinical CBCL score, 95.2% were not receiving any mental health services. There are several possible reasons for this difference. First, the greater rate of service utilization among children of immigrants may be the result of the greater need identified among these children, particularly as these children have been exposed to a social service system that can identify these needs and make referrals to appropriate services. However, this difference may also be the result of prior negative experiences with the mental health system among U.S.-born Latinos due to a lack of culturally competent service providers. Among Latino families in need of mental health services, Yeh, McCabe, Hough, Dupuis, & Hazen (2003) found that Latino parents who were more acculturated were more likely to identify barriers that prevented them from accessing mental health services for their children. The authors surmise that immigrant parents, who come from countries where the mental health infrastructure is undeveloped and services are not accessible, may be more appreciative of any services that can be provided. The surprising difference in unmet mental health need between children of Latino immigrants and children of U.S.-born Latinos warrants further investigation within the context of the child welfare system to identify the reasons for these differences.

For children ages 6-10, no significant differences were present in the need for mental health services, service use, or unmet need, although the rate of unmet need was high at 75.6%. Adolescents ages 11-14 had the highest rate of mental health need, with 60.9% of adolescents scoring within the clinical range of the CBCL. Although no significant differences were present in the need for mental health services between adolescents with immigrant parents and adolescents with U.S.-born parents, significant differences were present in the rate of unmet need, with 73.6% of Latino adolescents with immigrant parents having an unmet mental health

need compared to only 41.0% of Latino adolescents with U.S.-born parents. Barriers that Latino immigrant families face in accessing needed services are well documented and may explain some of this disparity. In addition, among Latino youth, older youth are more likely to be non-citizens themselves, which may be a further barrier to accessing services (Vericker, Kuehn, & Capps, 2007). Even among youth who are citizens, parental immigration status can serve as a barrier to accessing services, as undocumented parents may fear being deported or prohibited from becoming naturalized if they attempt to access resources for their children. These fears may be exacerbated during times of increased immigration enforcement that can result in parents being deported and separated from their citizen children (Capps, Castaneda, Chaudry, & Santos, 2007).

5.1 Implications of Findings

These findings point to significant differences in the need for mental health services and service utilization between Latino children of immigrants and Latino children of U.S.-born parents who come to the attention of the child welfare system. Consistent with previous research (e.g., Ayón & Marcenko, 2008; Dettlaff et al., 2009), these findings demonstrate the importance of understanding and identifying differences between immigrant Latino families and U.S.-born Latino families. Much of the existing research on Latino children in the child welfare system ignores this important difference and instead either examines within group differences among Latino children without consideration of parental nativity, or compares Latino children as a homogenous group to children of other races. The findings in this study document important differences between Latino children of immigrants and Latino children of U.S.-born parents that should be considered by child welfare professionals when assessing for service needs.

Child welfare professionals need to be aware of the high need for mental health services among young children of Latino immigrants, who in this study were more than twice as likely to score in the clinical range of the CBCL than children of U.S.-born Latinos. But beyond this, social workers in the child welfare system need to understand the impact that immigration and acculturation has on immigrant children and families and how this may affect the need for mental health services. Culturally competent practice with this population requires more than just a general understanding of Latino culture. In order to adequately assess immigrant families for their service needs, child welfare practitioners should be trained on issues of culture, immigration history, and experiences with acculturation with each family system, and how these issues affect service needs, as well as how these experiences may have contributed to their involvement with the child welfare system.

Further, the high rate of unmet need for mental health services, among all children in this study, needs to be addressed by child welfare systems. Although the rate of unmet need found in this study is consistent with previous research, it remains a concern given that these children are all exposed to a social service system that has the opportunity to assess for those needs and make appropriate referrals for services. Thus, the consistently high rate of unmet need may suggest that child welfare practitioners need greater skills in identifying mental health needs or that there is a lack of mental health services available to children who come to the attention of this system. Identifying the barriers to mental health services for Latino children within a child welfare context is an important area for future research.

Finally, child welfare practitioners need to be aware of the barriers that may affect immigrant families' abilities to access needed mental health services. In addition to cultural and language barriers, many of the problems affecting immigrant families originate outside of the

family and are instead located in the social and economic dynamics of globalization and transnational migration, which have resulted in anti-immigrant policies at the state and federal levels. These policies have decreased many of the supportive programs previously available to vulnerable immigrant families, and may affect the services available to immigrant families upon contact with the child welfare system. Although these barriers are present, child welfare systems have a responsibility to address the well-being of all children who come to the attention of their system, without regard to citizenship status. When barriers to service delivery are present, child welfare agencies need to work collaboratively with other service systems to address those barriers. Additionally, further research is needed to understand the differences in service utilization identified in this study between children of immigrants and children of U.S.-born Latinos. Qualitative studies may be particularly beneficial in understanding these differences. Additional research should also explore geographic differences in the need for and receipt of mental health services, particularly given the anti-immigrant sentiment that is particularly acute in certain regions of the country.

5.2 Limitations

These findings are among the most reliable data currently available on the mental health needs of children of Latino immigrants who come to the attention of the child welfare system. Nevertheless, there are important limitations to these data, and as such, the results should be interpreted within the context of those limitations. First, as these data are specific to children involved in the child welfare system, findings may not be consistent with trends of mental health need and utilization among children of Latino immigrants not involved in this system. Second, while this study sought to identify differences between children living with immigrant parents and children living with U.S.-born parents, we were unable to identify other differences related

to immigration status (i.e., whether a parent has legal status in the U.S.) or acculturation, as those data were not collected in NSCAW. As a result, we are unable to decipher how mental health need and utilization differs by parental or child immigration status and level of acculturation. This limitation is related to the inherent challenge of conducting secondary data analysis, as NSCAW was not collected for the sole purpose of understanding the mental health needs of children of immigrants. Thus, future original research is needed that includes additional variables identifying immigration status and level of acculturation. Finally, these data represent preliminary findings on disparities in mental health need and service utilization between children of immigrant and U.S.-born Latino parents. The results do not provide insight into the causes of mental health need or the identified under-utilization of mental health services. Future research is needed to examine the factors contributing to the differences identified in this study.

6. Conclusion

Given the rapid growth of the Latino immigrant population and the high rate of mental health need among youth involved with child welfare, it is important that child welfare professionals are able to recognize the need for mental health services among this population. The results of this study identify important differences between children of Latino immigrants and children of U.S.-born Latinos, both in their need for mental health services and in mental health service utilization. Understanding these differences within the Latino population and the potential reasons for these differences resulting from families' experiences with immigration and acculturation, as well as potential barriers to service delivery, is a necessary component to providing culturally competent services to Latino children and families. Yet, further research is needed to more fully understand the reasons for the differences identified in this study. To date, research on immigrant families' needs and experiences within the child welfare system has been

limited due to the lack of data collected and reported by child welfare agencies, particularly in national reporting systems such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Policies are needed that address the safe collection and storage of this data in order to develop the knowledge base to understand and effectively serve this growing population.

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Table 1. Sample Demographics (weighted population estimates)

	Total Sample (N=430)	Caregiver Nativity		<i>F</i>	<i>sig</i>
		Native Parent (N=249)	Immigrant Parent (N=181)		
Total	100.0	62.1	37.9		
Age (%)				$F_{(1.79, 148.52)}=2.46$	ns
2 to 5	30.7	36.2	21.8		
6 to 10	45.9	45.3	47.0		
11 to 14	23.3	18.5	31.2		
Gender (%)					ns
Male	43.5	43.2	44.0		
Female	56.5	56.8	56.0		
Nativity (%)				$F_{(1, 83)}=6.97$	**
U.S. born	89.7	95.8	79.8		
Foreign-born	10.3	4.2	20.2		

*= $p<.05$, **= $p<.01$, ***= $p<.001$, ns=not significant at $p<.05$.

Table 2. Mental Health Need, Mental Health Service Use, and Unmet Mental Health Need (weighted population estimates)

	Total Sample (N=430)	Caregiver Nativity		<i>F</i>	<i>sig</i>
		Native Parent (N=249)	Immigrant Parent (N=181)		
Total	100.0	62.1	37.9		
Children ages 2 to 5					
Clinical range CBCL (≥ 64)	37.2	28.8	59.3	$F_{(1, 83)} = 6.47$	**
Mental health service use	10.8	4.3	28.1	$F_{(1, 83)} = 9.74$	**
Unmet mental health need	77.3	95.2	55.6	$F_{(1, 83)} = 15.74$	***
Children ages 6 to 10					
Clinical range CBCL (≥ 64)	38.3	42.7	28.5		ns
Mental health service use	17.3	18.5	15.5		ns
Unmet mental health need	75.6	77.3	71.6		ns
Children ages 11 to 14					
Clinical range CBCL (≥ 64)	60.9	59.4	62.3		ns
Mental health service use	39.1	55.9	22.7	$F_{(1, 83)} = 5.78$	*
Unmet mental health need	57.9	41.0	73.6	$F_{(1, 83)} = 6.63$	**

*= $p < .05$, **= $p < .01$, ***= $p < .001$, ns=not significant at $p < .05$.