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TITLE: Brief Parenting Assessment Associated with Child Mental Health Referral

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Background: Some unhealthy discipline strategies (e.g. yelling, threatening, physical punishment, humiliation) can be Adverse Childhood Experiences (ACEs) and associated with mental health problems. Validated parenting assessment tools are needed that can help health care providers identify children whose exposure to unhealthy discipline strategies place them at increased risk for mental health problems, but, to our knowledge, none exist. To help address this gap in services, we tested a parenting assessment tool in pediatric primary care.

Objective: The objective was to determine if a brief parenting assessment instrument is associated with a referral for mental health services.

Design/Methods: In a clinic serving low-income families, parents of children ages 2-10 years completed the Quick Parenting Assessment (QPA). The 12-item QPA screens for five unhealthy parenting behaviors used by the presenting parent and other caregivers: excessive use of punitive discipline, speaking angrily, threatening; physical punishment, and humiliating language. A research assessment, blinded to the QPA scores, conducted a review of the medical chart to assess whether the child had been referred for mental health services in the previous 2 years.

Results: Of 740 eligible participants, 498 (67.3%) completed the QPA; of those, 47 (9.4%) had documentation of referral to mental health services. Children with elevated QPA scores were more likely to have been referred for a mental health assessment in the previous two years ($p=.024$). Post-hoc analyses for possible clinical thresholds grouped QPA scores into low (0-1, 21% of cohort), medium (2-6, 64% of cohort), and high-risk (7-10, 15% of cohort). Compared to the proportion of children with low scores referred for mental health services (4%), children with medium scores were 2.6 times more likely to have been referred (9%, 95% CI 0.8-7.5, $p=.083$) while those with high scores were 5.1 times more likely to have been referred (17%, 95% CI 1.5-16.4, $p=.006$); see Figure.

Conclusion(s): A brief parenting assessment instrument is associated with a past referral for mental health services. The findings suggest that the QPA holds promise as a valid method to screen for exposure to unhealthy parenting. Studies are needed to determine if the instrument also predicts future referral to mental health services (i.e. predictive validity). These data have implications for ACEs screening, providing targeted parenting support, and improving children's mental health.

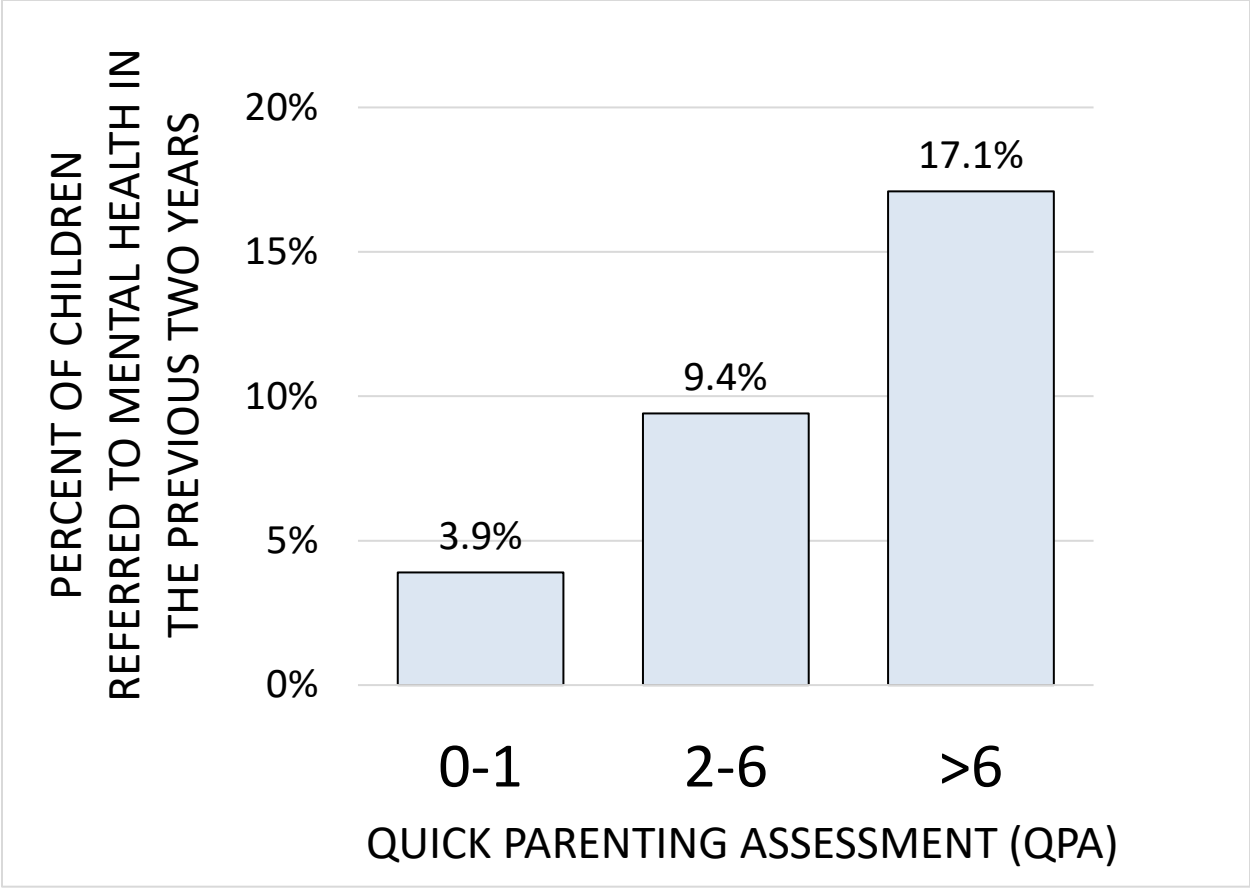


Figure: Quick Parenting Assessment and percent of children referred to a mental health professional.