

Mental Health System

According to the Center for Mental Health Services, the U.S. mental health system is not well equipped to meet the needs of racial and ethnic minority populations. Overall, racial and ethnic minorities are underserved, which is evident within the youth population. A myriad of factors contribute to the barriers as to why this problem exists among differing population segments. For African Americans, poverty, disinclination to seek help, lack of health and mental health services deemed appropriate, and lack of community support are major contributors to delays in seeking treatment until symptoms become so severe that they warrant inpatient care. For Asian Americans, stigma and loss of face over mental health problems, limited English proficiency among immigrants, different cultural explanations for the problems, and the inability to find culturally competent services are contributors. Further research is needed for other minority populations, as indicated by the Surgeon General. When minorities are served, particularly African Americans, they are underrepresented in receiving outpatient services and overrepresented in psychiatric facilities. This is also evident among the minority youth population.

Minority Youth and the Mental Health System

Minority youth are underserved by the mental health system. Many minority youth entering the juvenile justice system have either not been helped or have been poorly served by systems in the community, including the public mental health system. Some examples include:

- African American youth that do receive mental health services tend to be diagnosed with more severe disorders, including disorders considered less amenable to treatment. African American youth psychiatric hospitalization rates are two to three times the rates for majority youth. This suggests that prevention and early intervention services may be less available to African American youth.
- African American youth, particularly males, are more likely to be referred to the juvenile justice system rather than the treatment system.
- African American juvenile offenders are less likely than their white counterparts to have previously received mental health services.
- Hispanic/Latinos, historically, have shown low rates of use of mental health services due in part to language differences and lack of neighborhood-based services.

To address these issues, the mental health subcommittee is focusing its attention on several factors, including the policies and practices that underlie decision-making that may ultimately disadvantage a youth of color who have mental health disorders. Cultural sensitivity training, professional practice standards, legislative changes in policy at both the local and state level, and improvements in data collection and access to care are also critical to the discussion. We welcome hearing your thoughts about disproportionality as we move forward with the commission's work. Please refer to the commission's web site for the latest available information about our efforts, at www.socialwork.indiana.edu.