

Zimmerman, F. (2005). Social and economic determinants of disparities in professional help-seeking for child mental health problems: Evidence from a national sample. *Health Services Research*, 40(5), 1514-1533.

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The authors consider the effects of socioeconomic and other demographic characteristics on the receipt of mental health services for children with emotional and behavioral problems and their families. Results indicate that girls, middle children, and children living in households with fathers are least likely to receive mental health services when compared to their counterparts.

Data were taken from the nationally representative National Longitudinal Survey of Youth (NLSY) and the Child/Young Adult Supplement (NLSY-Child); children (N = 2,487) were ages 7-14 when the NLSY-C was administered. Other measures included: (a) the Behavior Problems Index, developed for the NLSY-Child Survey; (b) an NLSY survey based on the Child Behavior Checklist; (c) a child-report depression inventory for children aged 10 or older, and; (d) the Center for Epidemiologic Studies Depression inventory, administered to the child's mother. Mothers were asked whether the child had seen a specialty mental health provider (i.e., psychiatrist, psychologist, or mental health counselor) within the last two years and the reason for the visit. Data on socioeconomic and demographic characteristics (e.g., age, gender, birth order, ethnicity, income, insurance, geographic location, etc.) were also solicited. The authors specifically studied the probability of receiving services for depression and attention disorders, and for other internalizing and externalizing disorders in general.

More adults (i.e., grandparents, etc.) living in the household predicted greater use of mental health services, but the presence of the father in the home did not. After controlling for the number of adults in the household, the authors found that having the child's father present in the household had a "large, negative impact" (p. 1523) on the likelihood of a child receiving services, especially for depression. The authors surmise that the father may be more likely than the mother to think that his child can "tough it out," or the father is less sensitive to recognizing the symptoms of depression than the mother. Depressed mothers tended to access treatment for their children, but this finding suggests an awareness of the burden of depression on the part of the mother rather than her familiarity with the mental health system. Further, children of employed mothers were likely to receive treatment overall and for depression in particular when compared to children of unemployed mothers; however this finding was not associated with income or maternal education. Divorce within the last two years also increased the likelihood that mothers would seek help for depression in their children.

Compared to boys, girls were less likely to receive treatment overall, and were far less likely to receive services for externalizing problems (especially Attention Deficit-Hyperactivity Disorder). Girls were also less likely to receive services for depression when compared to boys. Compared to oldest, youngest, and only children, middle children were the least likely to receive services for internalizing and externalizing problems. Although symptomology was "strongly and meaningfully" (p. 1523) correlated with receiving services in general, African American children were less likely to obtain treatment for depression than were White children; they were also less likely to receive treatment for behavioral disorders when compared to White children. Additionally, Latino children were less likely to receive services for internalizing or externalizing problems when compared to both African American and White children.

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## DATA TRENDS

*Summaries of research on mental health services for children and adolescents and their families*

No. 138 (*continued*)

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Results also revealed a greater likelihood of treatment if children attended a private school versus a public school, and children living in rural areas were as likely to receive services as were those living in non-urban areas. Socioeconomic and insurance variables did not reveal significant predictors of treatment—except that children were more likely to receive services if they had government insurance, compared to private insurance.

According to the authors, these results call for interventions to educate fathers to the symptoms of emotional and behavioral problems in children. This is especially the case for girls and middle children. “The result that the presence of the father is an inhibiting factor and the result that girls and middle children are less likely to be adequately treated suggest that past work on intrahousehold decision making and on the gender dimensions of investment in children is worth extending to mental health treatment” (p. 1529).