

Racial and ethnic disparities in children's mental health

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Introduction

Across a wide range of health issues, there are significant disparities in health care, with individuals from minority racial/ethnic groups having reduced access to effective prevention services and treatment. This disparity extends to children's mental health services. While many troubled children across all racial/ethnic groups do not receive needed mental health services, children from minority racial/ethnic groups are even less likely to receive care. Reducing these racial/ethnic disparities has emerged as a national priority that was highlighted in both the 2000 Surgeon General's report on children's mental health³⁶ and the 2003 report of the President's New Freedom Commission on Mental Health. This paper will summarize the available research regarding the extent of racial/ethnic disparities in children's mental health care, the potential causes of these disparities, and recommendations for promoting equal access to high quality care.

Extent of disparities

High rates of unmet need exist across racial/ethnic groups, with only approximately one in five children with mental health concerns receiving care. It is estimated that 10 to 20 percent of the children in the United States at any time have significant emotional and behavioral disturbances.¹⁸ Despite the prevalence of mental health concerns, across racial and ethnic groups most children do not receive any mental health care. Several recent studies have estimated that only one in five children with mental health concerns receive any care.^{18,19,35,40} While this figure alone suggests a need to improve access to mental health services for children, the call to action is even more compelling when one considers access to care across racial/ethnic groups.

Studies exploring racial/ethnic disparities in mental health service use for children and adolescents have yielded inconsistent findings due to a variety of methodological issues, such as differences in study methods, definitions of mental health services, geographic locations, and measures of access. Despite these differences in studies, several generalizations can be made regarding disparities in children's mental health care.

Youth from minority racial/ethnic groups are approximately one-third to one-half as likely to receive mental health care as White youth. Numerous studies have found that children from minority racial/ethnic communities are less likely to receive both public and private mental health services, despite a similar overall prevalence of psychiatric disorders. Several studies have found that Hispanic/Latino youth are least likely to receive treatment, with estimates that they are one-third as likely to receive mental health services compared to White children.^{2,18,19,27,40} A smaller, though still significant, disparity has been found for Asian/Pacific Islander youth and African

American youth.¹⁸ It has been estimated that youth from these two cultural groups are approximately one-half as likely to have their mental health needs met. Very little research has been conducted regarding mental health utilization of Native American/American Indian youth, making it difficult to make any generalizations about this population.

Disparities exist not only in initial access to care, but also in service completion and quality. Many children, especially those who are racial/ethnic minorities, are also less likely to complete services and more likely to receive treatment that is inappropriate, fragmented, or inadequate.^{2,9}

Reasons for disparities

In order to reduce the disparities in access to, and quality of, children's mental health services, it is important to understand the potential causes of these disparities. Unfortunately, most of the research on racial/ethnic barriers to mental health services has been conducted on adults, rather than children, and many of the recommendations for reducing disparities in access to and quality of youth services are derived from the research on adults.

Much of this research on adults is useful, as barriers may be similar across age groups and, in many cases, adults are involved in obtaining mental health care for children. However, little research has explored unique factors that may be relevant when mental health services for children or youth are being considered.

Similarly, most research has been conducted using the broader framework of health care, rather than mental health care, with the results used to make implications for provision of mental health services. While this research does not specifically address mental health, it is likely that some of the same barriers are relevant. Some research has shown that individuals' perceptions of the health care system impact their willingness to seek other services, including mental health care.

Despite these limitations, a number of factors can be identified that are likely to contribute to disparities. These potential factors are multifaceted and include issues that range from individual characteristics to family issues to system-level factors.

Role of poverty

It is not possible to explore racial/ethnic disparities in children's mental health without considering the role of poverty. While socioeconomic status can have a broad influence that is hard to disentangle from other issues, two specific influences are on insurance and access to services in high poverty areas.

Lack of insurance coverage may contribute to disparities in access to mental health care. Poverty may influence access to mental health services by increasing the likelihood that individuals lack insurance coverage.^{9,18} While Medicaid has equalized access to some extent, insurance barriers are still frequently cited as a barrier.⁴² Data from 2001 suggest that only one in nine Caucasians lacked health insurance, compared to one in three Hispanic/Latinos, one in four Native Americans/Alaska Natives, and one in five African Americans and Asian Americans.²⁴ Even when individuals do have insurance, differences in the policies may reduce the amount or quality of coverage available for mental health services for lower-income individuals.

Accessibility to quality services may be reduced in high-poverty areas. Low-income neighborhoods often have a higher representation of racial/ethnic minorities, as well as a higher representation of people with mental illness.⁹ Often, these areas also have fewer services available, limiting access to mental health care and potentially increasing mental health concerns for residents in those communities.^{9,24}

Poverty can also have an indirect influence on other elements of accessibility. In addition to directly limiting access, through financial and geographic limitations, poverty contributes in many indirect ways to access to health and mental health care. For example, individuals living in poverty may have less time to attend treatment, more limited means of transportation, higher levels of stress, and fewer resources to address the needs of other family members.^{24,27} As a result, some authors have concluded that financial barriers to access to mental health care are the primary ones which need to be addressed to reduce racial/ ethnic disparities.

While poverty plays a significant role in determining access to high-quality children's mental health, it is not the only important factor. While socioeconomic status is an important factor, it does not fully explain racial/ethnic disparities in children's mental health. Individuals from minority racial/ethnic backgrounds experience greater barriers to access even when age, education, and income level are controlled, suggesting that other factors must be considered.⁴²

Role of societal and institutional racism

In addition to poverty, the pervasive influence of racism must be addressed in order to understand racial/ethnic disparities.³⁷ Racism may influence mental health services on multiple levels, including individual, institutional, and social levels.²⁴

Health care providers may change the nature of their services based on characteristics of consumers, including race/ethnicity. The provision of mental health care is conducted in an interpersonal context and its effectiveness is determined in large part by the interactions and relationships between providers and consumers. Many

studies done within the health care field have found that providers' beliefs and expectations can be influenced by characteristics of patients, including their sex, age, diagnosis, marital status, sexual orientation, type of illness, and race/ethnicity.^{3,24}

Consumer race/ethnicity may influence the quality of care that they receive. Across the health care system, there is evidence that some medical personnel provide care to individuals from minority racial/ethnic backgrounds that is perceived as lower quality.^{2,36} For example, some studies have found that providers spend less time, have fewer discussions about treatment options, and provide fewer opportunities for participatory decision making with patients from minority backgrounds^{24,31} One national study found that approximately one-third of African Americans said that racism was a major problem in health care (compared to 16% of Caucasian respondents).²

Mental health providers may interpret youth behaviors differently based on race/ethnicity, reducing opportunities for minority youth to receive mental health care. Within the mental health system, providers may interpret the behaviors of youth differently depending on their racial/ethnic background.³⁶ For example, several studies have found that therapists working with youth involved in the juvenile justice system tend to rate the behaviors of African American adolescents as indicating a criminal orientation, while White adolescents were seen as having potential mental health concerns.

Other research has suggested that youth in some cultural communities, such as Asian/Pacific Islanders, may have a greater tendency towards internalizing mental health symptoms (such as depression or withdrawal) rather than externalizing behaviors (such as aggression). These differences may lead to greater numbers of youth from minority backgrounds not being identified as having mental health conditions, or receiving interventions (such as incarceration) which do not address the underlying concerns.³⁶

Treatment from health care providers can influence consumers' self-perceptions, influencing their willingness to continue treatment or to seek treatment at a later time. Several studies have found that health care providers can influence the ways that consumers feel, think, and behave in powerful ways. Health care providers may, intentionally or unintentionally, influence consumers' perceptions of themselves, by delivering messages regarding consumers' value, self-reliance, and competence. If consumers from minority racial/ethnic backgrounds feel rejected, judged, or misunderstood, they may be more likely to discontinue treatment.^{24,37}

Other reasons for disparities

In addition to poverty and racism, which can broadly influence access to mental health services, a number of other potential contributors to racial/ethnic disparities have been identified. These factors include differences in referrals, variation in problem

identification, differing beliefs regarding the causes of disorders, stigma regarding mental health, lack of knowledge about available services, incompatible communication styles between providers and consumers, negative perceptions of treatment, and a lack of culturally appropriate services.

Differences in referrals

Minority individuals may be less likely to self-refer to services, especially to mainstream providers. There can be significant differences in the sources of referrals for services. White individuals are more likely to self-refer for mental health services, or to seek services following suggestions from friends or family.^{9,21} While members of minority groups are generally less likely to self-refer, they do this more often when ethnic-specific agencies, rather than mainstream providers, are available.

Variations in referral sources may result in minority youth being placed in restrictive out-of-home placements. Many individuals do not self-refer for services, but are referred from “gateway providers,” such as teachers, health care professionals, juvenile probation workers, or child welfare representatives. Several differences have been found in the likelihood of these individuals referring youth for mental health services, with white children more likely than youth from other racial/ethnic groups to receive referrals from healthcare providers.¹²

Youth of other racial/ethnic groups are more likely to receive referrals from schools or social/legal agencies.^{9,35} These youth, especially Black/African American youth, are more likely to receive referrals for restrictive placements, rather than community-based interventions. These restrictive placements include detention placements, foster care, and residential treatment programs.

Variation in problem identification

Parents from minority cultures may under-identify behaviors or symptoms as a mental health concern. Several researchers have suggested that parents may use different thresholds for labeling youth’s behaviors or symptoms as potential mental health problems, leading to an under-identification of mental health problems for certain cultural groups.^{31,41} A number of studies have found lower identification of mental health problems among minority caregivers, including Latino and African American parents, even when the youths exhibit the same level of problems or symptoms.²

Beliefs regarding causes of disorders

Minority parents may be more likely to believe that mental health issues have a spiritual, rather than biological, basis. Youth and parents from different racial/ethnic

groups may have different beliefs about the causes of emotional/behavioral disorders. For example, some research has suggested that individuals from minority cultures are more likely to attribute emotional and behavioral concerns to religious or spiritual issues, while Caucasian parents are more likely to provide biological explanations.^{9,22,42} As a result, minority parents may be more likely to turn to a religious leader for guidance, while Caucasian parents are more likely to seek medical or psychiatric services.

Some minority parents may assume blame for their child's emotional or behavioral issues. In some families, parents may believe, or fear that others will believe, that their child's mental health issues are due to their own child rearing practices. Several studies have found that this belief is more prevalent among minority, rather than Caucasian, caregivers. This fear may lead to parental reluctance to seek mental health treatment, especially if they fear negative consequences, such as having their child placed in a restrictive treatment.^{31,32}

Incongruent beliefs of families and providers may reduce treatment compliance and success. Beliefs about the causes of mental health problems not only influence willingness to seek service, but also the outcomes of the services that are obtained. If the family and the provider do not agree about the problems' causes, the treatment approach may not align with the family's beliefs, increasing the likelihood that the youth will fail to comply with treatment or prematurely drop out.⁴¹

Stigma regarding mental health

Individuals from some minority racial/ethnic groups may experience greater perceptions of stigma associated with mental health issues. As a result of underlying belief systems about mental health, there can be differences in the level of stigma individuals from different racial/ethnic groups associate with mental health. Several factors can contribute to increased perceptions of stigma, including a greater tendency to assume that mental illness is due to personal failure or a greater focus on self-reliance.^{2,37,42}

Parents may fear the consequences of a mental health diagnosis. Some parents may resist involvement in mental health services due to fear that their child will be "labeled" as having a mental health condition. For example, they may fear that their child will be labeled as "seriously emotionally disturbed" by the schools, which can result in placement in a separate classroom.³⁵ They may also fear that the child will be removed from their home and placed in a residential program. Because this consequence may be more likely for youth of color, this fear may contribute to disparities.⁴²

Lack of knowledge about available services

Lack of knowledge about available services prevents individuals, especially those from racial/ethnic minority groups, from accessing services. Even when youth and parents recognize the symptoms of mental health issues, many do not seek mental health services because they do not know where to go or what is available for them. A number of studies, including the National Longitudinal Study of Adolescent Health, have found that knowledge of available services can vary by racial/ethnic background, with individuals from minority groups reporting less knowledge about available services.^{31,36}

Communication styles between providers and consumers

Health providers may use a less participatory communication style with consumers of different racial/ethnic backgrounds. Within the health care field, research has explored the impact of communication styles on consumer engagement and treatment outcomes. The research suggests that there may be benefits of using a communication style that fosters more participatory decision making, emphasizing information sharing, negotiation, and consensus building. These benefits can include increased satisfaction with services, adherence to treatment protocols, and symptom reduction. Several studies have found that physicians are less likely to involve minority consumers in decision making, which can influence their willingness to seek future health, or mental health, treatment.³⁶

Negative perceptions of treatment

Minority racial/ethnic groups may have more generally negative perceptions of treatment. In several studies, minority parents, in comparison to majority caregivers, were more likely to say that the mental health system is likely to be ineffective in helping their child.³¹ In some cases, this perception may be a valid reflection of the fact that they may have received less participatory or lower quality care. In addition, some therapeutic approaches used in community settings where minority families seek care may lack evidence of effectiveness or have never been tested with ethnic minority participants.^{22,36}

Negative perceptions may persist when evidence-based models are used. Parents may also have concerns about established evidence-based practices. One study specifically explored parents' perceptions of these models. While the relatively limited focus group design of this study limits the broad generalizability of the findings, the results do support other research regarding parents' perceptions of the mental health system. In this study, parents identified several concerns with evidence-based practices, including beliefs that they are not designed for cultural communities, provide limited opportunities for creativity or flexibility to meet their needs, and not include parents and youth as engaged partners.¹¹

Lack of culturally appropriate services

A major factor contributing to racial/ethnic disparities is the cultural appropriateness of the available services for children/youth with mental health issues. There are several notable characteristics of mental health services which may limit their effectiveness for youth from minority racial/ethnic backgrounds.

There is a shortage of trained mental health providers representing diverse cultural communities. Nationally, there is a shortage of mental health providers from diverse racial/ethnic communities. This shortage of trained staff limits the mental health care system's ability to reflect cultural values in care provision. It can also pose linguistic barriers, due to a shortage of staff who can provide services in languages other than English.³⁶

Mental health services may not reflect a family's culture or values. Often the mental health services that are available do not reflect the culture or values system of youth or families from minority racial/ethnic communities. Among the major concerns are the following:

- A disregard for the potential role or benefits of alternative medical approaches.²⁴ A study conducted by the Commonwealth Fund (2002) found that 27 percent of Asians, 22 percent of Latinos, and 12 percent of African Americans are likely to use alternative approaches for religious or cultural reasons (compared to 4% of Whites). Alternative approaches are rarely incorporated into Western mental health approaches, however.
- A focus on individuals, rather than communities and families. Traditional Western mental health models typically emphasize individuals as the focus of treatment, as opposed to a focus on communities and families. Models that include families in service planning and goal setting may provide a more useful approach to diverse cultural communities and help to reduce disparities.²²
- Limited focus on strength-based approaches. Many mental health models focus on deficits, such as negative symptoms, risk, and mental illness. Strength-based models, which emphasize resiliency and mental wellness, can not only be an effective approach overall, but may increase the willingness of youth from minority racial/ethnic communities to enter and complete services.^{11,36}
- Biased assessment techniques. Assessment approaches used to assess youth and determine appropriate placements may not be designed for diverse populations, leading to inaccurate diagnoses and inappropriate treatment plans.¹⁰

Recommendations for reducing disparities

To reduce racial/ethnic disparities in children's mental health services, it is important to offer services that are accessible and reflect the values of communities of color. Unfortunately, little research has been conducted to determine the impact of family-focused, culturally-specific children's mental health services. Despite the shortage of this research, some recommendations can be made to reduce disparities.

To truly eliminate disparities in children's mental health requires widespread changes at individual, organizational, and societal levels. This paper focuses on agency level recommendations for reducing racial/ethnic disparities.

Promote consumer involvement in services

- Engage consumers in treatment, by providing opportunities for them to share information and build consensus regarding goals.
- Actively involve youth and family members in the treatment plan, including identifying appropriate intervention approaches.
- Involve consumers in services and governance at all levels of the system, including opportunities to provide peer support, participate as caregivers, and provide community services.

Increase diversity of staff

- Increase staff diversity by recruiting and training providers who represent the racial/ethnic diversity of the community.
- Provide access to trained medical interpreters to ensure linguistic access to services.

Expand education/outreach efforts

- Conduct public health awareness campaigns to help people identify symptoms and understand the potential causes of mental health issues.
- Provide culturally-appropriate and user-friendly information about the full range of available services and their potential outcomes.
- Conduct outreach in partnership with culturally-specific community agencies.

- Incorporate information about mental illnesses and mental health services into health education programs and other settings to increase children's and parents' awareness of symptoms.

Increase accessibility of services

- Increase interventions in community locations, including services co-located with other key service systems (such as primary care, education, child welfare, and juvenile justice).
- Provide a single point of access within provider organizations to ensure that consumers are educated properly and receive information about the full range of available supports
- Increase the availability of high-quality mental health services in education, juvenile justice, and child welfare.
- Work with referral agents to ensure that they are knowledgeable about available services, including culturally specific services, and able to make referrals that would best meet the needs of youth.
- Review policies and procedures to ensure that uninsured children are able to access mental health services when needed.
- Ensure that mental health services are available within high poverty areas or consider opportunities for providing transportation to services in other locations.
- Promote a welcoming and respectful institutional culture.
- Develop programs designed to divert youth with mental health problems from the juvenile justice system.

Consider alternative therapeutic approaches

- Expand the use of alternative medicine and non-Western approaches, including training providers about these practices and working with insurance providers to increase coverage of services.
- Develop interventions that reflect family's explanations of the causes of mental health issues, incorporate cultural values throughout the intervention, and engage youth and families in the process.

- Develop and implement strategies for linking youth and family members to natural supports within the community.
- Provide training to staff to ensure that they are prepared to deliver information in a culturally sensitive and appropriate manner.
- Supplement current assessment and diagnosis approaches to incorporate a clinical review of culturally relevant factors.

Conduct evaluation and research

- Conduct research to promote understanding of services to children from diverse racial, ethnic, cultural, and linguistic backgrounds.
- Monitor racial disparities in the provision of mental health care and outcomes, in order to continually track progress and refine approaches.
- Conduct ongoing reviews of agency procedures, referrals, and services to explore whether services are provided in an equitable and appropriate fashion across youth from different racial/ethnic backgrounds.
- Conduct research in partnership with youth and families to develop evidence-based practices that are effective, valid, and acceptable for children from diverse backgrounds.

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