

NEWS

Race, ethnicity affect kids' access to mental health care, study finds

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One in five Americans is estimated to have a mental health condition at any given time. But getting treatment remains difficult — and it's worse for children, especially those who identify as black or Hispanic.

That's the major finding in **research published** 12 August in the *International Journal of Health Services*. The study examines how often young adults and children were able to get needed mental health services, based on whether they were black, Hispanic or white. Using a nationally representative sample of federally collected **survey data** compiled between 2006 and 2012, researchers sought to determine how often people reported poor mental health and either saw a specialist or had a general practitioner bill for mental health services.

"No one is necessarily bigoted — and yet we have a system that creates the kind of discrimination we see in the paper," says Steffie Woolhandler, professor at the City University of New York School of Public Health and one of the study's authors. "Kids are getting half as much mental health treatment — and they have the same level of mental health problems."

Young people in general aren't likely to see mental health specialists. But the numbers fall further when racial and ethnic backgrounds are factored in. About 5.7 percent of white children and young adults were likely to see a mental health specialist in a given year, compared with about 2.3 percent for black or Hispanic young people.

Put another way: Even when controlling for someone's mental health status, insurance and family income, black and Hispanic children saw someone for treatment far less often than did their white counterparts — about 130 fewer visits per 1,000 subjects. Black young adults had about 280 fewer

visits per 1,000 with a mental health specialist; Hispanics had 244 fewer visits per 1,000.

But the data indicate that mental illness incidence rates are generally consistent across racial groups, according to the study. Of adults between the ages of 18 and 34, between 4 and 5 percent indicated having fair or poor mental health, regardless of racial background. For children, white and black subjects were reported to need care at about the same rate — between 11 and 12 percent — compared with about 7 percent of Hispanic children.

The paper outlines a few possible reasons for this disconnect. Different communities may attach greater stigma to mental health care, or they may place less trust in the doctors available. Plus, there is a shortage of child psychiatrists across the country, and black and Hispanic families often live in the most underserved areas.

“There are problems of access all around,” says Harold Pincus, vice chair of psychiatry at Columbia University’s College of Physicians and Surgeons. “We have to change the way we do things.”

The findings suggest that lawmakers have focused on trying to improve access to mental health care, but “we can’t rest on our laurels,” says Pincus, who wasn’t affiliated with the study. He also noted that treating white children’s level of access as the gold standard is probably unwise, since research suggests they also receive inadequate care.

One of the study’s clear messages, argues Woolhandler, is that racial minorities received markedly less care — regardless of socioeconomic or health status. The gap suggests that a targeted intervention is needed.

The study highlights a need to ensure that doctors know how to counsel patients of different racial backgrounds and will do so, says Benjamin Le Cook, assistant professor of psychiatry at Harvard Medical School, who was also not affiliated with the study. Ending racial and cultural disparities in access to care is a more pressing concern than erasing the stigmas surrounding mental illness in minority communities, he said.

That’s especially relevant given that minorities are **less likely to be treated** by doctors of their ethnicity. In addition, research suggests that mental health specialists sometimes discriminate based on race when seeing patients.

“It has to do with experiences people in the community have had that haven’t matched their expectations or aligned with problems they’re having,” LeCook says. “Cultural stigma is a factor, but not the main one.”

Beyond better training, more funds are needed for resources like community health centers, which often serve black and Hispanic patients, Woolhandler says.

“I see these great people trying to work in community mental health, but they need more resources to do their job,” she says.

But, the research doesn’t account for other areas where minorities may access mental health services, Pincus says. Churches and social service agencies, for instance, may be filling some of the void and wouldn’t be accounted for in the survey data.

Researchers and policymakers should explore those sectors, he says, to see if they could be better leveraged to help people get connected to care they’ll actually trust. As experts try to bolster the mental health system — both to improve access across the board and also to close race-based gaps — they need to use a multipronged approach, pulling in different kinds of caregivers than those who might normally treat mental illness.

“There’s all kinds of ways by which the mental health system doesn’t play a role in helping people,” he says. “Family and community supports, social services — they’re all part of the picture.”

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