Explaining the Gap Between Mental Health Need and Service Use


Although a substantial body of research has documented the gap between mental health service need and use among children with emotional and behavioral disorders (see for example Data Trends #62 & 77), explanations for this disparity have not been well established. The authors of this article sought to describe help-seeking among children at high risk for attention deficit hyperactivity disorder (ADHD), how help-seeking may differ by children’s gender and/or ethnicity, and what parents saw as barriers to obtaining services for their children.

Participants were Caucasian and African American elementary school children, their parents, and their teachers in a North Central Florida school district. Using a gender-stratified random sample of 1,615, with an oversampling of girls, the authors assessed children’s ADHD risk level with the Swanson-Nolan-and Pelham-IV (SNAP-IV) rating scale. The sample of 389 who were considered high risk for ADHD (parent or teacher rating greater than 1.5 standard deviations above the norm on the SNAP-IV), were selected for more in-depth diagnostic and service use home interviews. Among those whose children met DSM-IV criteria for ADHD but had not received any services, analyses were conducted in which parents identified barriers to care. The parents of the other children who were identified as being at high risk for ADHD were interviewed to determine factors associated with help-seeking. Moderators of help-seeking and service use beyond gender and ethnicity that were included in the statistical models included socioeconomic status (SES), health insurance information, and child age.

Results were analyzed after a sophisticated statistical adjustment to accommodate the sampling procedure (oversampling of females) as well as differential responses in the various analyses. The high risk sample had approximately equal proportions of boys (52%) and females (48%) and of Caucasian (48%) and African American (52%) children, with an overall mean age of 7.8 years. Most of the children who were considered high risk for ADHD had been identified as having problems by parents (88%), although parents were significantly more likely to recognize problems in males than females and in Caucasian than in African American children. Despite overall high levels of recognition, only 39% of the high-risk children had received a professional evaluation. Significantly more boys were evaluated than females, more Caucasian youth were evaluated than African American youth, and significantly more of those high in SES were evaluated than those low in SES. In addition, significantly more older children were evaluated as were children with routine private office pediatric care as compared to those without routine pediatric care or those with a non-private source. Approximately 32% of the high-risk sample had received an ADHD diagnosis and 23% of the high-risk sample was receiving treatment for ADHD. Variations in diagnosis and treatment were similar to those for recognition and evaluation with the greatest disparities between boys and girls and Caucasians and African Americans.

Logistic regression revealed that only age was a significant predictor of problem recognition, with older children being more likely to be recognized as having behavior difficulties. However, males and Caucasians were significantly more likely to have received an evaluation than females and African Americans respectively, as were those with a regular source of medical care. Similar patterns for gender and ethnicity were found with respect to the likelihood of receiving a diagnosis and receiving ADHD treatment. Treatment was also more common for children at higher income than those at lower income and for those receiving special education services as compared to those receiving regular or gifted education services.

Potential barriers to services were broken into five categories: no perceived service need, system barriers, negative expectations, stigma-related, and financial barriers. Of these, the most commonly endorsed category was no perceived need (66%), followed by system barriers (53%) and negative expectations (45%). Analysis by sociodemographic
characteristics revealed that the parents of girls reported significantly more stigma-related barriers than did the parents of boys and that African American parents reported significantly more negative expectations than Caucasian parents. Those low in SES reported significantly more financial barriers than those high in SES. As compared to those in the full pay program, children in the free and/or reduced pay lunch programs endorsed more negative predictions, stigma-related barriers, and financial barriers.

Together results reveal high levels of problem recognition for children at high risk for ADHD, but a large gap between recognition and seeking an evaluation or receiving services for symptoms, particularly for girls and African American children. Analysis of system barriers reveals that most parents did not perceive a need for services despite problem behavior. The authors suggest that a qualitative analysis is necessary to understand this finding as well as the finding that African Americans had higher rates of negative treatment expectations than Caucasians. System barriers were frequently noted, suggesting that parents were unsure of how to navigate the mental health system for their children when they desired treatment. Results suggest that the gap between mental health service need and use is less related to problem recognition, since parents had high rates of awareness of children’s behavior difficulties, and more related to gender and race disparities in a critical threshold of problem severity after which parents perceive a need for services.