


Disparities in Need and Disparities in Outcome: What have We Learned to Date through the National Evaluation

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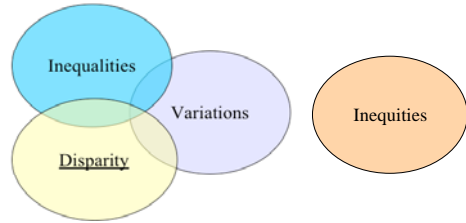
2003 President's New Freedom Commission on Mental Health Report

Goal 3: Disparities in Mental Health Services are Eliminated

- ▶ Improve access to quality care that is culturally competent
- ▶ Improve access to quality care in rural and geographically remote areas



Defining Disparities




Inequalities

Variations


Disparity

Inequities




NIH Strategic Plan to Reduce and Ultimately Eliminate Health Disparities, 2001

“Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

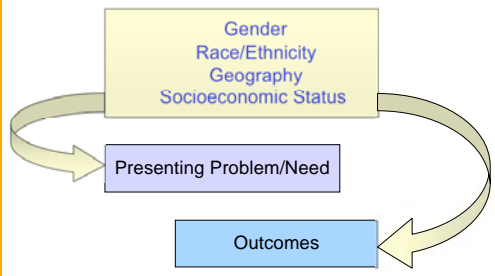


Minority Health and Health Disparities Research and Education Act (2000)

“A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population.”




Examining Disparities within the National Evaluation



Gender
Race/Ethnicity
Geography
Socioeconomic Status

Presenting Problem/Need

Outcomes



Cultural Influences on Assessment and Diagnosis System of Care Evaluation Brief, Vol 5(10), 2004

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of ethnic groups

- ▶ African American children less likely than Whites to have a mood disorder diagnosis at intake
- ▶ White children entered system of care with significantly higher CBCL Anxious-Depressed sub-scales scores than African Americans
- ▶ African American Children were more likely than whites to have a disruptive behavior disorder diagnosis

Psychiatric Diagnoses and Clinical Characteristics of Asian American Youth in Children's Services Nguyen, Arganza, Huang, Liao, Nguyen & Santiago, 2004

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of ethnic groups

- ▶ Asian Americans less likely than non-Asian Americans to have diagnoses of depression and ADHD
- ▶ Asian Americans more likely than non-Asian Americans to have diagnoses of anxiety and adjustment disorder
- ▶ Asian Americans more likely to be rated with severe functional impairment in community role performance, self-harmful behavior, and thinking

Children with Serious Emotional Disturbance: The Impact of Poverty and Receipt of Public Assistance on Behavior, Functioning, and Service Use Gyamfi, 2004

✓ Disparity in functioning and service use
✓ Uncontrolled longitudinal study
✓ Naturalistic comparison of groups based on poverty status

- ▶ No association found between poverty status and emotional or behavioral problems
- ▶ Families living below the poverty threshold were more likely to receive fewer services
- ▶ Higher percentage of families above poverty threshold received residential treatment services and medication management

Race, Place and the Use of Psychotropic Medications among Children and Youth Foster & Gifford, 2006

✓ Disparity in service
✓ Multi-level decomposition approach examining variation in receipt of psychotropic medication

- ▶ Whites more likely than African Americans to receive psychotropic medication
 - Where youths live is a larger determinant of care than race
 - African Americans in sample were concentrated in areas where youth are less likely to receive medications

Geographic Disparities in Access to Mental Health Care System of Care Evaluation Brief, Vol 5(11), 2004

✓ Disparity in Service Outcome
✓ Uncontrolled longitudinal study
✓ Naturalistic comparison of urban communities and the children they serve to rural communities and the children they serve

- ▶ Urban and Rural communities do not differ in the average number of services made available to families.
- ▶ Children in rural communities, as compared to those in urban:
 - used significantly fewer services over the 6-months post intake
 - had significantly lower levels of impairment (CAFAS) at 6-months post-intake
 - Are more likely to receive behavioral therapeutic aide, transition and therapeutic foster care services
 - Are less likely to receive crisis stabilization, family therapy, day treatment, recreational activities, after-school programs, transportations, flex funds, inpatient hospitalization, and residential treatment services

Child Functioning in Rural and Nonrural Areas: How does it Compare when using the Service Program Site as the Level of Analysis Walrath, Miech, Holden, Manteuffel, Santiago, & Leaf, 2003

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of rural and nonrural communities, site level

- ▶ In uncontrolled analyses, overall, school, community, and substance use functional impairment (CAFAS) is significantly higher among children served in nonrural communities
- ▶ After controlling for age, race and gender:
 - Nonrural youth significantly higher levels of impairment in school functioning; other differences attenuated
 - Nonrural youth significantly lower functional impairment in the home
 - Age was the most influential covariate

Gender Differences in Patterns of Risk Factors Among Children Receiving Mental Health Services: Latent Class Analysis

Walrath, Petras, Mandell, Stephens, Holden & Leaf,
2004

✓ Disparity in Need
✓ Cross-sectional study

- Similar classes for boys and girls with different membership probabilities
- Similar relationship between class membership and functional impairment for boys & girls

Hi > Status > Abuse > Low

- Similar relationship between class membership & family risk factors for boys and girls
- All risk factors associated with membership is high risk class
- Magnitude of the relationship stronger for boys

Class	Boys	Girls
1: High Risk	5.9%	19.9%
2: Abuse	8.6%	18.7%
3: Status Offenses	21.6%	25.8%
4: Low Risk	64%	35.7%

Child risk factors: history of physical and sexual abuse, sexually abusive, runaway, suicide attempt, substance use
Family risk factors: history of substance use, mental illness, family violence, felony conviction and psych hosp of parent, sibs in foster care, sib institutionalized

Female Offenders Referred for Community-based Mental Health Service as Compared to other Service-referred Youth: Correlates of Conviction

Walrath, Ybarra, Holden, Manteuffel, Santiago, & Leaf,
2003

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of four gender and referral source groups

- ▶ Females with conviction histories present to service with varying psychosocial profiles and service histories
- ▶ Females with histories of conviction are
 - More likely to be Hispanic compared to females w/o conviction
 - More likely to have experienced high numbers of child risk factors when compared to females w/o conviction and males with and w/o conviction
 - More likely to have experienced living instability (running away and multiple placements) than the other 3 groups
 - More likely to have experienced personal adverse events (sexual abuse, substance use, suicide attempts) than the other 3 groups
 - Less likely to have experienced previous hospitalization than the other 3 groups

An Examination of Ethnicity and Gender Differences in Primary Diagnosis and Comorbidity for Children and Adolescents in Systems of Care

Nguyen, Arganza, Huang, & Liao, 2004

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of gender groups

- ▶ Females and males have different intake diagnoses
 - Females more likely to have an anxiety or depression/dysthymia diagnosis or be diagnosis deferred
 - Males more likely to have an ADHD or conduct-related diagnosis
 - Males more likely to display comorbidity
 - Of those with comorbidity, males more likely to have either substance abuse or conducted-related disorders as their secondary diagnosis

Serving Children with SED in Urban Systems of Care: Referral Agency Differences in Child Characteristics in Baltimore and the Bronx

Walrath, Sharp, Zuber, & Leaf, 2001

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of six referral source groups

Children referred from different sources present with different psychosocial profiles, different levels of need, and varying service histories

- DJJ referrals more likely to be older, male, African-American, have more severe levels of functional impairment
- School referrals more likely to be younger, African-American, female caretakers that were never married
- DSS referrals more likely to be African-American, have female caretakers that are married,
- Family referrals more likely to be Hispanic
- Mental health referrals more likely to have experienced higher number of risk histories, received higher number of services prior to SOC entry

Referral Source Differences in Functional Impairment Levels for Children Served in the Comprehensive Community Mental Health Services for Children and Their Families Program

Walrath, dosReis, Miech, Liao, Holden, DeCarolis,
Santiago, & Leaf, 2001

✓ Disparity in Need
✓ Cross-sectional study
✓ Naturalistic comparison of six referral source groups

Children referred from mental health, as compared to other sources differ in their levels of overall and domain specific functional impairment (CAFAS)

- Children referred from MH have higher average overall functional impairment than those referred from social service and those referred by the family
- MH referrals higher than family and social service referrals on school, role performance, moods & emotions, & behavior to others

Summary

- ▶ Analysis of National Evaluation data have revealed disparities in both need and outcomes
- ▶ Disparity related topics remain understudied within the National Evaluation data

Next Steps

Continued disparity analysis and dissemination

- ▶ **Comprehensive literature review**
- ▶ **System level factors**
- ▶ **Cultural Competence Study**
- ▶ **Geographic**
- ▶ **Socioeconomic**
- ▶ **Access to care**
- ▶ **Other recommendations???**

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