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Research Article

Area-socioeconomic disparities in mental health service use among children involved in the child welfare system

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ABSTRACT

Relying on data from a nationally representative sample of youth involved in the child welfare system (CWS) in 1999–2000 (the National Survey of Child and Adolescent Well-Being, Cohort 1) and 2008–2009 (Cohort 2), this study implemented a diverse set of disparity indicators to estimate area-socioeconomic disparities in mental health (MH) services use and changes in area-socioeconomic disparities between the two cohorts. Our study found that there are area-socioeconomic disparities in MH service use, indicating that the rates of MH service use among youth referred to the CWS differ by area-socioeconomic positions defined by county-level poverty rates. We also found that area-socioeconomic disparities increased over time. However, the magnitude of the increase varied widely across disparity measures, suggesting that there are different conclusions about the trend and magnitude of area-socioeconomic disparities, depending upon which disparity measures are implemented. A greater understanding of the methodological differences among disparity measures is warranted, which will in turn impact how interventions are designed to reduce socioeconomic disparities among children in the CWS.

1. Introduction

Child welfare agency providers encounter a number of challenges as they work diligently to promote child safety, permanency, and well-being for roughly six million children who are reported to child protective service agencies in the United States (U.S. Department of Health and Human Services (USDHHS), 2012). Point-in-time data indicate that among those children, over 427,000 are ultimately determined to be at imminent risk of harm following an investigation, and are subsequently placed in out-of-home care (USDHHS, 2016). Exposure to chronic maltreatment followed by multiple disruptions from family, community, and school contexts increase the risk of experiencing poor mental health (MH) outcomes (Maschi, Bradley, & Morgen, 2008; Rubin, O'Reilly, Luan, & Localio, 2007). In fact, nearly half of all adolescents investigated as victims of child abuse and neglect report at least one MH problem (Heneghan et al., 2013), such as depression/suicidality, PTSD, poor cognitive development, substance abuse, and delinquent behavior (Berger & Slack, 2013; Berger & Waldfogel, 2011; Font & Berger, 2015). Despite decades of research documenting the strong association between maltreatment and these outcomes, upwards of up to one-third of those in need of MH services to promote well-being do not receive them (Horwitz, Hurlburt, & Zhang, 2010; Hurlburt et al., 2004). Adding to these findings, studies show that African American and Latino children involved in the child welfare system (CWS) are less likely to utilize mental health services than their Caucasian counterparts, even after controlling for need (Dunbar & Barth, 2007; Garland, Landsverk, & Lau, 2003; Gudiño,

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Martinez, & Lau, 2012; Hurlburt et al., 2004).

By and large, however, these studies do not provide justification for the methods they used to calculate the odds of disparities in MH service provision (Garcia, Palinkas, Snowden, & Landsverk, 2013). Furthermore, recent research shows that racial/ethnic disparities in the use of MH services among youth reported to the CWS are no longer detected after controlling for contextual factors, including poverty rates (Garcia, Kim, & DeNard, 2016), suggesting that poverty or area-socioeconomic status would be another important dimension to measure when conducting disparities research in the CWS. However, no research to our knowledge has examined this dimension, with a critical analysis toward implementing a diverse set of metrics to measure disparities for ordinal social groups (i.e., area-socioeconomic groups) defined by poverty rates. To address this gap, the current study applied five relative and three absolute disparity indices to measure area-socioeconomic disparities in MH service use, relying upon nationally representative data of two cohorts of youth who were reported to the CWS.

2. Background

2.1. Public health approaches to measuring disparities

The limited focus on critically analyzing metrics to measure and monitor change in disparities over time in child welfare and MH service impede efforts to address them, as Harper et al. (2008) seminal research in a public health context demonstrates. They provide a thorough overview of how implementing three absolute statistical formulas (rate difference, between-group variance, and concentration index) demonstrates consistency in the direction of lung cancer disparity between two time periods in 1992 and 2004. However, they found inconsistencies when relying on relative measures (rate ratio, index of disparity, relative concentration index, Theil index). These results clearly show that the magnitude and direction of disparity may vary, depending upon which metric is implemented in a public health context (Harper et al., 2008).

2.2. Diverse metrics to measure racial disparities in child welfare

Taking Harper et al. (2008) findings into account, Garcia et al. (2013) pointed out that additional research is needed to examine a diverse set of summary disparity measures in child welfare research. To advance this inquiry, Kim and Garcia (2016) compared the magnitude and direction of racial/ethnic disparities in MH service use among youth reported to child welfare based on disparity indices Harper et al. (2008) implemented. Relying upon a nationally representative sample of data collected 1.5 years after the initial Child Protective Services (CPS) investigation, they showed that while racial/ethnic MH service disparities increased between 1999 and 2009, regardless of the varied ways they are measured, the magnitude of the disparity varied, depending upon which metric was selected. Even more alarming is that they found that the increases in racial/ethnic disparity were even greater among the subset of youth who met criteria for clinically pervasive externalizing and internalizing behavior problems when compared to all youth who had been reported to CPS.

Harper et al. (2008) and Kim and Garcia (2016) findings demonstrate that the implementation and analyses of different metrics to measure disparities is imperative for several reasons. First, such efforts offer a more holistic view of how pervasive disparities are, when a diverse range of metrics are utilized to calculate them. Secondly, the findings provide guidance and tools for child welfare and mental health scholars to critique how disparities research might be theorized and methodologically conducted. Thirdly, the choice of metrics and subsequent findings may inform how best to develop and test models that elucidate specific predictors of disparities and contextual pathways toward addressing them.

2.3. The role of poverty in explaining disparities

When thinking about the role of context in explaining the pervasiveness of disparities, poverty often comes to mind, given that prior research shows that differences in outcomes between groups are modified when poverty is accounted for. For example, Drake, Lee, and Jonson-Reid (2009) found that African American children who reside in lower poverty areas were more likely to be reported for child maltreatment than their social-economically advantaged Caucasian counterparts. On the contrary, their results detected that in higher poverty areas, Caucasian youth were reported to CPS more often than African American youth. Putnam-Hornstein, Needell, King, and Johnson-Motoyama (2013) validated and augmented these findings in a subsequent study, concluding that low SES African American children experienced less contact with the CWS than their low SES Caucasian counterparts by age five. Specifically, poor African American children had a lower risk of reports of maltreatment, substantiations, and foster care placements. While these findings are not specific to MH service use among youth in contact with the CWS, they underscore the salience of poverty in explaining differences between groups. In a recent and important study, however, Garcia, Kim, and DeNard (2016) focusing specifically on service provision, concluded that disparities between African American and Caucasian youth reported to child welfare were no longer detected after controlling for socio-environmental factors, such as poverty and urbanicity.

2.4. Research questions

The next logical question to advance our understanding of the role of poverty is to determine whether the magnitude and direction of disparities differ when the diverse sets of disparity metrics are calculated to measure area-socioeconomic disparities, based upon MH service rates in high versus low poverty areas. Given Kim and Garcia (2016) findings, it is also imperative to

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