Psychiatric Disorders & Service Use among White & African American Rural Youth


Disparities in the utilization of mental health services by children of differing racial and ethnic backgrounds have been well documented in urban settings. Less is known about racial and ethnic differences in prevalence and service utilization in rural settings, which account for a large percentage of U.S. households. This article presents results from the Caring for Children in the Community Study, which examined prevalence of mental health disorders and service utilization rates “in a representative community sample of African American and white children and adolescents living in a largely rural area of North Carolina” (p. 893).

In order to obtain representative and generalizable results, the authors utilized a sophisticated sampling procedure. Databases maintained by the public schools were sorted into households with children aged 9 to 17 years. A sample of 4,500 youth was then selected for screening using a procedure in which the “probability of selection was proportional to the total number of age-eligible children in the household” (p. 894). Caregivers of these youth were administered a telephone questionnaire that assessed psychiatric disorders in children. Results from this initial screening were used to select children and parents for more intensive interviews. In the first of this 2-stage design for interview selection, 100% of those with a score of 20 or higher (the range of scores on the screening instrument is unclear) and a 10% random sample of others were asked to participate in interviews. In the second stage, computer based sampling fractions from each score level of the screening instrument were used to select additional families to participate in interviews. A total of 3,613 families were successfully screened, 1,302 were selected for interviews, and data were collected from 920 of these (70.7% response rate).

Three instruments, assessing the past three months, were used in the interview procedure: the Child and Adolescent Psychiatric Assessment (CAPA) provided diagnostic data, while the Child and Adolescent Services Assessment provided information on service use in a wide variety of settings, including specialty mental health, medical, school, and juvenile justice. In addition, caregivers with children who were identified as having psychiatric symptoms completed the Child and Adolescent Impact Assessment, an instrument designed to measure parental economic, social, or psychological burdens as a result of having a child with mental health problems.

Analysis of those who participated as compared to those who refused revealed few differences, although African American families were more likely to participate than white families \( (p < .001) \). Overall prevalence rates revealed that 21.1% of those interviewed had at least one DSM-IV diagnosis, with no significant differences between African American and white youth at the aggregate level. There were racial differences in three of the specific diagnostic categories, however: white children had a higher prevalence of oppositional defiant disorder, depressive disorder, and any affective or anxiety diagnosis. Analysis of overall service use revealed that 13.3% of those interviewed had used some type of professional service for mental health care in the past 3 months, with the school system being the most frequently used service category. Despite overall prevalence rates that were similar, white youth were significantly more likely than African American youth to have received specialty mental health services \( (p < .05) \), a difference that was greater for boys (OR, 2.2) than girls (OR, 1.5). Logistic regression analysis revealed that the impact of children’s symptoms on parents (economic, social, or psychological) was predictive of specialty mental health service use.

The results of this study of African American and white youth in a rural setting are similar to findings from previous research on prevalence rates and service use in other locales. In particular, overall rates of service use were far below prevalence rates for psychiatric disorder, demonstrating underutilization of services among those in need. Only 36% of those children with a DSM diagnosis (according to the study’s diagnostic instruments) had received any type of service for mental health care in the past three months, and far fewer (14.6% of those with a disorder) had

Prepared by the Research and Training Center on Family Support and Children’s Mental Health, Portland State University, 1912 SW 6th, Rm. 120, Portland, OR 97201, (503) 725-4040 in collaboration with the Research and Training Center for Children’s Mental Health, University of South Florida. Contact datatrends@pdx.edu, or www rtc.pdx.edu.

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received specialty mental health services. Both white and African American children were most likely to receive mental health services in school. Despite statistically similar rates of disorder, African American youth were significantly less likely to have received specialty mental health services. Encouragingly, Medicaid coverage was associated with greater specialty mental health service use in both ethnic groups. Results suggest the continuing need to address disparities between psychiatric disorder and specialty mental health service use, especially among ethnic minorities, but suggest that schools offer an accessible setting for both white and African American children in need of mental health services.