

Source: Yeh, M., McCabe, K., Hurlburt, M., Hough, R., Hazen, A., Culver, S., Garland, A., & Landsverk, J. (2002). Referral sources, diagnoses, and service types of youth in public outpatient mental health care: A focus on ethnic minorities. *Journal of Behavioral Health Sciences & Research*, 29(1), 45-60.

This study found significant differences in referral, diagnosis, and services received for youth from racial/ethnic minorities when compared with Non-Hispanic-White youth. Participants were children and adolescents who received outpatient mental health services funded by San Diego County Mental Health Services during fiscal year 1996-97 ( $N = 3,962$ ). Referral source, diagnosis, and services received were analyzed by ethnic/minority group and compared to Non-Hispanic-Whites (NHW;  $n = 1,985$ ). Ethnic/minority groups included: African Americans ( $n = 714$ ), Asian/Pacific Islander Americans ( $n = 122$ ), and Latinos ( $n = 1,141$ ).

Referral sources were collapsed into the following broad classifications: child welfare, crisis services, family and self-referral, juvenile justice, medical facility, mental health agency, schools, other, and missing. The primary diagnoses (one per youth) supplied from the most recent referral were analyzed and grouped into categories similar to those found in the DSM-IV. Services were collapsed into the following categories: Special Education Linked Mental Health Assessment (SELMHA), crisis services, outpatient clinic, outpatient institutionalized services, case management in conjunction with child welfare placements, short term case management, intensive case management, and day treatment.

Findings by ethnic/minority group in comparison to Non-Hispanic-Whites, and selected comments, are provided below:

- **African Americans**

African-American adolescents were more likely to be referred from juvenile justice and child welfare, while both children and adolescents were less likely to be referred from schools. Children were less likely to be diagnosed with a mood disorder, while adolescents were more likely to be given a diagnosis of ADHD. Adolescents and children were more likely to receive outpatient services in conjunction with child welfare placements. Adolescents were less likely to receive a SELMHA, and both adolescents and children were less likely to be given day treatment services (provided by the schools). "The low referral rates of African-American youth from schools was unexpected given the overrepresentation of African Americans in public school services for youth with serious emotional disturbance" (p. 55).

- **Asian/Pacific Islander Americans**

These youth were more likely to be referred from child welfare. This group was less likely to be diagnosed with ADHD, which may be an epidemiological phenomenon or may be the result of cultural differences between Asian/Pacific Islander Americans and their interviewers (p. 56). This group was also less likely to receive services through the public school system. Given the cultural importance placed on academic achievement, this finding suggests that Asian/Pacific Islander Americans may be less accepting of school referrals, or that Asian/Pacific Islander Americans needing mental health services are underidentified by schools. These youth were also less likely to enter services voluntarily, suggesting the presence of stigma attached to mental health by this population. "These findings suggest that ethnicity-specific service centers located in the ethnic community may have great success in attracting and retaining Asian/Pacific Islander Americans in need of mental health services" (p. 56).

- **Latinos**

Latino youth were less likely to have been referred by a mental health agency or child welfare, but were more likely to refer themselves or be referred by a family member. The authors suggest that Latinos may be more likely to refer themselves for mental health services in San Diego County, where services for Latinos are available through ethnicity-specific parallel service centers. Yet more centers may be necessary, they suggest, to help overcome the Latino cultural stigma associated with mental health. These youth were more likely to be diagnosed with anxiety,

adjustment, and psychotic disorders and less likely to be given a diagnosis of ADHD. The high prevalence of psychotic disorders in Latino adolescents may also reflect a culturally based reluctance to seek services until problems become severe (p. 57). Finally, these youth were more likely to receive services in an outpatient clinic, and were less likely to use day treatment or to receive a SELMHA—both provided by the schools. To this finding, combined with an awareness of the cultural stigma associated with mental health, the authors suggest that schools may need to focus on “improving the cultural sensitivity of school staff and relations with the Latino community” (p. 57 ).

The implications of this study highlight the need for ethnicity-specific community treatment centers that can help identify those youth and families from racial/ethnic minorities who have a need for mental health services, and encourage them to seek treatment. While the findings here need to be replicated in other counties, the results are intriguing.