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An Exploratory Study of Children's Mental Health Needs in the Pact Target Area of Southeast Portland

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(AN EXPLORATORY STUDY OF CHILDREN'S MENTAL HEALTH NEEDS IN THE PACT TARGET AREA OF SOUTHEAST PORTLAND)

by

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This practicum report has been reviewed and accepted.

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P R E F A C E

The original, and still primary, purpose of this study was to provide a statistical data base for a grant proposal to fund a children's mental health service agency in the PACT target area of Southeast Portland. Since the original conception by Jack Tovey of the Child Psychiatry Department, University of Oregon Medical School, and PACT staff, the plan has been subsumed under the planning auspices of the Comprehensive Mental Health Planning Committee, a group whose aim is to work toward expanding and consolidating mental health services in all dimensions for the Southeast Portland area.

PACT itself has expressed interest in using the practicum report for a variety of purposes:

A. Adding to the PACT file of community information and statistics for future reference.

B. Providing supporting data for a grant appeal to Portland UGN, the purpose of which would be to expand mental health services in the PACT target area.

C. As substantiating statistical data for a Child Advocacy Program which would be administered by PACT.

Additionally, it is expected that the results of the practicum will be presented to the principals of the schools cooperating in the study, and it has been suggested that a presentation to the Portland Public School Board might also be in order.

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INTRODUCTION

The geographical focus of this study is on that section of Southeast Portland which has been designated by the Office of Economic Opportunity as a poverty pocket because of an incidence of low-income families exceeding 22%. (See Figure 2, Appendix A.) As such, the area is under the jurisdiction of the Portland Metropolitan Steering Committee, the OEO community action agency for Portland. Under the auspices of this agency, the four neighborhoods in the area (Brooklyn, Buckman, Richmond and Sunnyside) in 1966 formed a separate non-profit delegate agency which was named Portland Action Committees Together, Incorporated (PACT). PACT originally was responsible for administering War on Poverty programs through three neighborhood centers in the area. Its functions have changed but it still remains very much involved, even providing the terms by which the area is known: the PACT target area.

The particular focus of the study has to do with the mental health of elementary school aged children in the PACT target area. Three major influences converged in the choice of this focus: first, the authors are, by inclination and training, psychiatrically oriented; second, we became directly involved with disturbed children in a school setting as part of our second-year field placement in the area; third, we came in contact with Jack Tovey, social worker at the University of Oregon Medical School. Mr. Tovey and Dr. Carl Morrison of the Child Guidance Center, under the auspices of PACT, operationalized the Children's Mental Health Clinic at the outset of the 1970-71 school year. A sort of roving, community-based service agency using the PACT neighborhood centers and schools as temporary homes, the clinic

began seeing referred elementary school aged children and their families on a one-half day a week basis in an attempt to meet in some measure, what was felt to be a great need for children's mental health services in the area. The authors, in our school setting, simultaneously began engaging some of the children who were evaluated at the clinic in therapeutic relationships as follow-up, and our connection with the clinic's operation was formed. When we learned that Mr. Tovey and PACT staff were planning to write a grant proposal in order to fund a full-scale operation, we saw the possibility of performing a hopefully valuable service while at the same time, fulfilling the research requirement for graduation.

In discussion with Mr. Tovey, it was learned that the actual need for such a service had never been researched in a formal way, although all of us, as a result of our experiences, felt that the need was not only existent, but considerable. It was decided that we would focus for the practicum on this problem, working with Mr. Tovey in the planning stages and making our data available to him in formulating his grant proposal.

In the following pages, we will present a brief description of the PACT target area which, it is hoped, will convey some feeling for the area and for the quality of life within it. Part of the observations are drawn from our experience of living in the area and working with some of its people, but we are indebted for the bulk of the descriptive material to Rick Paulson, author of a compilation of statistics on the area.[1] We have paraphrased him freely and occasionally, quoted him outright.

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[1]Paulson, Rick, The Southeast Portland P.A.C.T. Target Area: A Community Profile, W.I.C.H.E. Internship Program, August, 1970.

The PACT area is home for approximately 40,650 people. It is the core area of Southeast Portland, and is characterized superficially by a wide range of land uses, ranging from heavy industrial and commercial activity along its western edge, to relatively quiet residential neighborhoods along the eastern edge. It is bisected at average intervals of every five blocks by east-west arterial streets which bear all of the traffic from the downtown business district and the eastern part of the city. At less frequent intervals, north-south arterials pass through the area, cutting the east-west residential strips into long islands bounded on all sides by fast, heavy, noisy, and dirty traffic. Associated with these arterials are commercial strips composed largely of filling stations, taverns, eating establishments, an occasional supermarket or discount store, particularly at the intersections of arterials, and small shops located in buildings dating back to trolley car days. Goods and services are widely dispersed, and the obsolete facilities are facing an ever increasing competitive gap with shopping centers and other more modern facilities. A significant number of shop spaces are already vacant--mute testimony to changing commercial needs.

Perhaps the most blighted section in the area is that located along its western edge, which is bounded by the Willamette River. As was mentioned previously, this section is primarily given over to heavy industrial and commercial activity, but a wide variety of land uses can be seen there, from railroads to residences. The streets are narrow, the traffic is congested, there is very little vacant land and no room for industrial expansion except eastward into the residential areas. The effects of this situation on the

adjacent residential areas are often disastrous: land values are high, residential structures are allowed to deteriorate by absentee landlords, and the population is shifting and unstable.

Indeed, an unstable population is one of the most outstanding characteristics of the PACT area. Aside from the rather less-than-positive living conditions already touched on, perhaps one of the major reasons for the transiency of the area's people, has to do with housing. 1960 census data indicates that "more than 22% of all housing units in the area were deteriorating or dilapidated compared with a city rate of only 14%."[2] Paulson also cites two more recent surveys which indicate that the rate of substandard housing is much greater,* even approaching 60% in some sections.[3] Many of these substandard units are associated with older, single-family dwellings which have been vacated by their owners and converted into apartments. In fact, much of the area is zoned for apartment buildings rather than for single-family dwellings, and it is becoming common practice to replace older homes with low-rise, short-term rental apartment units. Renter occupancy is much more widespread than in the city as a whole, and rent is generally low throughout the area.

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2 Ibid. Page 22.

3 Portland City Planning Commission, Portland's Residential Areas, October, 1965, University of Oregon Student Interns, A Look at Southeast Portland - Mid 1968: Report #1, July 1968.

*Part of the discrepancy is probably accounted for by differing evaluative criteria.

The availability of relatively inexpensive shelter makes the area attractive to low-income families and individuals, most of whom move out as soon as they are able. The 1968 University of Oregon survey cited earlier in a footnote found that 43% of all families planned to move sometime within the next five years, and that 85% of those families with heads of household under 35 years of age were planning to move. In addition, it appears that those families and individuals trapped in limited economic situations, engage in a considerable amount of intra-area moving, the reasons for which would only be speculative.

The effects of this high rate of population turnover are far-reaching. It appears that the PACT area is serving as a holding area for its residents, significant numbers of whom are composed of the aged, of welfare families, of alienated youth, of newcomers to the city who have not established themselves, and of anyone else who cannot, for financial reasons or otherwise, live elsewhere. There is little that is attractive about the area, except that it is "close in" and rent is low. It is a rather arbitrarily defined geographical area, in which living conditions are somewhat less than conducive to human interests, inhabited by a large number of people whose lives in the area are characterized by poverty, alienation, and anomie, and who are surrounded by all the problems, individual and social, typically associated with life under such conditions. We would refer the reader interested in statistics to Appendix B for factual information relative to some of these problems.

Perhaps the facts of life under such conditions as are found in the PACT target area weigh most heavily on children. It is difficult

to make such a statement with any certainty. But there are conditions in addition to those already outlined which do bear directly on the lives of children. Recreational facilities, for instance, are sadly lacking. There are only five small parks actually within the boundaries of the target area. None are extensively equipped to meet the needs of children. They are widely scattered, and because of the area's traffic patterns, access to them is something less than safe and easy. (See Figure 1, Appendix A.)

The area's schools also share the problem of safe accessibility, for the same reasons. In addition, the schools themselves are typically, though not entirely, located in outdated buildings with limited space and play facilities. We are not qualified to make judgments on the quality of the educational experience in these schools but it does seem safe to suggest that because of the socioeconomic characteristics of the area's population, its schools might have some difficulty providing a consistent, enriching educational program. School district statistics for 1968-69 contain some startling figures: 29% of the elementary school children were from low-income families; 27% from one-parent households; 16.5% from welfare families; and the rate of student turnover ranged from a low of 19% at Richmond School to a whopping 46% at Buckman, averaging out to 27% for all area public schools. (See Tables 7 and 8, Appendix B.)

METHODOLOGY AND ANALYSIS OF DATA

The primary objective of the study was, of course, to get some idea of the dimensions of the assumed need for children's mental health services in the PACT target area. Earlier research[4] had found a dearth of such services statewide, but our aim was to select a sample population and assess the need on a sub-community basis. In addition, Mr. Tovey was also interested in some related ideas. For example, it was his feeling that the referrals coming out of the area to existing service agencies far under-indicated the need for services, and that, if this proved to be true, it might be due to disenchantment with the existing services on the part of referring persons. A number of reasons for such were hypothesized, including excessive waiting periods, inappropriateness and/or incompleteness of services actually obtained, and so on. He was thus interested in finding out if the referring persons were satisfied with existing referral processes and services and, if not, what improvements they felt should be made.

A sample survey approach involving those people who would be likely to make referrals of children for mental health services seemed most appropriate for getting at the information which was desired, and in the early stages of planning a great deal of thought was devoted to determining the nature of our sample population. All possible sources of referrals were considered, from public health nurses to welfare caseworkers, doctors and the schools. The final decision was to rely entirely on the schools

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[4] Greenleigh Association, Inc., "Child Welfare Needs and Services in Oregon," A Report to the Governor's Child Welfare Study Committee, N.Y., 1968, p.263.

and specifically, on the classroom teachers. There were two principle reasons for this decision: first, the schools lend themselves well to consistent sampling procedures; second, the schools are the one social institution which commands contact with virtually all members of the population with which we were concerned, i.e., elementary school aged children (and, indirectly, their families), and which keeps records. The school statistics which were referred to earlier illustrate the importance of this last point: in a sense, the schools provide a window through which the observer is able to see into the lives of the otherwise alienated, hard-to-reach, out-of-contact families of the area.

It was thus assumed that the vast majority of referrals of children for mental health services would originate in the schools, and that the classroom teachers, in every day direct contact with the children, would typically be responsible for the initiation of the referral process.

Following this decision, we turned our attention to sampling procedure, making the decision to use a guided interview format rather than mailed questionnaires or some other approach. This personal approach, though time consuming, would hopefully eliminate the possibility of delayed response or failure to respond. In addition, it was hoped that personal contact would provide an opportunity to acquaint school personnel with the purpose and possible results of the practicum effort and involve them to a greater extent. Finally, our approach would set the stage, in a sense, for subsequent follow-up contacts in the sampled schools by mental health professionals.

A series of twelve questions were prepared as the core of the interview format; after consultation with researchers skilled in data collection

the number was pared down to seven to facilitate interview process and to reduce the amount of time required from each teacher. Other content revisions were made pertinent to maintaining flow and focus within the seven-question framework. The seven questions in finalized form appear below:*

1. How many students in your classroom?_____

2. Please estimate the number of students in your classroom who you feel would benefit from some form of mental health service (e.g., diagnosis, counseling, guidance, therapy, etc.)_____
   These youngsters may be seen as:
   a. withdrawn-anxious
   b. immature-inadequate
   c. aggressive-hostile

3. How many students have you referred for mental health services (e.g., diagnosis, counseling, guidance, therapy, etc.) during the current school year?_____

4. If there is a discrepancy between the responses given to #2 and #3 above: how would you explain the fact that only_____ children were referred for mental health services if_____were seen as needful?

5. Are you satisfied with the results of referrals that have been made? As an example could you describe the process of the last referral you made?

6. Do you feel it would be advantageous to have a children's mental health service agency located in the PACT target area?
   Yes_____
   No _____

7. Ideally, what kind of services should such an agency provide to meet the needs which you see?

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*The entire interview format in the form in which it was used appears as Appendix D.

As can be seen, the first three questions in the interview format were designed to yield numerical responses for statistical analysis. The remaining questions were designed to yield subjective, anecdotal responses which would carry weight in their own right but which would also, it was hoped, lend meaning and life to the numerical responses obtained from questions two and three.

We were concerned about the multiplicity of possible definitions of the term "mental health service," which appears in questions two and three, and in an effort to eliminate confusion over this it was decided to suggest a variety of such services, as was done in both questions. We were also particularly concerned about the teachers' ability to identify those children in their classrooms who might be in need of mental health services. Wishing to avoid or reduce the possibility of the teachers identifying only those children who are "problems," such as the acting out child, it was decided to suggest the three categories of behavior which are a part of question two. These categories were defined by Quay, Morse, and Cutler as the three most commonly seen pathological patterns in emotionally disturbed children.[5]

In the interviews the teachers were advised that they were not expected to differentiate between these categories and that they were offered only to assist them in thinking about their pupils and responding to this question.

Parenthetically, reviewing the actual interviewing process in retrospect leads us to feel justified in our inclusion of these examples.

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5 Quay, Herbert; Morse, William C.; Cutler, Richard L.; "Personality Patterns of Pupils in Special Classes for the Emotionally Disturbed," in Exceptional Children, volume 32, January, 1966, p. 297.

Sampled teachers often indicated clarification upon mention of the three generalized categories, and they did seem to assist the teachers in thinking about their pupils: a small number, for example, observed that some pupils occasionally manifest behavior that is characteristic of a combination of the suggested categories.

Question four was designed to get at the assumed discrepancy between the actual need for services and the need as indicated by referrals to existing agencies. In practice this question turned out to be much more directly related to question five than was expected. In regard to question five, the decision to request a description of the process of the last referral made was based on the belief that emotional involvement with the last referral would still be at a high level, assuming the referral was made at all recently, and descriptive responses to this question would thus be more potent.

Questions six and seven speak pretty much for themselves; they were designed to get the opinions of the people who make the referrals regarding the needs that they see, and ways that they feel these needs can best be met.

A determination remained to be made regarding the size of the sample population before the actual survey could be conducted. On the advice of a statistician a preliminary survey was prepared, consisting of the first three questions from the interview format administered to three teachers in three of the area's ten elementary schools, in order to get an idea of how consistent responses would be and, thus, what size sample population would be necessary. Arrangements were made with the respective school principals and the test survey was conducted with the nine classroom teachers.

The degree of cooperation from the schools was generally good once the principals reached a clear understanding of our intent and purpose, and most of the teachers seemed eager to talk with someone about the emotional problems that are manifested in their classrooms.

The results from the test survey showed a high degree of response consistency within each school but wide differences between schools. Accordingly, it was decided that all ten of the elementary schools in the area would have to be sampled. The high rate of intra-school response consistency indicated that a minimum 10% classroom sample from each school would be sufficient to yield valid data. Since the number of classrooms in the ten schools ranges from a low of four to a high of twenty-nine, a sample of two classrooms was drawn from those schools with less than twenty classrooms and four classrooms from those with twenty or more, in order to achieve a minimum 10% proportional allocation weighted in favor of the larger schools. The complete breakdown is given in Appendix C, school by school.

In both the preliminary and the full-scale surveys, initial contact with the schools was made by telephone and appointments with the principals were arranged. Our intent and purpose was then explained to the principals' satisfaction, following which interviews with teachers were arranged. The teachers were also informed of what we were about before getting into the actual interview format, which was informalized in practice, and they were told that their names would not be used in the report of the practicum.

Also, in both the preliminary and the full-scale surveys, selection of sample teachers was left up to the respective school principals. In doing so, a technical error of unknown seriousness was committed:

inviting principal bias and virtually eliminating complete randomization of the sample. In retrospect, we attribute this error to our eagerness to gain the cooperation of the principals. There seems to be a widespread general attitude among the helping professionals that the public schools are a closed system, suspicious of outside intervention, and the response of the principals to our initial approaches, bore this out to varying degrees. So, in part, to allay the defensiveness of the principals, and in part unwittingly, complete randomization was sacrificed. What remained was a semblance of randomization: at most of the schools, whichever teachers happened to be free during the time of our visits, were interviewed. At some, several were free and the requisite number were randomly selected on the spot by the interviewer.

Short of repeating the study, it does not appear possible to speculate on the pervasiveness and/or direction of principal bias in the results, if, indeed, there was any. It is the authors' feeling that in spite of this possibility, the data obtained from the ten sampled schools, inevitably validates the primary assumption of this practicum effort, i.e., that a critical need exists for expanding and improving mental health services available to children in the PACT target area.

The raw data obtained in response to questions two and three is contained in the table on the following page, and the analyses of this data on the following two pages. The raw data alone suggests a considerable need for children's mental health services, and the projected figures are staggering.

TABLE I - RESPONSES TO QUESTIONS TWO AND THREE

Raw data

School	Classrooms sampled			Children seen by the teacher as needing some form of mental health service	Children referred for such service
	number	grade	size		
Abernethy	4	2	24	20	1
		1	16	9	2
		4	22	11	4
		6	28	8	5
Brooklyn	2	6	33	13	6
		7	30	10	1
Buckman	4	7	19	3	0
		8	21	15	3
		8	19	15	4
		7	19	9	3
Edwards	2	1	22	3	3
		2	24	10	2
Kerns	2	4	24	6	5
		1-2	20	5	3
Richmond	2	5	31	5	0
		4	28	0	0
		3	28	3	0
		2	24	10	4
Sunnyside	4	5	28	8	4
		1	29	13	7
		K	30	12	8
		6	27	4	2
St. Francis		7-8	19	5	2
		5-6	17	14	2
St. Philip	2	7	29	5	0
		6	19	3	0
St. Stephen	2	5	37	12	2
		1	27	10	2

TABLE II - ANALYSIS OF RESPONSES TO QUESTION TWO

	Abernethy	Brooklyn	Buckman	Edwards	Kerns	Richmond	Sunnyside	St. Francis	St. Philip	St. Stephen
Mean number of children per sampled classroom identified by the teachers as needing some form of mental health service	12	11.5	10.5	6.5	5.5	4.5	9.3	9.5	4	11
Projected total number of children in all classrooms who would be identified by their teachers as needing some form of mental health service, based on the mean for the sampled classrooms	240	161	220.5	71.5	44	130.5	212.8	38	32	88
Projected total number of children so identified expressed as a percentage of the total school population	52%	46%	42%	23%	22%	16%	34%	40%	17%	33%
Variance in sampled classrooms	30	4.5	99	24.5	.5	53	50.75	40.5	2	2
Standard deviation in sampled classrooms	5.5	2.12	9.95	4.95	.71	7.29	7.12	6.37	1.41	1.41
Coefficient of variation	46%	18%	95%	76%	13%	62%	77%	68%	35%	13%

TABLE III - ANALYSIS OF RESPONSES TO QUESTION THREE

	Abernethy	Brooklyn	Buckman	Edwards	Kerns	Richmond	Sunnyside	St. Francis	St. Philip	St. Stephen
Mean number of children per sampled classroom already referred by the teachers for some form of mental health service	3	3.5	2.5	2.5	4	1	5.3	2	0	2
Projected total number of children in all classrooms who have already been referred for some form of mental health service, based on the mean for the sampled classrooms	60	49	52.5	27.5	32	29	121.9	8	0	16
Projected total number of children already referred, expressed as a percentage of the total school population	13%	14%	10%	9%	16%	4%	20%	8%	0	6%
Projected total number of children already referred, expressed as a percentage of the projected total identified as needing some form of mental health service	25%	30%	24%	38%	73%	22%	57%	21%	0	18%
Variance in sampled classrooms	3.3	12.5	9	.5	2	4	7.6	0	0	0
Standard deviation in sampled classrooms	1.8	6.3	3	.7	1.4	2	2.8	-	-	-

Because there does not appear to be a significant correlation between size of classroom and number of children identified by the teacher as in need of some form of mental health service (see Table I), classroom size was disregarded in the analysis of the data from questions two and three. Plainly, school teachers are not diagnosticians and these figures are largely dependent on their understanding and perception of mental health, which was expected, and on their feelings about the ways in which classroom behavior problems, however defined, should be dealt with. For example, the one teacher in the sample who did not identify any of his pupils as in need of services told the interviewer frankly that he believes such problems should be dealt with only in the classroom. On the other side of the coin, the possibility cannot be ruled out that some of the extremely high responses to question two may be partly accounted for by similar but opposite reasons.

At any rate, the responses to this question were almost uniformly higher than expected; in fact, they are almost alarming. Expressed as percentages, the projected number of children in each school who might be identified by their teachers as in need of some form of mental health services ranges from a low of 16% at Richmond School to a high of 52% at Abernethy. The projected mean number of these children in each of the 146 classrooms in the ten area schools is 8.48. In plain figures, this represents almost 1240 children out of a total area school population of 3847. See Table II for individual school figures.

Unfortunately, the high degree of response consistency within schools which was found in the preliminary survey proved lacking in a majority of

the schools in the full-scale survey. This resulted in less than impressive reliability in some cases, reflected in high degrees of variance and comparatively large standard deviations. Increasing the size of the sample drawn from each of the schools would probably have reduced the variance, but on the basis of the preliminary survey it appeared that a ten percent sample would be adequate. If the study were to be repeated, the best policy might be to make an optimal allocation of the sample, concentrating on those schools which demonstrated the greatest variance rather than on the larger schools.

The central point which remains in spite of questions regarding validity is that even the minimum figures still indicate an enormous need, and the responses to question three clearly demonstrate that in the face of this need, most classroom teachers are not making the referrals that they would like to. Within schools, the highest rate of referral of children identified as needing help was 73% at Kerns School. This rate is considerably higher than the rate at most of the other schools - the average for all ten of the schools is only 31%. See Table III for the complete figures.

The sampled teachers' responses to question four begin to get at some of the reasons for this rather large discrepancy. Some teachers answered this question in more than one way, but the single most common response was that the necessary services were simply not available. Seventeen of the twenty-eight sampled teachers made this comment. Some of the ways in which it came reflect their anguish: "Only so much help is available and we must make a choice as to those most in need of help;" "I only refer the most severe - those who are really disruptive;" "Only a few can be attended to with the services presently available," and so on. A number of the

teachers responding in this way indicated that they looked within the school system for the services - to school social workers and psychologists - and some were quite blunt in their appraisal of the situation. One referred to "non-recognition of the need for mental health care facilities among school personnel;" others simply pointed out that there were too many problems in their schools for one part-time social worker in the school to handle.

The second most frequent response to question four was that the teachers attempted to deal with problem children in their classrooms as much as possible. Seven teachers made this response in slightly varying ways. In some cases it was directly related to the idea of services being unavailable anyway: "I try to work with the child in the classroom until the problem reaches proportions I no longer can handle;" "If extensive services were available some...would be referred." In other cases, the teachers seemed to genuinely feel that a part of their responsibility was to deal with behavioral problems in the classroom by themselves. Clearly, the teachers themselves do not agree on the scope of their duties. It would be interesting to define the point at which the average classroom teacher would or should "give up" on a problem child. It appears that this has implications for classroom management as well as delivery of services.

Seven teachers also responded to question four by pointing out that parents in one way or another failed to cooperate. One noted that "a majority of parents do not accept the fact that a child needs help." Another noted that "parents are not favorable to such programs." One stated

frankly that she didn't know how to approach parents."

Two teachers indicated other measures had been taken to ameliorate identified problems short of referral, such as parent-teacher conferences, and in two other cases miscellaneous reasons not relevant to this study were given to explain discrepancies between the number of children identified as needing help and the number referred.

Generally, the responses obtained to question five were directly related to those obtained to question four, although a considerable amount of ambivalence was expressed, perhaps because this was a two-part question. It was non-applicable for seven of the teachers, six of whom have not made any referrals this year. For the teachers who were able to respond, eight expressed satisfaction with the results of their referrals so far, eleven expressed dissatisfaction, and two were ambivalent in regard to the "yes or no" part of the question.

Anecdotal responses to the second part of question five varied widely. Of the eight teachers who expressed satisfaction with the results of their referrals, seven had made the referrals to school social workers formally or informally, and had generally carried out a plan involving the student, the parents and the teacher in a conference with or without the social worker's direct participation. In most of these cases, the social worker was involved, particularly in dealing with the parents, and the problem situation evidently was ameliorated to the teacher's satisfaction without necessitating further referral of the child for professional help. The eighth satisfied teacher had made the referral to the Children's Mental Health Clinic, where an evaluation was conducted and follow-up planned.

The eleven teachers who expressed dissatisfaction with the results of their referrals had a variety of reasons for feeling as they did. Four felt that waiting periods were too long because of the strain on existing services. Seven could see little results because, while conferences and evaluations may have been held, in three cases parents had failed to follow up on recommendations and in four others there was no professional follow-up. Parenthetically, one of these latter instances involved a child seen by the Children's Mental Health Clinic. The two remaining dissatisfied teachers simply did not see any remission of symptoms and one expressed the feeling that the child in question had been in such a poor home situation for so long he "apparently is now hopeless."

The two teachers who were ambivalent in regard to the "yes or no" part of question five had different reasons for feeling as they did. One had made a referral to the school social worker and was unsure as to whether the steps taken had been adequate. The other had made a referral to the Children's Mental Health Clinic and, while impressed with the evaluation, was disappointed that no follow-up was available.

The sampled teachers were unanimous in their affirmative response to question six, "Do you feel it would be advantageous to have a children's mental health service agency located in the PACT target area?" One prevalent comment from the respondents concerned the transportation issue involved in utilizing available mental health resources. Several teachers cited specific examples of one-parent households where transporting a child to an agency involved baby sitting details for siblings and lengthy bus rides with transfers for those parents without automobiles. (See Figure 2, Appendix A.)

Generally, the teachers felt that a resource within the neighborhood would enhance the possibility of the problem children in their classrooms being accommodated by a service agency. Further, they expressed the feeling that they, as referring sources, would feel closer to the helping source; implying that they currently feel isolated or alienated from professional mental health personnel and the "helping" process. In this vein, many of the teachers pointed out that they would very much like to be included in the process since they see the child so many hours during the week and are genuinely concerned. Some of the teachers stated they could learn to be helpful where they felt helpless now.

Question seven, requesting the teachers' opinions on the kinds of service an agency should provide to meet the needs which they see, prompted several responses that were common among a high percentage of the sample group. The responses most commonly mentioned included: 1) individual counseling or therapy; 2) extensive involvement by the parents in the therapeutic process; 3) optimum teacher involvement to employ the classroom setting as a reinforcing component of therapy; and 4) group therapy activities for both youngsters and parents.

In citing the above recommendations many of the cooperating teachers verbalized the opinion that they were only asking for a measure of relief as they have so often done in the past concerning this issue. One teacher caustically said, "Frankly, I don't know why I'm even answering your questions; I've done this a hundred times before and nothing's happened. I guess I'm hoping for the impossible."

Another suggestion from several respondents concerned "immediate" or "emergency" mental health service available on call. Several instances were cited where children became physically uncontrollable or exhibited some extreme emotional crisis in the classroom and no mental health resource was readily available to assist.

Other less frequent recommendations for mental health services elicited by question seven were: physical examinations to determine brain damage, etc.; recreational activities with peer groups; training teachers to relate more effectively with parents of disturbed youngsters to facilitate and expedite treatment and participation; and emphasis on including withdrawn and depressed children in treatment since they are less likely to be referred than "acting out" children.

In answering question seven, the teachers repeatedly emphasized that they were not "blaming" anyone for the lack of mental health services; on the contrary, they sympathized with the overworked mental health professionals. A few drew an analogy between the teaching profession and the mental health professions, pointing out that both are understaffed to meet the demands on them and need relief in terms of manpower. However, they eventually indicated that a lack of mental health resources ultimately forced them to handle emotional problems in the classroom for which they are not adequately prepared.

SUMMARY AND CONCLUSIONS

This was an exploratory study of the mental health needs of children in the PACT target area, an economically and socially impoverished inner-city

area. Conducted on a grass-roots level, it involved taking the problem to those people most directly in contact with it - classroom teachers in the area's ten elementary public and parochial schools. A guided interview format was devised and utilized in personal contacts with the teachers, who were asked to define the need for such services as they saw it in their own classrooms, both as to size and to kind. They were also asked, in essence, what they were doing about it and what they would like to see done about it.

The results were staggering. Projections of the responses of twenty-eight classroom teachers - a 10% minimum sample in each of the ten schools - suggest that almost one-third (1240) of the area's elementary school aged children might be identified by their teachers as in need of some form of mental health service.

In the face of this overwhelming need only a comparative trickle of referrals for professional help comes out of the classrooms. The reasons for this vary somewhat, but the most frequently occurring one was that the teachers do not feel that the necessary services are available. They seem to look first within the school system for the help which they need, and in most cases, the system fails to respond. There are a few notable exceptions. Four of the sampled teachers who expressed satisfaction with the results of referrals they have made, teach at the same school - one which has a full-time social worker who has managed to take charge and ameliorate some of the problems seen by the teachers. The over-all picture, however, is bleak. While almost all of the schools have part-time social work help, the teachers point repeatedly to the fact that this is simply not adequate to meet the need.

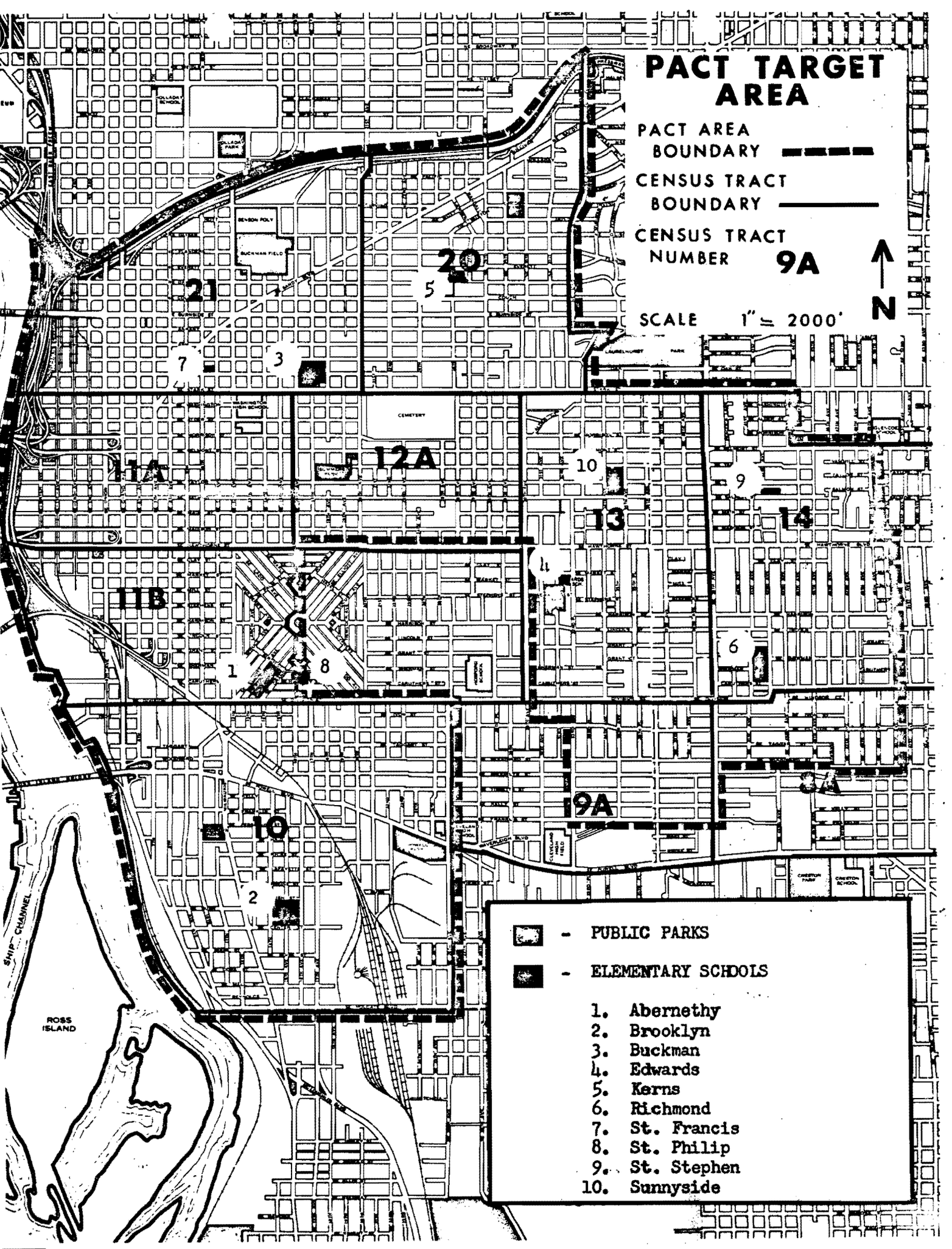
There are two principal agencies in the community which relate to the mental health needs of children on an out-patient basis - the Child Psychiatry Department at the University of Oregon Medical School and the Child Guidance Clinic. Both of these agencies serve vast catchment populations and are deluged with requests for service. Waiting periods are long and manpower is strained. In the period from July, 1969, to March 15, 1971, only 34 children from the PACT target area were seen at the Medical School. 39 were seen at the Child Guidance Clinic so far during the current school year.

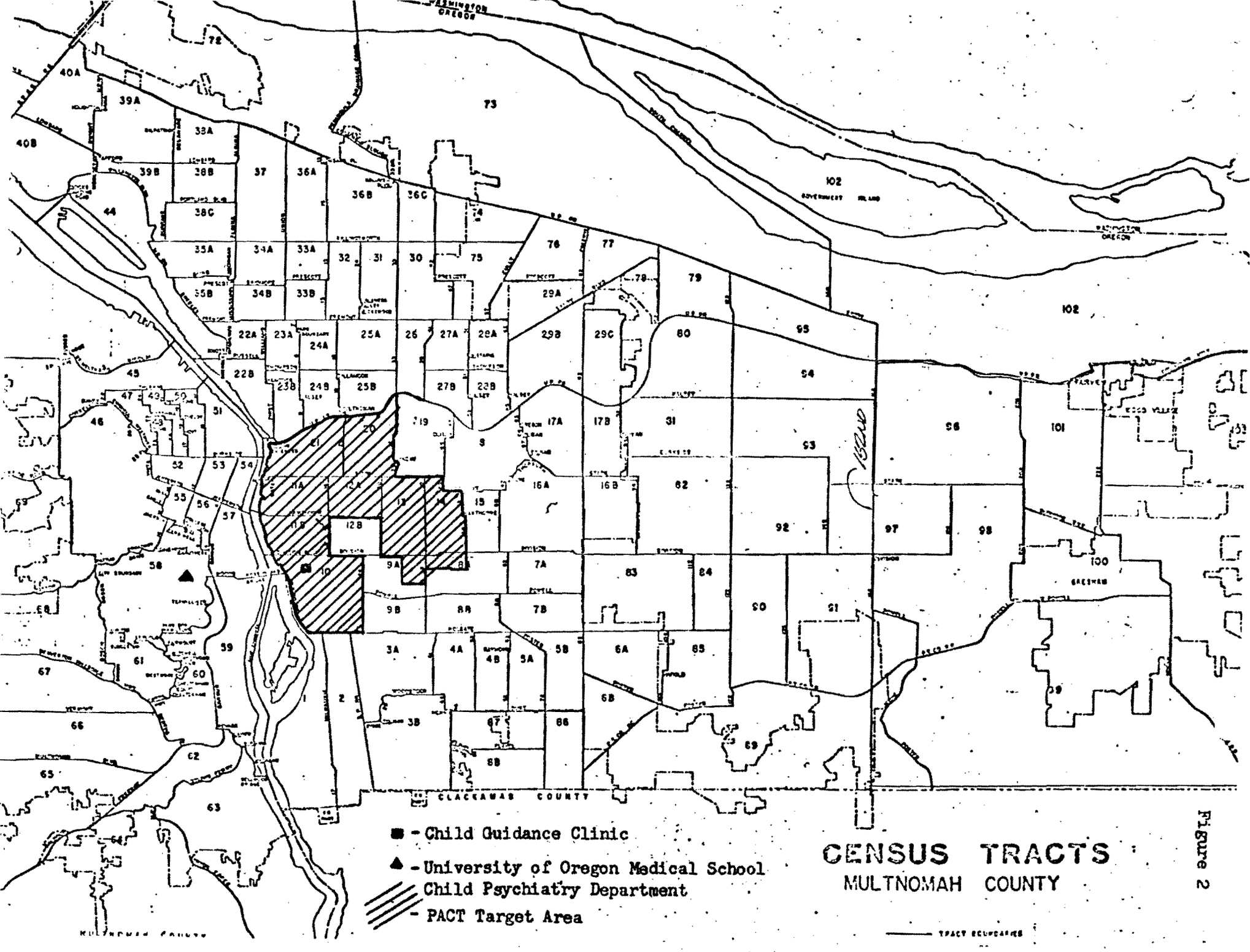
The teachers' frustration in this situation was clear. They talked about trying to manage disturbed children in the classroom and the need to set priorities, referring only the most severe cases for outside help. Complicating this picture, however, is the fact that quite a few of the teachers seem to feel that management of problem behavior in the classroom is a part of their duties. This is a position which is reinforced by the fact that there are few alternatives.

Because of the possibility of principal bias in selection of sampled teachers, and because of wide variation in response consistency within a few of the sampled schools, there is some question regarding the validity of some of the data obtained in this study. However, in spite of these questions, the authors feel that the primary objective of the practicum effort has been achieved - a considerable need for children's mental health services in or convenient to the PACT target area, has been demonstrated and the area's elementary school teachers, as the primary referring agents for such services, have supplied suggestions for ways in which the need can be better met.

APPENDIX A

Maps


PACT TARGET AREA
PACT AREA BOUNDARY
CENSUS TRACT BOUNDARY
CENSUS TRACT NUMBER 9A
SCALE 1" = 2000'
N
20
21
5
7
3
12A
11A
10
9
13
14
11B
4
6
1
8
9A
3A
10
2
SHIP CHANNEL
ROSS ISLAND
- PUBLIC PARKS
- ELEMENTARY SCHOOLS
1. Abernethy
2. Brooklyn
3. Buckman
4. Edwards
5. Kerns
6. Richmond
7. St. Francis
8. St. Philip
9. St. Stephen
10. Sunnyside


■ - Child Guidance Clinic
▲ - University of Oregon Medical School Child Psychiatry Department
- PACT Target Area
CENSUS TRACTS
MULTNOMAH COUNTY
TRACT BOUNDARIES
CLACKAMAS COUNTY
Figure 2

APPENDIX B
Statistics on Some
PACT Area Social Problems

TABLE - 1

REPORTED CRIMES - 1969			
PACT AREA CENSUS TRACTS	ESTIMATED POPULATION 1969	TOTAL REPORTED OFFENSES	OFFENSES PER 1000 POPULATION
1/4 of 8A	1293	104	80.4
2/3 of 9A	3319	324	97.6
10	6700	922	137.6
11A	2100	814	387.6
11B	2180	364	166.9
12A	4980	574	115.2
13	7680	871	113.4
14	5430	510	93.9
2/3 of 20	4173	527	126.2
21	2790	1022	366.3
TOTAL PACT AREA	40645	6032	148.4
CITY OF PORTLAND	377800	54004	142.9

SOURCE: Crime Statistics by Census Tract,
Portland Bureau of Police, 1969.

TABLE - 2

JUVENILES REFERRED FOR DELINQUENCY - 1969			
PACT AREA CENSUS TRACTS	ESTIMATED JUVENILE POPULATION	NUMBER OF JUVENILES REFERRED FOR DELINQUENCY	NUMBER OF REFERRALS PER 1000 JUVENILE POPULATION
1/4 of 8A	418	9	21.5
2/3 of 9A	1,087	24	22.0
10	1,972	61	30.9
11A	296	14	47.2
11B	654	10	15.2
12A	998	30	30.0
13	2,189	56	25.5
14	1,552	38	24.4
2/3 of 20	864	23	26.6
21	629	27	42.9
TOTAL PACT AREA	10,659	292	27.3
CITY OF PORTLAND	116,275	2,674	22.9

SOURCE: Number of Children Referred for Delinquency by Census Tract, Multnomah County Juvenile Court, 1969.

TABLE - 3

PUBLIC HEALTH NURSE VISITS - 1969			
PACT AREA CENSUS TRACTS	ESTIMATED POPULATION 1969	NUMBER OF PATIENT VISITS	PATIENTS PER 1000 POPULATION
1/4 of 8A	1293	22	17.0
2/3 of 9A	3319	71	21.3
10	6700	182	27.1
11A	2100	139	66.1
11B	2180	71	32.5
12A	4980	102	20.4
13	7680	249	32.4
14	5430	103	18.9
2/3 of 20	4173	78	18.6
21	2790	121	43.3
TOTAL PACT AREA	40645	1138	27.9
CITY OF PORTLAND	377800	8446	22.3

SOURCE: Summary of Total Patients Visited by Nurse In Each Census Tract Report Year 1968-1969, Portland-Multnomah Health Department, 1969.

TABLE - 4

INFANT MORTALITY - 1969				
PACT AREA CENSUS TRACTS	RESIDENT LIVE BIRTHS - 1969	TOTAL RESIDENT DEATHS - 1969	INFANT DEATHS 1969	INFANT DEATHS PER 1000 BIRTHS
1/4 of 8A	17	15	1	58.8
2/3 of 9A	51	31	3	58.8
10	134	77	1	7.4
11A	44	57	1	22.7
11B	31	38	1	32.2
12A	113	68	5	44.2
13	158	145	4	25.3
14	74	63	3	40.5
2/3 of 20	81	61	2	24.6
21	76	52	1	13.1
TOTAL PACT AREA	779	607	22	28.2
CITY OF PORTLAND	6145	4889	128	20.8

SOURCE: Resident Deaths by Portland Census Tracts,

State of Oregon, Department of Health - Vital Statistics, 1969

TABLE - 5

TUBERCULOSIS CASES					
PACT AREA CENSUS TRACTS	POPULATION 1960	TOTAL CASES 1960 - 1969	TOTAL CASES RATE PER 1000 POP.	CURRENT ACTIVE CASES	ACTIVE CASES RATE PER 1000 POP.
1/4 of 8A	1,259	2	1.6	2	1.6
2/3 of 9A	3,187	3	.9	2	.6
10	6,433	19	3.0	19	3.0
11A	2,218	19	8.6	19	8.6
11B	2,351	15	6.4	4	1.7
12A	4,561	24	5.3	24	5.3
13	7,681	22	2.9	22	2.9
14	5,421	5	.9	5	.9
2/3 of 20	4,010	12	3.0	12	3.0
21	3,156	32	10.1	18	5.7
TOTAL PACT AREA	40,277	153	3.8	127	3.2
CITY OF PORTLAND	372,676	1,876	5.0	1,087	2.9

SOURCES: New Tuberculosis Cases by Census Tracts 1959-1966, Portland Bureau of Health, 1967.

Tuberculosis - Portland, by Census Tract 1967, Portland Bureau of Health, 1967.

New Cases and Deaths From TB 1968 and 1969, Portland-Multnomah Health Department, 1969.

TABLE - 6

ILLEGITIMATE BIRTHS - 1969			
PACT AREA CENSUS TRACTS	TOTAL RESIDENT LIVE BIRTHS 1969	NUMBER OF ILLEGITIMATE BIRTHS 1969	PERCENT OF BIRTHS ILLEGITIMATE
1/4 of 8A	17	3	17.6
2/3 of 9A	51	5	9.8
10	134	16	11.9
11A	44	12	27.3
11B	31	5	16.1
12A	113	15	13.3
13	158	22	12.9
14	74	12	16.2
2/3 of 20	81	21	25.9
21	76	24	31.6
TOTAL PACT AREA	779	135	17.3
CITY OF PORTLAND	6145	971	15.8

SOURCE: Resident Live Births by Race by Portland Census Tracts, State of Oregon, Department of Health - Vital Statistics, 1969.

TABLE - 7

PUBLIC ELEMENTARY SCHOOL STATISTICS - 1968-1969					
SCHOOL	TOTAL ENROLL-MENT 1968-1969	TURNOVER PERCENT	PERCENT OF STUDENTS FROM LOW-INCOME FAMILIES*	PERCENT OF STUDENTS FROM ONE-PARENT FAMILIES*	PERCENT OF STUDENTS FROM WELFARE FAMILIES
Abernethy	458	28	30	35	25.2
Brooklyn	386	30	31	34	19.5
Buckman	520	46	63	37	30.2
Edwards	299	21	23	24	10.7
Kerns	241	31	33	30	15.1
Richmond	863	19	25	22	13.6
Sunnyside	766	27	23	24	18.7
PACT AREA AVERAGE PER SCHOOL	505	29	33	29	19
CITY OF PORTLAND AVERAGE PER SCHOOL	692	18.2	15	17	11.1

SOURCES: Building Study in the Portland Public Schools,
School District No. 1, 1967.

Estimated Membership Study 1968-1969,
School District No. 1, 1969.

Students Ages 6-13 in Welfare Families by Elementary School Area,
School District No. 1, 1969.

* Estimate based on census tract statistics

TABLE - 8

PAROCHIAL ELEMENTARY SCHOOL STATISTICS - 1968-1969

SCHOOL	TOTAL ENROLLMENT 1968-1969	TURNOVER PERCENT	PERCENT OF STUDENTS FROM LOW-INCOME FAMILES	PERCENT OF STUDENTS FROM ONE-PARENT FAMILES	PERCENT OF STUDENTS FROM WELFARE FAMILIES
St. Francis	111	0	33.0	53.0	29.0
St. Philip Neri	230	0	25.6	5.2	13.0
St. Stephens	268	0	21.4	15.3	19.0
PACT AREA AVERAGE PER SCHOOL	203	0	26.6	24.5	20.3
PACT AREA PUBLIC SCHOOL AVERAGE	505	29.0	33.0	29.0	19.0
CITY OF PORTLAND SCHOOL AVERAGE	692	18.2	15.0	17.0	11.1

SOURCE: Individual Parish Census Statistics

APPENDIX C

PACT Area School Statistics

SCHOOL POPULATIONS AND SAMPLE DATA				
School	*Total Enroll-ment	No. of Class-rooms	No. of Teachers Sampled	No. of Students Identified as Needful
Abernethy	466	20	4	48
Brooklyn	352	14	2	23
Buckman	525	21	4	42
Edwards	310	11	2	13
Kerns	204	8	2	11
Richmond	820	29	4	18
St. Francis	95	4	2	19
St. Philip Neri	189	8	2	8
St. Stephen	264	8	2	22
Sunnyside	622	23	4	37
TOTALS	3847	146	28	241

*Based on January 15, 1971, school enrollment figures.

APPENDIX D

The Guided Interview Format

GUIDED INTERVIEW FORMAT

School:

Teacher:

Interview Date:

****

1. How many students in your classroom?_____

2. Please estimate the number of students in your classroom who you feel would benefit from some form of mental health service (e.g. diagnosis, therapy, guidance, counseling, etc.)_____ These youngsters may be seen as:

   a. withdrawn-anxious
   b. immature-inadequate
   c. aggressive-hostile

3. How many students have you referred for mental health services (i.e. diagnosis, therapy, guidance, counseling, etc.) during the current school year?_____

4. If there is a discrepancy between the responses given to #2 and #3 above: how would you explain the fact that only_____children were referred for mental health services if_____were seen as needful.

5. Are you satisfied with the results obtained from referrals that have been made? Yes___No___. As an example, could you describe the process of the last referral you made:

6. Do you feel it would be advantageous to have a children's mental health service agency located in the PACT* target area?
   Yes_____
   No_____

7. Ideally, what kind of services would such an agency provide in order to meet the needs which you see:

* Portland Action Committees Together, Inc. The OEO program whose geographical boundaries are shown on the attached census tract map.