

Yeh, M., McCabe, K., Hough, R., Dupuis, D., & Hazen, A. (2003). Racial/ethnic differences in parental endorsement of barriers to mental health services for youth. *Mental Health Services Research, 5*(2), 65-77.

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This study found that parents with ethnic/minority backgrounds who are least acculturated into mainstream American culture tend to report *fewer* barriers to mental health care for their children than do acculturated parents—even though parents with ethnic/minority backgrounds also reported *more unmet need* for their children. This study examined unmet need and barriers to services reported by parents of African-American, Asian Pacific Islander (API) and Latino children, in comparison to responses provided by parents of Non-Hispanic White (NHW) children. Because results concerning barriers to services were unexpected, the authors speculate that differing cultural perspectives may have contributed to reluctance among some parents to report barriers.

Youth were selected from the larger Patterns of Care (POC) Survey, which involved a stratified sample of youth ages 6-17 who were receiving services in the San Diego area. (*Data Trends* #35 and #55 report, respectively, on the prevalence of disorders among youth in the POC sample, and on their referral patterns into various sectors of care). Youth in the current study ($N = 1,330$) were API ($n = 109$), African American ($n = 270$), Latino ($n = 372$), and NHW ($n = 587$). Youths' mean age was 14.25 years (SD 3.07), and 68% were male.

Parents were asked about perceived barriers to service that fell into the following eight domains: (a) *Content of services* (e.g., whether services would be kept confidential); (b) *Helpfulness of services* (e.g., perceived effectiveness of services); (c) *Provider characteristics* (e.g., belief that the provider may not understand the family's cultural background); (d) *Effects of services* (e.g., fear of what friends or family might say); (e) *Economic/financial constraints* (e.g., perceived inability to afford services); (f) *Accessibility* (e.g., lack of knowledge about where to go for services); (g) *Language problems* (e.g., trouble filling out forms or talking with staff), and; (h) *Lack of Need* (e.g., belief that child's problems did not require mental health services).

Race/ethnic group	Average number of barriers endorsed (range 0 to 54).	
	Mean	(SD)
Non-Hispanic White	12.75	(11.00)
African American	10.92	(10.54)
Asian/ Pacific Islanders	8.64	(10.64)
Latino	10.00	(10.72)

African American, API, and Latino youth had significant unmet need when compared to NHW youth (48%, 72%, 47%, and 31%, respectively). However, parents of African American, API, and Latino youth reported significantly fewer barriers to care than did parents of NHW youth (Table 1). On average, African-American parents reported 11 barriers, APIs endorsed 9, Latinos endorsed 10, and NWH parents reported 13. Compared to NHW parents, African-American parents reported fewer economic and accessibility barriers, and API parents reported fewer

barriers in five domains (i.e., Context, Helpfulness, Provider characteristics, Economic/financial, and Accessibility), while Latino parents reported fewer accessibility barriers. API and Latino parents reported greater Language barriers when compared to NHW parents. Additionally, no significant relationship was found between unmet mental health need and perceived barriers to care among all four groups.

According to the authors, a number of reasons may explain these findings. It is possible that parents who are least acculturated into American mainstream life may be immigrants who come from nations where

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Data Trends

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

mental health services are not readily accessible. In this study, 70% of API respondents and 59% of Latino respondents were not born in the United States. Thus, some immigrants may be *appreciative of any services* they receive here, in comparison to the services available in their home country. Also, *cultural stigma* regarding mental health services may account for parents' ambivalence to receive services to begin with, or to complain when services are not readily accessible. Additionally, *cultural values* may contribute to a general reluctance among some parents to criticize services received. For example, Mexican Americans place a high value on respect (*respeto*), and Asian Americans value resilience and "suffering in silence" (p. 74). (*Data Trends* #30 and #68 also discuss cultural competency issues, and #69 reports on perceived barriers to care).

The authors suggest that future studies about barriers to services may benefit from the inclusion of a self-report measure that can detect cultural differences among ethnic/minority respondents. For example, API respondents may accurately report barriers that discourage use by their group, "even though they may appear to be underreporting barriers when compared to NHWs" (p. 75). Further, other measures should also be designed to study the correlation between perception and actual barriers reported by ethnic/minority groups. These measures should be devised from a perspective that stands "within" (p. 75) such cultures, rather than outside of them.