

Mental health care disparities persist for black and latino children

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Disparities in the use of mental health services, including outpatient care and psychotropic drug prescriptions, persist for black and Latino children, reports a new study in *Health Services Research*.

“Children’s mental illness is very predictive of poor outcomes later in life—socially, educationally, income-wise and employment-wise,” said lead author Benjamin Lê Cook, Ph.D., senior scientist at the Center for Multicultural Mental Health Research at the Cambridge Health Alliance and assistant professor at Harvard Medical School. “There is a real need to understand why there are these big differences in mental health care for kids.”

Cook and his colleagues looked at data from a nationally representative

sample of over 30,000 youth ages 5 to 21 from the 2002-2003 and the 2006-2007 Medical Expenditure Panel Surveys (MEPS). They analyzed the data for the use of outpatient mental health care, use of psychiatric drugs and overall mental health care.

“About 10 percent of white youth are using mental health care compared to about half that percentage—between 4 and 5 percent—of black and Latino youth using mental health care.” That 2-to-1, white-to-minority ratio is a giant disparity compared to other areas of health care,” Cook said.

Researchers also found that this disparity didn’t change between the two time periods studied. In addition, while money spent for mental health care increased for white children between 2002-2003 and 2006-2007, it decreased significantly for [Latino children](#). “Even among those who are in care, it looks like the amount of dollars that the system is spending on Latino users relative to white users is shrinking,” Cook said.

Marc Atkins, Ph.D., from the Institute of Juvenile Research at the University of Illinois at Chicago commented, “What’s difficult to tease out is how much of the lack of [minority children’s] access to care reflects the lack of availability of quality mental health care or lack of their family’s confidence that these services are going to be helpful. Some of that’s related to stigma about mental health care and some of that’s related to contentious relationships these families may have with social service systems.”

Atkins said research shows that when social service systems use strategies to engage these families and work to overcome barriers of stigma and trust, access to mental [health care](#) increases.

Cook commented that having health insurance coverage is one of the important predictors of [mental health](#) care use. “It’s pretty clear that if

we got people better insurance and insured the uninsured, that would help a lot in reducing [disparities](#),” he said.

More information: Cook BL, Barry CL, Busch SH. 2012. Racial/ethnic disparity trends in children’s mental health care access and expenditures from 2002 to 2007. *Health Services Research*. In press.

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