Racial and ethnic minority adolescents less likely to receive treatment for major depression

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Adolescence can herald the onset of major depression and the associated short- and long-term consequences including developmental and social impairment. Research that focuses on access to treatment for adolescents with depression can shine a bright light on the persistent disparities based on race and ethnicity. Unfortunately such research reinforces the fact that equitable mental health care across all individuals and communities has yet to be achieved.

In a study in the February 2011 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP), researchers from the Rollins School of Public Health at Emory in Atlanta, Georgia analyzed five years of data (2004-2008) collected from the National Survey of Drug Use and Health (NSDUH). The study evaluated a national representative sample of 7,704 adolescents, from 12 to 17 years of age, who were diagnosed with major depression within the past year. Researchers studied the differences in treatment for depression across four racial/ethnic groups of adolescents with major depression (i.e., non-Hispanic whites, blacks, Hispanics, and Asians).

The NSDUH samples non-institutionalized individuals 12 years and older from all 50 states and the District of Columbia. The survey is conducted annually, in both English and Spanish, and is sponsored by the Substance Abuse and Mental Health Services Administration.

In the article titled "Racial/Ethnic Differences in Mental Health Service Use Among Adolescents With Major Depression," Dr. Janet R. Cummings and Dr. Benjamin G. Druss report that after adjusting for demographics and health status, the percentage of non-Hispanic whites who received any major depression treatment was 40% compared with 32% in blacks, 31% in Hispanics, and 19% in Asians. Black, Hispanic, and Asian adolescents were also significantly less likely than non-Hispanic whites to receive treatment for major depression from mental health professionals, to receive treatment for major depression from medical providers, and to have any mental health outpatient visits, with Asians exhibiting the lowest rate of service use on each measurement.

The adjustment for socioeconomic status and health insurance status accounted for only a small portion of the estimated differences in major depression treatment measurements and outpatient utilization across racial/ethnic groups. Other factors, such as stigma and limited proficiency in English, possibly contributed to the lower rates of service use in Hispanics and Asians.

Notably, one fourth of all adolescents with major depression received school-based counseling. Dr. Cummings and Dr. Druss state that, "Investment in quality improvement programs implemented in primary care settings as well as school-based mental health services may reduce unmet need for mental health services in all adolescents with major depression and reduce the sizeable differences in service use across racial/ethnic groups." Furthermore the researchers report, "Unlike treatment in outpatient settings, we did not find any significant racial/ethnic differences in the receipt of inpatient treatment."

In a related editorial Dr. Nicholas J. Carson states, "Given the serious consequences of depression, which are not limited to suicide, substance abuse, and academic failure, these low rates are tragic." Dr. Carson continues, "Future research will also need to clarify how a

disproportionately low supply of mental health providers in minority communities affects disparities in access to services."

More information: References

1. Cummings JR, Druss BG. Racial/Ethnic Differences in Mental Health Service Use Among Adolescents With Major Depression. Journal of the American Academy of Child and Adolescent Psychiatry; 2011; 50:160-170.

2. Carson NJ. The Devil You Know: Revealing Racial/Ethnic Disparities in the Treatment of Adolescent Depression. Journal of the American Academy of Child and Adolescent Psychiatry; 2011; 50:106-107.

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