Mending the gap in children's mental health services

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Trends and issues

For many children, care isn't there. Recent studies estimate that 10 to 20 percent of children in the United States have significant emotional and behavioral disturbances, and only one in five of these children receive care. But an even larger number of children from minority families are falling through the cracks–overall, they are one-third to one-half as likely to receive mental health care as White youth.

Severely troubled youth are those who have an emotional disturbance that significantly disrupts their everyday life at home, school or in the community for a year or more.

Understanding and addressing the needs of youth with emotional or behavioral concerns is critical. Effective and timely intervention produces good results for many. But unfortunately, there are large inequities in children's mental health services. Children who are racial/ethnic minorities are less likely to get help, and when they do, it is more likely to be inappropriate, fragmented, or inadequate.

WHY THE GAP EXISTS

To reduce inequities in mental health services, it is important to understand the potential causes. A number of factors are likely to contribute to disparities, ranging from individual characteristics to family issues to system-level factors.

Limited access to services

Lack of insurance coverage limits access to mental health services, and may contribute to disparities among low-income and minority individuals. Data from 2001 suggest that only 1 in 9 Whites lacked health insurance, compared to 1 in 3 Hispanic/Latinos, 1 in 4 Native Americans/Alaska Natives, and 1 in 5 African Americans and Asian Americans.

Often, there are fewer mental health services located in low-income neighborhoods, and many who live in these neighborhoods lack transportation to seek services elsewhere. Because racial/ethnic minorities are typically over-represented in low-income neighborhoods, they are more likely to be affected.

Health care provider bias

Many studies have found that health care providers may, intentionally or otherwise, change the nature of their services based on patients' sex, age, diagnosis, marital status, sexual orientation, type of illness, and race/ethnicity. For example, some studies have found that providers have fewer discussions with patients from minority backgrounds about treatment options, reducing a patient's opportunity to participate in decision making about care.

Mental health providers may interpret youth behaviors differently based on race/ethnicity, reducing opportunities for minority youth to receive mental health care. For example,

One national study found that approximately one-third of African Americans said that racism was a major problem in health care (compared to 16 percent of White respondents).

several studies have found that therapists working in the juvenile justice system tend to rate African American youth as having a criminal orientation, while Whites were seen as having potential mental health concerns.

Health care providers may, intentionally or unintentionally, influence consumers' self-perceptions, by delivering messages regarding their value, self-reliance, and competence. If consumers from minority racial/ethnic backgrounds feel rejected, judged, or misunderstood, they may be less likely to continue treatment.

Variations in referral sources

Across racial/ethnic groups, many youth do not seek treatment on their own. Many are referred from "gateway providers," such as teachers, health care professionals, juvenile probation workers, or child welfare representatives. White youth are more likely to receive referrals from healthcare providers, while youth of other racial/ethnic groups are more often referred from schools or social/legal agencies. These youth, especially Black/African American youth, are more likely to receive referrals for restrictive placements, rather than community-based programs. These restrictive placements include detention placements, foster care, and residential treatment programs.

Under-identification of symptoms

Some researchers have suggested that parents from minority cultures may be less likely to identify behaviors or symptoms as potential mental health concerns. This under-identification exists even when the youths exhibit the same level of problems or symptoms.

Belief systems

Youth and parents from different racial/ethnic groups may have different beliefs about the causes of emotional/behavioral disorders. For example, individuals from some minority cultures may be more likely to attribute emotional and behavioral concerns to religious or spiritual issues, while White parents are more likely to provide biological explanations. As a result, minority parents may be more likely to turn to a religious leader for guidance, while White parents are more likely to seek medical or psychiatric services.

Underlying belief systems can also contribute to the higher levels of stigma individuals from minority/ethnic groups often associate with mental illness. 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.

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. Some parents may resist involvement in mental health services due to fear that their child will be "labeled" as having a mental health condition. These beliefs may cause them to fear that the child will be placed in special classes at school or removed from home and placed in a residential program. Because these consequences may be more likely for minority youth, this fear may contribute to disparities.

Lack of knowledge about 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 have found that knowledge of available services can vary by racial/ethnic background, with individuals from minority groups reporting less knowledge about available services.

Negative perceptions of treatment

Members of minority racial/ethnic groups may have more negative perceptions of treatment. In several studies, minority parents were more likely than White caregivers to say that the mental health system is likely to be ineffective in helping their child. In some cases, this perception may be valid if they have received low quality care in the past.

GAPS IN CULTRALLY-APPROPRIATE SERVICES

For those youth or families who do access mental health services, the services that they receive may not be culturally appropriate. There are a number of factors that contribute to the limited appropriateness of services for youth from minority racial/ethnic backgrounds. These include:

Shortage of providers from diverse cultures

There is a shortage of mental health providers from diverse racial/ethnic communities. This shortage limits the mental health care system's ability to reflect cultural values in services. It can also pose language barriers, by limiting access to staff who can provide services in languages other than English.

Disregard for alternative approaches

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.

Focus on individuals

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.

Limited focus on mental wellness

Many mental health models focus on deficits, such as behavior problems and mental illness. Studies have shown strength-based models, which emphasize resiliency and wellness, can not only be an effective approach overall, but may increase the willingness of youth from minority racial/ethnic groups to enter and complete services.

Biased assessment techniques.

Approaches used to assess youth and determine appropriate placements may not be designed for diverse populations, leading to inaccurate diagnoses and inappropriate treatment plans.

TAKING ACTION

To truly eliminate disparities in children's mental health requires widespread changes at individual, organizational, and societal levels. Agencies can provide a good start by:

- Increasing the number of urban children who receive screening for health and developmental problems by age 4, and also the number who receive the follow-up services they need.
- Promoting consumer involvement in services and involving youth and family members in treatment plans.
- Increasing diversity of staff and providing access to trained medical interpreters.
- Expanding education/outreach efforts in partnership with culturally-specific community agencies.
- Making services more accessible by providing services in community locations; providing a single point of access within organizations; working with referral agencies to ensure appropriate referrals; offering services in high-poverty areas; and developing programs to divert youth with mental health problems from the juvenile justice system.
- Considering alternative therapeutic approaches by expanding the use of non-Western approaches; incorporating cultural values throughout the intervention; linking youth and families to natural supports within their community; training providers to be culturally sensitive; and supplementing current assessment and diagnosis with culturally-relevant factors.
- Conducting evaluation and research that monitors racial disparities in procedures, referrals and services provided.

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