Racial and Ethnic Disparities in Pediatric Mental Health

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KEYWORDS

• Ethnic • Racial • Disparities • Youth • Mental health • Minorities • Health care

Despite the enormous toll that mental health problems take on the well-being of youth and families ($247 billion annually)[1] disparities in access to and intensity of quality mental health services appear to persist for racial/ethnic minority children, who are more likely to receive fewer and inferior health services than their non-Latino white peers.[2] This fact has raised serious questions about the progress made in reducing disparities, even though it has been an explicit focus of public health surveillance since 2000, and continues to be monitored as part of the National Healthcare Disparities Report.[3] This article discusses the current state of disparities in pediatric mental health care, underlining the challenges and potential obstacles to successfully addressing these disparities. The authors first make explicit their definition of "disparity," then proceed to describe disparities as they exist in diagnostic assessment, prevention of mental health problems, need for mental health care, access to services, psychotherapy, pharmacologic treatments, and outcomes of care. The article concludes with necessary approaches and specific recommendations.

This work was supported by Grant MH073469-05 from the National Institute of Mental Health, Grant MD002261-03 from the National Center on Minority Health and Health Disparities, and Grant 62609 from the Robert Wood Johnson Foundation.
Disclosure: The authors have nothing to disclose.
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Child Adolesc Psychiatric Clin N Am 19 (2010) 759–774
doi:10.1016/j.chc.2010.07.001 **childpsych.theclinics.com**
1056-4993/10/$ – see front matter

DEFINING DISPARITIES

In the face of the health disparities debate, several definitions have been used for the term "disparity." The definition provided by the National Institute of Medicine[2] describes a health service disparity as "differences in treatment or access not justified by the differences in health status or preferences of the groups." This statement implies that although differences between racial/ethnic groups in service use might be explained by several factors related to need for health care services (eg, differences in parental recognition of a child's need or divergent pathways into care between groups), only the remainder of the identified difference *after* adjusting for the mental health profile is defined as the *disparity*. The Institute of Medicine definition also posits that racial/ethnic disparities are unfair and worthy of remediation, even if they arise through racial/ethnic differences in socioeconomic status, insurance, or other mechanisms outside of need and preferences.[4] With that definition of disparity in mind, there has been not only a distinct body of literature that describes disparities in mental health care in racial and ethnic minority children, and in families of lower socioeconomic status, but it has also become increasingly apparent that ethnic/racial minority children are underserved relative to their non-Latino white counterparts in the areas of prevention, access, quality treatments, and outcomes of care. In this article, the authors summarize these important findings and provide recommendations for promising targets to reduce disparities.

PREVENTION OF MENTAL HEALTH PROBLEMS

The presence of psychiatric disorders in childhood has been linked to negative outcomes, including poor social mobility and reduced social capital. For example, childhood depression has been associated with increased welfare dependence and unemployment.[5] Many of these identifiable risk factors for mental illness disproportionately affect minority children, such as poverty, food insecurity, and exposure to violence, increasing the likelihood that ethnic/racial minority children are actually included in many preventive interventions. According to the United States Census, in 2007 approximately 18.0% of children were poor, and among these, black and Latino children were disproportionately affected.[6] Beiser[7] has shown how economic difficulties seriously affect the likelihood of psychiatric disorders in youth.

High rates of isolation and socioeconomic disadvantage of minority children can have significant adverse effects on children's mental health, including depression and behavior problems,[8] anxiety disorders such as posttraumatic stress disorder,[9] and a range of other adjustment difficulties. Food insecurity, or uncertain availability of food because of inadequate resources, is one of the many difficulties associated with poverty. Like poverty, risk of food insecurity is also patterned by race/ethnicity.[10] Many ethnic and racial minority children and adolescents also experience "compounded community trauma," which has been defined as the experience of children when they witness violence in *both* their homes and their neighborhoods.[11] Compounded community trauma has been linked to high rates of mental illness, including posttraumatic stress disorder, depression, and externalizing behaviors.[11,12] Additional factors that increase the risk for mental illness for minority youth are neighborhood exposure to violence,[13] neighborhood social disorganization,[14] repeated experiences of discrimination, and chronic exposure to racism.[15] As a result, early interventions in the lives of ethnic and racial minority children, intended to maximize their effective coping in these disadvantaged and at-risk environments, can be advantageous in terms of future outcomes.[1] Thus, effective service delivery systems that engage in