Center of Excellence for Cultural Competence
New York State Psychiatric Institute
Cultural Competence Matters

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Racial and Ethnic Disparities in Children's Unmet Mental Health Needs: Problems and Strategies

Problem:

One in five children in the United States has a mental illness. Although effective treatments exist, many children do not receive mental health care. Left untreated, childhood mental disorders are associated with poorer academic performance and social functioning and increased family stress. Early and adequate treatment of mental disorders can promote healthy functioning into adulthood.

Racial and ethnic disparities exist in children's mental health service use. Even after taking into account the effect of lower income, lack of insurance, and other predisposing social factors, African American and Asian/Pacific Islander (API) high-risk youth are about half as likely as Whites to receive any mental health services. Similarly, among youth who contemplated or attempted suicide, African American and Hispanic youth are significantly less likely than White youth to use mental health services in the year of their suicidal ideation or attempt. In addition, API and Latino youth who engage in mental health services begin to receive these services at an older age than non-Hispanic White youth.

A variety of factors contribute to racial and ethnic disparities in children's unmet mental health needs. Barriers such as inadequate insurance and lack of transportation reduce children's use of mental health services. However, even when such barriers are taken into account, racial and ethnic disparities persist. One reason is that families' help-seeking behavior is influenced by cultural norms and preferences. Non-Hispanic White families are more likely to pursue formal avenues of support, such as specialty mental health services, while African American and Latino families are more likely to use informal supports, such as extended family or clergy. Similarly, parents' interpretations about the cause of their child's mental health problems vary culturally and influence help-seeking behavior. Stigma also negatively impacts engagement in mental health care by leading parents to feel guilty or ashamed about their child's mental illness and causing families to avoid or delay accessing services. Cultural mistrust of health professionals due to experiences of discrimination and legacies of racism also acts as a barrier to engagement. Finally, limited English proficiency (LEP) and restricted availability of bilingual, bicultural mental health professionals can impede LEP parents' use of mental health services for their children.

Strategies

Numerous strategies may help decrease racial and ethnic disparities in children's mental health care. Clinicians should explore families' treatment preferences, perceived barriers, and causal attributions and use this information to respond to the unique needs of the child and family to increase knowledge about mental illness, reduce stigma, and enhance engagement. Information about mental health must incorporate culturally relevant content and be presented at an appropriate literacy level. Bilingual, bicultural mental health providers should be available to meet with LEP children and families. When such providers are not available, trained interpreters should be used.

When working with racial and ethnic minority youth, mental health providers should use evidence-based treatments (EBTs), particularly those that have been demonstrated to be effective with racial and ethnic minority youth. More EBTs must be tested in racially and ethnically diverse youth, including when developing new EBTs. Additional research is necessary to understand the relative efficacy of culturally adapted interventions as compared to standard EBTs. The Center of Excellence for Cultural Competence is collaborating with state and local agencies to improve access to care for children with mental illness.

References:

- Freedenthal, S. (2007). Racial disparities in mental health service use by adolescents who thought about or attempted suicide, Suicide and Life-Threatening Behavior, 37(1), 22-34.
- Garland, A. et al. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths, American Journal of Psychiatry, 162(7), 1336-1343.
- Huey, S. & Polo, A. (2008). Evidence-based psychosocial treatments for ethnic minority youth, Journal of Clinical Child and Adolescent Psychology, 37(1), 262-301.
- Miranda, J. et al. (2005). State of the science on psychosocial interventions for ethnic minorities, Annual Review of Clinical Psychology, 1:113-42.
- Wood, P, et al. (2005). Exploring the relationship between race/ethnicity, age of first school-based services utilization, and age of first specialty mental health care for at-risk youth, Mental Health Services Research, 7(3), 185-196.
- Wu, P. (2005). Exploring the relationship between race/ethnicity, age of first school-based services utilization, and age of first speciality mental health care for at-risk youth, Mental Health Services Research, 7(3), 185-196.
- Yeh, M. et al. (2005). Why bother with beliefs? Examining relationships between race/ethnicity, parental beliefs about causes of child problems, and mental health service use, Journal of Consulting and Clinical Psychology, 73(5), 800-807.