The Potential Role of CMHS Program Sites in Addressing Mental Health Disparities

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Introduction

- Reducing health disparities across factors such as race/ethnicity and socioeconomic status is a top priority
  - *Healthy People 2010*
  - *President's New Freedom Commission on Mental Health*
  - *NIH*

Introduction

- Mental health disparities exist
  - Income
  - Race and ethnicity

Source: United States Public Health Service Office of the Surgeon General (2001). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service

Introduction

- To our knowledge, currently there is no large-scale secondary or tertiary prevention program explicitly targeted to reduce mental health disparities among youth

Research Question

- Is the CMHS already addressing disparities in children's mental health?
  - The program was not explicitly set up to address disparities, but it may be doing so already
  - Anecdotal evidence suggests CMHS disproportionately serves disadvantaged populations, where unmet need is highest

Research Question

- Is the population served by CMHS the same segment of the population in which children's mental health problems are concentrated?
  - The National Health Interview Survey provides ballpark estimates for the sociodemographic distribution of childhood disorder
    - Based on the "Strengths and Difficulties Questionnaire" (SDQ)
    - Parent reports of children's mental health, which allows a rough measure of "serious emotional disturbance"

Hypotheses

- In comparison to their respective catchment areas, the children served by the CHMS program are:
  - Disproportionately poor
  - Disproportionately African-American
  - Disproportionately Hispanic

Sources:

- Mark, Tami, and Jeffrey A. Buck. 2006. "Characteristics of U.S. Youths with Serious Emotional Disturbance: Data from the National Health Interview Survey" *Psychiatric Services* 57(11):1573-1578
- Costello, E. Jane, Helen Egger, and Adrian Angold. "10-Year Research Update Review: The Epidemiology of Child and Adolescent Psychiatric Disorders: I. Methods and Public Health Burden" *Journal of the American Academy of Child and Adolescent Psychiatry* 44(10):972-986

Data

- Data come from 2 sources:
  - National Evaluation of the CMHS
    - Community Mental Health Services for Children and Their Families
  - 2000 U.S. Census

Data

- National Evaluation
  - Descriptive information collected on all children entering the CMHS
  - Race, ethnicity, income
  - Each site provided information on their designated catchment area

Data

- Study Sample
  - Children enrolled in CMHS during Phases 2 & 3
  - Analyses restricted to children ages 5–18 years
    - 22,022 children
    - 45 program sites

Data

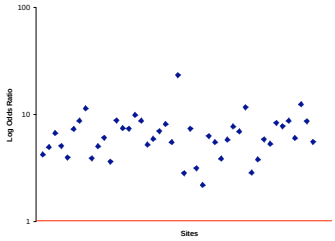
- U.S. Census
  - Sociodemographic information for each site's designated catchment area was obtained
- The National Evaluation data and the U.S. Census data were linked.

Analysis

- For each sociodemographic characteristic, we calculated the odds ratio for each CMHS program in comparison to its catchment area
  - For example, what are the odds of finding an African-American child in the CMHS in comparison to finding an AA child in the targeted catchment area?
- For a general measure, we also averaged the odds ratio across all sites.

Results

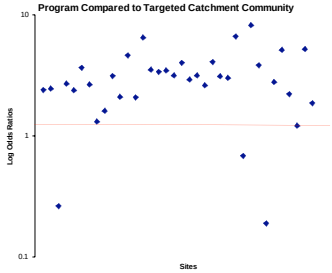
Log Odds Ratio for Percent Poor in the CMHS Program Compared to the Targeted Catchment Community



Average odds ratio across sites = 6.24

Results

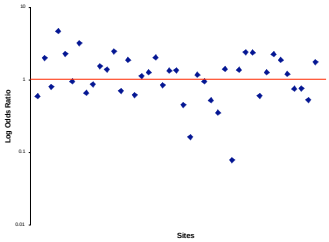
Odds Ratio of the Percent African American in CMHS Program Compared to Targeted Catchment Community



Average odds ratio across sites = 2.12

Results

Odds Ratio of the %Hispanics Served in the CMHS Program Compared to the Catchment Community



Average odds ratios across sites = 1.06

Discussion

- This study provides evidence of the extent to which the CMHS serves disadvantaged populations and potentially addresses unmet need.
  - CMHS program disproportionately serves poor and African-American children.
  - Proportion Hispanic in CMHS is about the same as it is in the catchment area.

Discussion

- Although not originally designed to address disparities, CHMS has the existing infrastructure to do so.
- Results of this study provide an additional rationale for the CMHS.
- Results point to CMHS as a strategic setting in which to test and evaluate mental health programs targeted at disparities.

Future Directions

- Determine extent to which CHMS reduces disparities in catchment areas.
- Identify how CMHS is able to reach disadvantaged populations.

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