

2006 Cultural Competence and Mental Health Summit

The Intersection of Evidence- Based Practices and Cultural and Linguistic Considerations in Children's Mental Health Research, Practice, and Policy

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Evidence-Based Programs and Cultural Competence: What we Know and Do not Know

- We know more about effective practices and programs than what is reflected through research done using randomized control trials.
- There are practices and interventions that consumers and practitioners have found to be helpful in addressing their problems (“Practice-Based Evidence”) and achieving their goals but for which the evidence base has not been fully established.

Current Status of EBPS

- Little research related to evidence-based programs has been conducted with diverse populations.
- This makes it difficult to ascertain whether currently identified evidence-based programs are, in fact, best practices models for specific racial, ethnic, and cultural communities.

Source: Blasé & Fixsen, 2004, National Implementation Research Network, Louie de la Parte Florida Mental Health Institute, Consensus Statement on Evidence-Based Programs and Cultural Competence.

Current Status of EBPS (2)

- Most studies reporting findings for racial and ethnic minorities had small samples and were not randomized controlled trials.
- The research used to generate professional treatment guidelines for most health and mental health interventions does not include or report large enough samples of racial and ethnic minorities to allow group specific determinations of efficacy.
- Currently we do not know whether and what types of adaptations and modifications of an evidence-based program are needed to ensure that its implementation does not create or exacerbate disparities across cultural groups.

Table 2-1

Ethnic Specific Analyses in Clinical Trials for Developing Evidence Based Treatment Guidelines

STUDIES	Total Number of Participants	NUMBER OF PARTICIPANTS FOR WHOM ETHNICITY IS REPORTED							Total Number of Ethnic Specific Analyses Conducted
		N (% of total sample)	White	Unspecified Non-White	Black	Hispanic	AA/PI	AI/AN	
Bipolar Disorder	921	305 (33%)	234	39	32	0	0	0	0
Schizophrenia	2813	2044 (73%)	1314	305	376	44	5	0	0
Depression	3860	1841 (48%)	1571	241	27	0	2	0	0
ADHD	1672	801 (48%)	545	71	126	55	4	0	0
Total	9266	4991 (54%)	3664	656	561	99	11	0	0

See Appendix A

Current Status of EBPS (3)

- Evidence suggests that culturally oriented interventions are more effective than usual care at reducing dropout rates for underserved populations receiving mental health services.
- Because stigma and help-seeking behaviors are two culturally determined factors in service use, research is needed on how to change attitudes and improve utilization of mental services.
- While it is important to conduct research involving specific racial, ethnic, and cultural communities, their role should not be limited to just being subjects of research. **It is imperative that partnerships are developed with specific racial, ethnic, and cultural communities so they can participate fully in the design, implementation, and evaluation of promising and best practices models.**

Intersection of EBPs and Cultural and Linguistic Considerations

- EBPs are given much attention but they need to be viewed within a larger context, that of the host community---EBPs cannot stand alone;
- EBPs must be viewed within a Cultural and Linguistic Competence frame, tailored and individualized for a particular community and population;
- EBP/Cultural and Linguistic Adaptations/PBE “All Belong”

Culture is not talked about — much of it is taken for granted (much like the air we breathe), and what is taken for granted is not discussed. Also, since culture is widely shared, it is uninteresting to talk about what everybody shares. This means, however, that people have little practice in discussing how culture affects their behavior, and so are ill-prepared to explain their culture to others.

Let's hear it from cultural sensitivity!



Cultural Differences



An office somewhere
in South America.

Hours of Operation
12 noon to 9:30 P.M.
MORE or LESS

Basic Assumption

Culture and language are important variables in determining how people (consumers and their families, staff and providers) see and interpret (know) the world around them and the basis of how they make decisions.

Why is Culture important?

- Striking disparities for underserved communities in mental health services despite having similar prevalence rates of mental disorders.
- Ethnic minorities have less access to mental health care than do whites.
- Ethnic minorities are less likely to receive needed care and when they receive it, it is more likely to be poor in quality.
- Culture, language, and social context influence mental health, mental illness, and mental health services in the US.

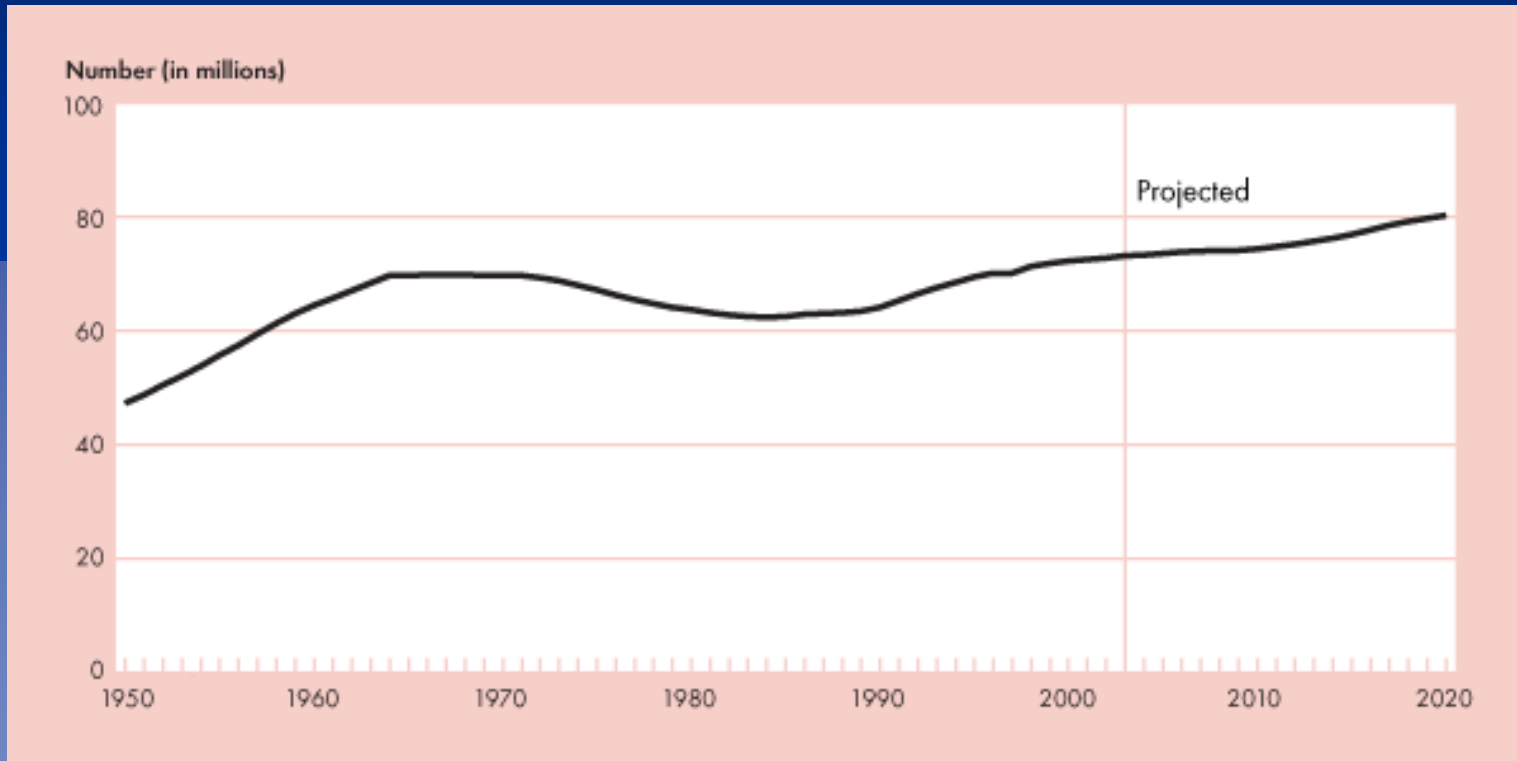
The Need for Cultural Competence in Health Care (1)

- The perception of illness and disease and their causes varies by culture;
- Diverse belief systems exist related to health, healing and wellness;
- Culture influences help seeking behaviors and attitudes toward health care providers;

The Need for Cultural Competence in Health Care (2)

- Individual preferences affect traditional and non-traditional approaches to health care;
- Patients must overcome personal experiences of biases within health care systems, and;
- Health care providers from culturally and linguistically diverse groups are under-represented in the current service delivery system.

Why Focus on Youth?

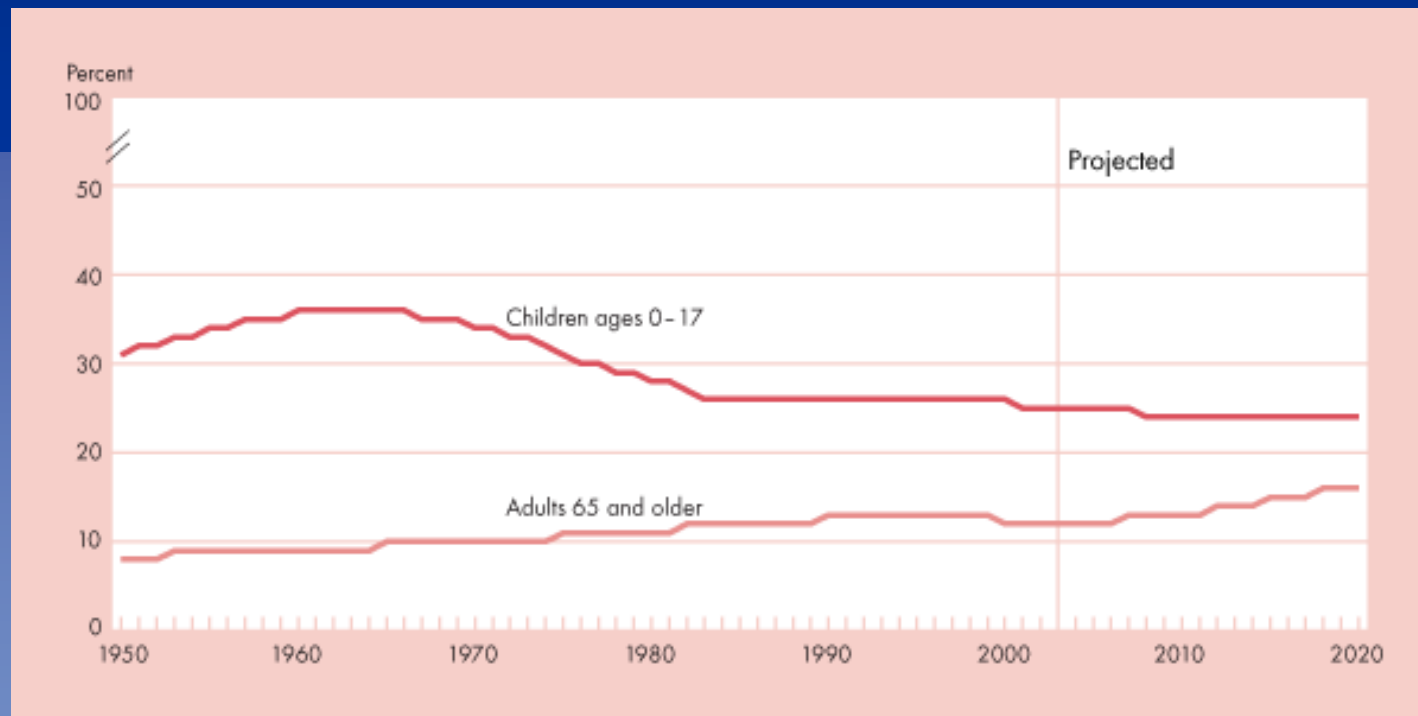


2003: 73 million children

2020: 80 million children

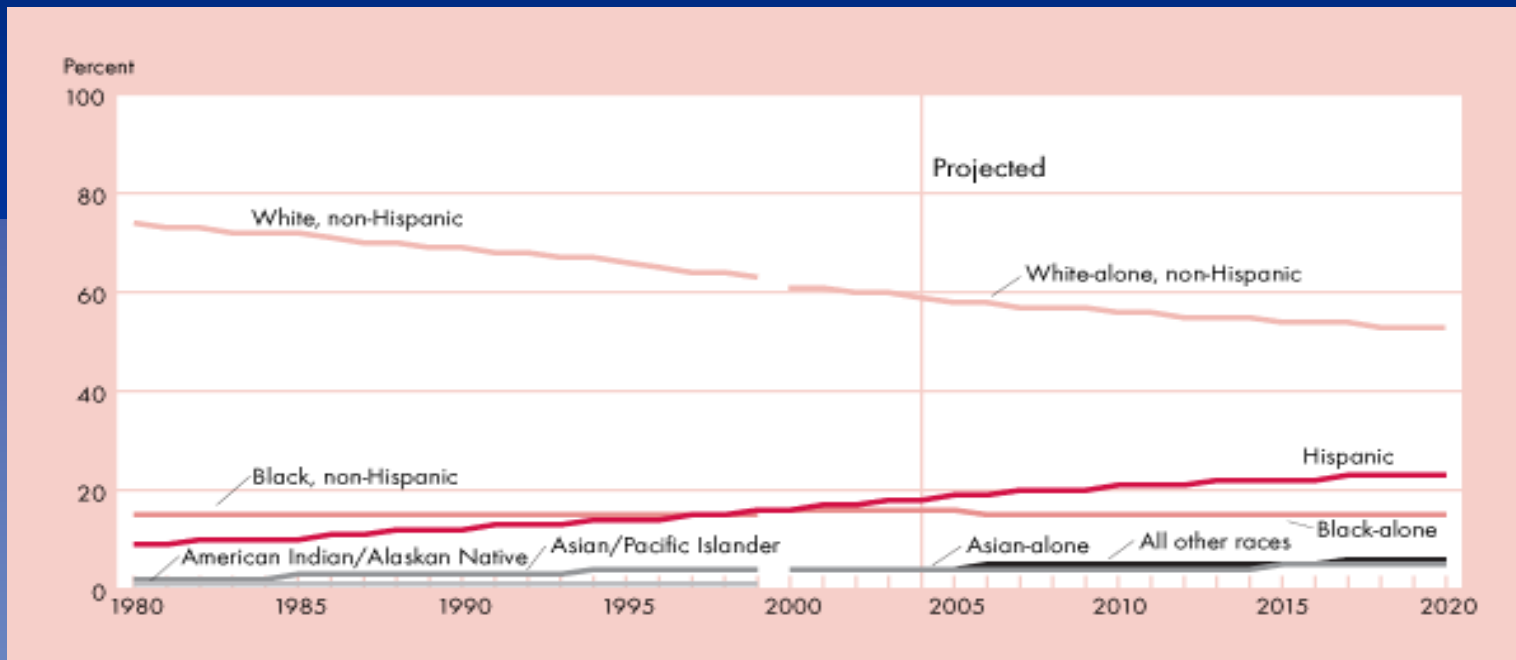
Source: Huang, 2006; Number of children ages 0–17 in the United States, 1950–2003 and projected 2004–2020. Population projections are based on the Census 2000 counts.

Children as a Proportion of the U.S. Population



Source: Huang, 2006

Demographic Imperatives: Diversity Will be the Name of the Game

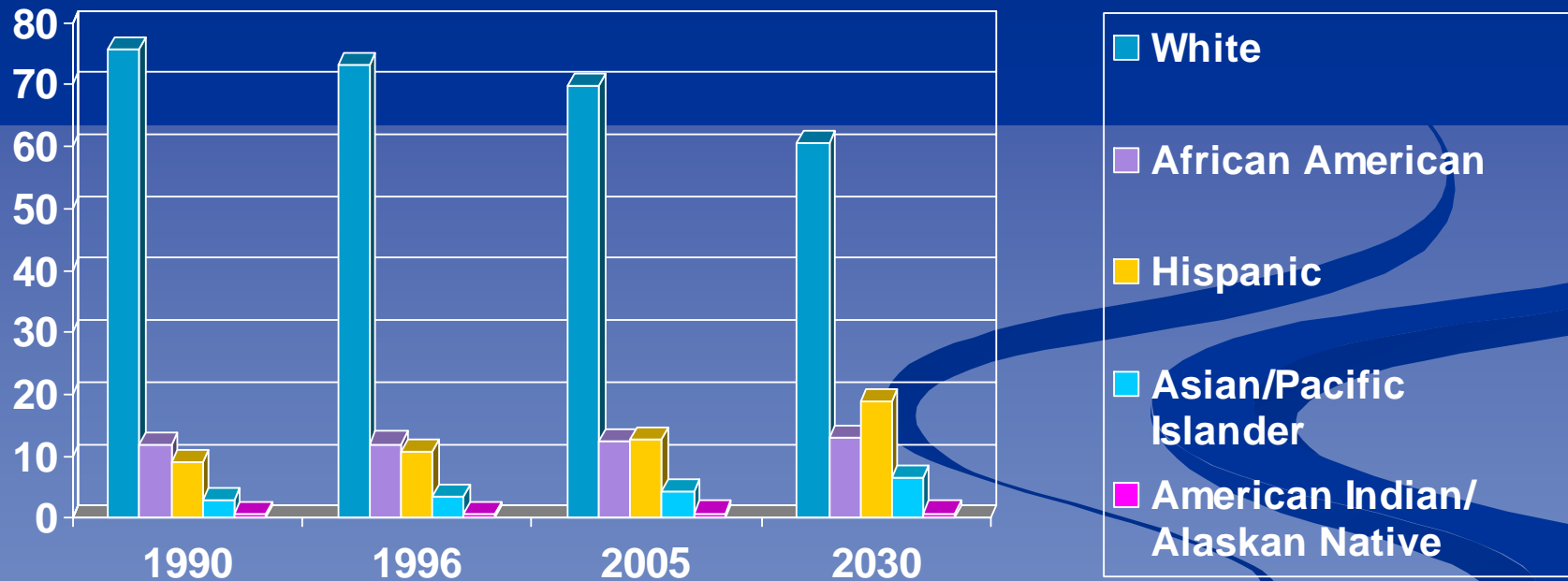


2003: 60% children are White

2020: 1 in 5 children will be of Hispanic origin

Source: Huang, 2006; Number of children ages 0–17 in the United States, 1950–2003 and projected 2004–2020. Population projections are based on the Census 2000 counts.

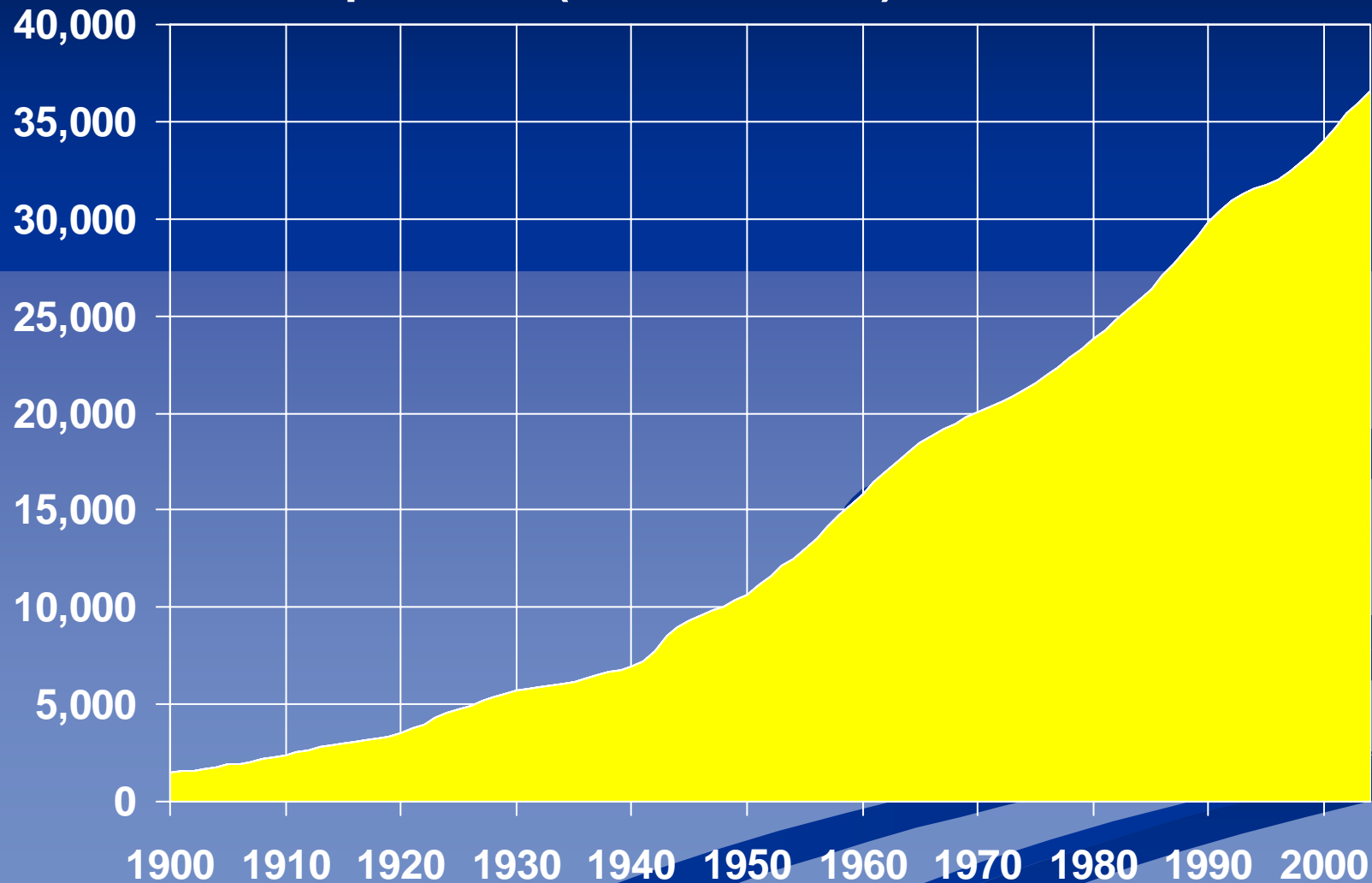
Demographic Trends: Increasing Diversity



Source: U.S. Census Bureau

California's Population, 1990-2000

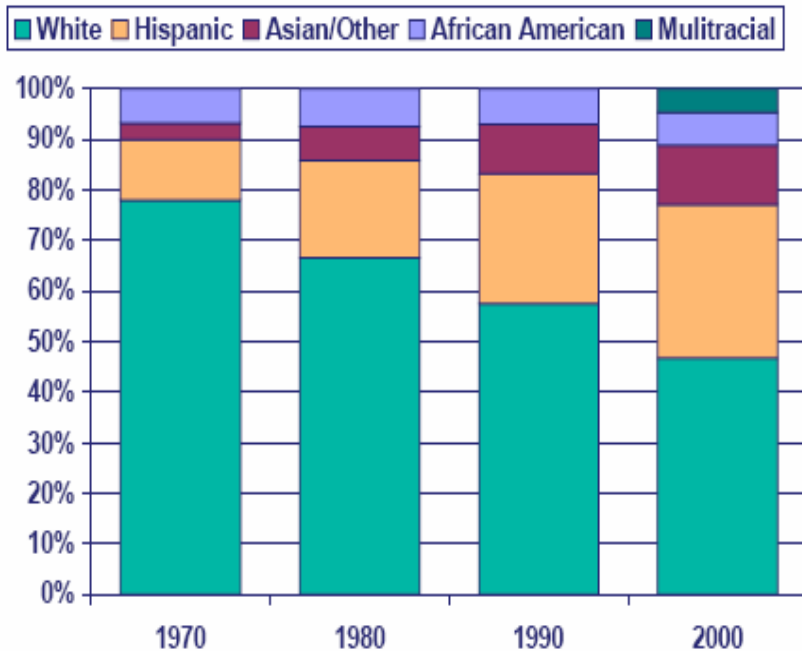
Population (in thousands) 1900-2004



Source: US Census Bureau, California Department of Finance

California's Population by Race and Ethnicity

Figure 2
Racial/Ethnic Composition of
California's Population, 1970-2000

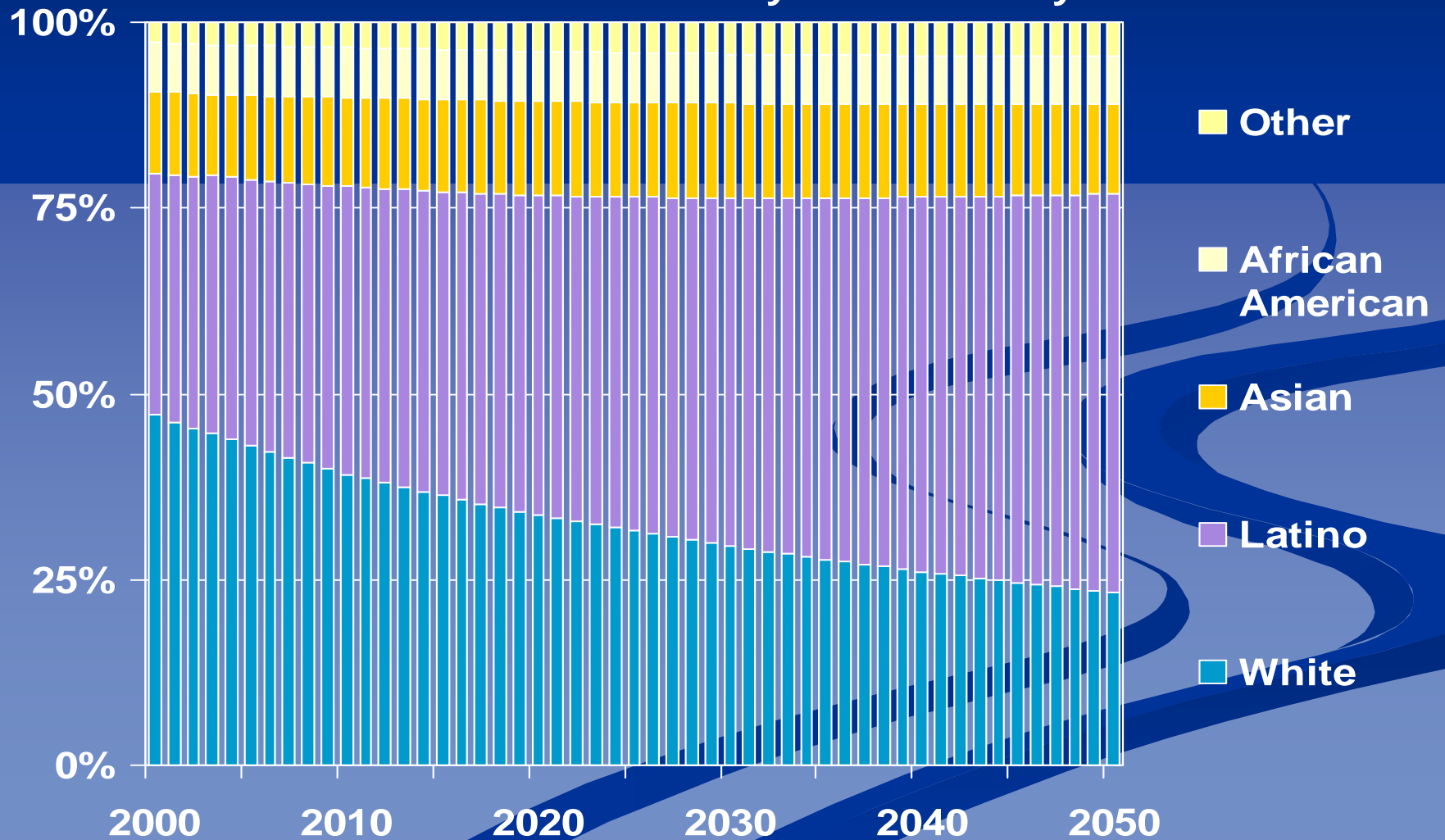


Source: Decennial censuses

- California leads the nation in diversity.
- As such, the state is challenged with a substantial leadership role in designing and maintaining services that achieve cultural and linguistic competency.

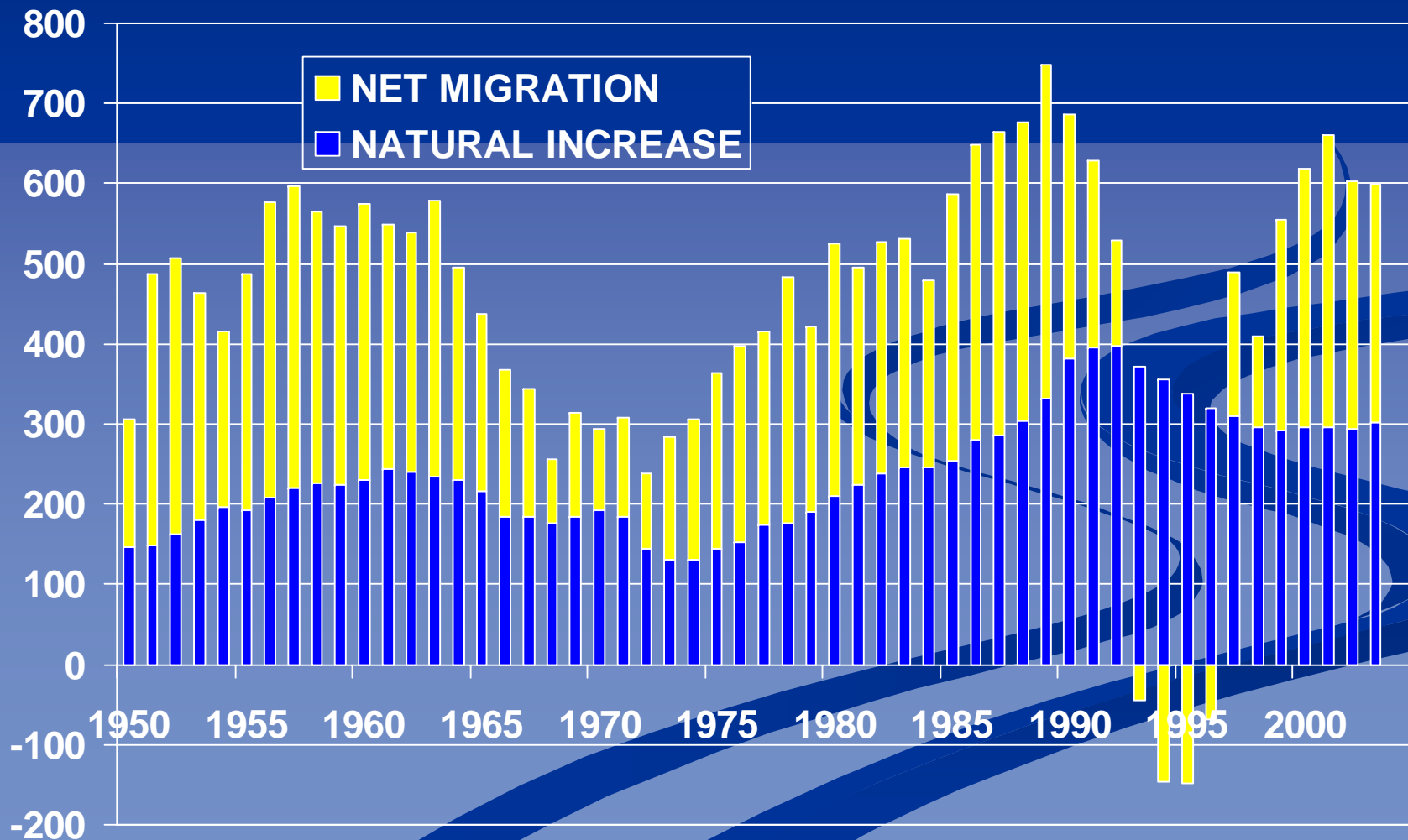
Latinos will become the single largest ethnic group

Percent distribution by race/ethnicity



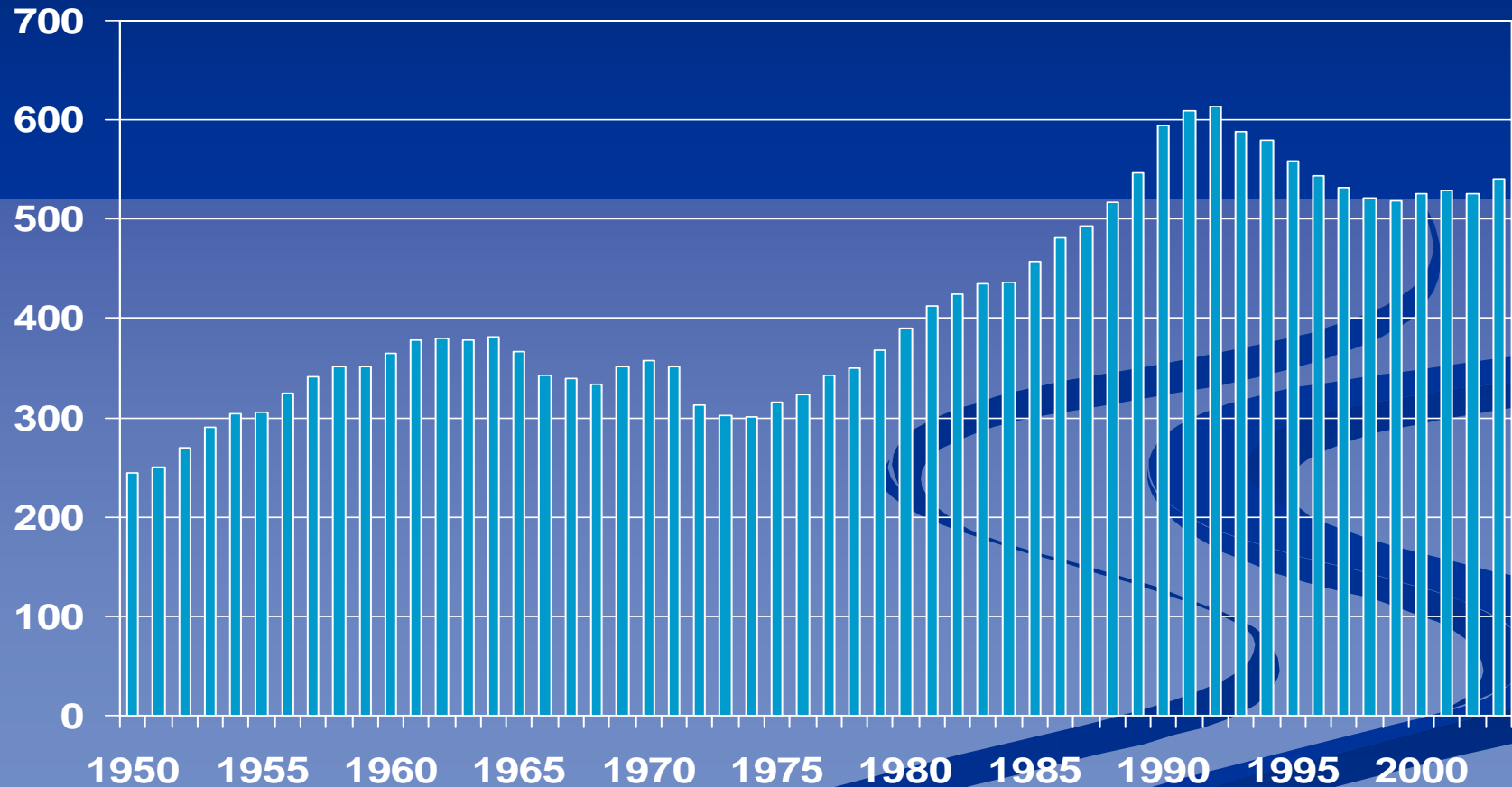
Source of Growth has Changed

Annual Population Change 1950-2003 (in thousands)



Births in California 1950-2000

In thousands



Hispanic Growth Surge Fueled by Births in U.S.

By D'VERA COHN
Washington Post Staff Writer

Hispanics accounted for about half the growth in the U.S. population since 2000, according to a Census Bureau report to be released today that indicates the nation's largest minority group is increasing its presence even faster than in the previous decade.

In another contrast to the 1990s, births have overtaken immigration this decade as the largest source of Hispanic growth.

The new census figures paint a portrait of a Hispanic population dominated by the young. Half are

Hispanics accounted for

49%

(6,015,692 Hispanics)

of the nation's population growth from 2000 to 2004, according to the U.S. Census Bureau.

"It's going to have profound effects on America. They are no longer regionally concentrated in

York" said Harry P. Pachon, presi-

Source: The Washington Post, June 5, 2005



Mental Disorders in Youth

- Prevalence: 1 in 10 youth has a serious emotional disorder;
- Of youth with serious emotional disorders, 50% drop out of school, more than any other disability;
- 9% of adolescents, age 12-17, experienced at least one major depressive episode in past year (2004);
- Adolescents who experience a MDE were more than twice as likely to have used illicit drugs than their peers (2004).

Youth Suicide

- 3rd leading cause of death among adolescents;
- Among 15-18 yr olds: 11 suicides each day;
- 17-19% think about killing themselves; 5-8% make attempt;
- Among Latino girls, 1 in 5 make suicide attempt;
- States spend over \$1 billion on medical costs associated with suicides and suicide attempts by youth under age 20.

Trauma, Depression, and Drug Dependence

Ages 12-17:

- 16% boys, 19% girls met criteria for one of the disorders
- 4% boys, >6% girls – PTSD
- 8.2% boys, 6.2% girls drug use and addictions
- 7.4% boys, 14% girls – major depression

Selected Findings: A Public Health Crisis in Mental Health

- 20% adults/children have a mental health problem
 - 1 in 10 youth has a serious emotional disorder
- 9% of adolescents, age 12-17, experienced at least one major depressive episode in past year (2004); Those who experience a MDE were more than twice as likely to have used illicit drugs (2004).
- Suicide: ~30,000 a year (80/day)
 - ~40% had contact with primary care provider within the last month
 - Adolescents 15-18y/o: 3rd leading cause of death; 11 suicides each day; 17-19% think about killing themselves; 5-8% make attempt; only 1/3 get treatment; among Latino girls, 1 in 5 make suicide attempt.

YET,

- Only half of individuals with serious mental illness get treatment, services or supports; access to care is worse for ethnic minorities

Outcomes Start Poor

- Young children with “challenging behavior”/social and emotional problems
 - Experience greater rates of early school failure;
 - Poor relationships with teachers;
 - Academic learning skills unrecognized;
 - Typically STILL do not get appropriate help until 4th grade (Knitzer, 1982, 1992)

Outcomes **Stay** Poor

- In high school, students with SED least likely to:
 - Get A's & B's (28%)
 - Adjust well socially (41% Low social skills)
 - STAY IN SCHOOL (72% suspended or expelled)
 - Avoid juvenile justice (over one-third arrested)

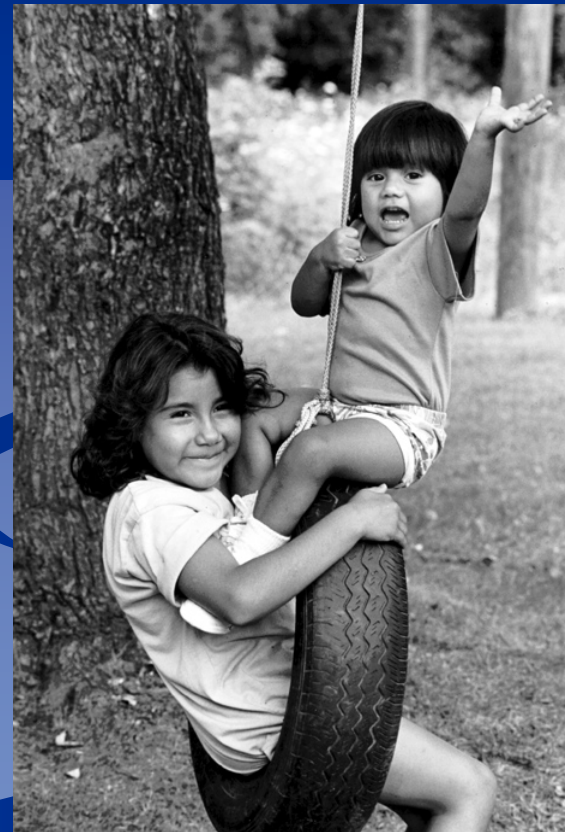
Selected Findings for Children



- Of children with serious emotional/behavioral disorders: ~50% drop-out of high school (compared to 30% of students with other disabilities)
- Youth entering Juvenile Justice: ~66-75% have serious emotional problems (Coalition on Juvenile Justice; Teplin)
- 1/3 children in mental health system have a co-occurring disorder (~age 11; ~age 17-18 SA)

Selected Findings for Children

- ~500,000 children in foster care: estimates up to 40-80% have emotional/behavioral and/or substance abuse problem;
 - 44% < 5 yrs old;
 - highest % of < 1yrs olds are Latino;
 - of Latino youth in foster care, 57% < 5yrs old



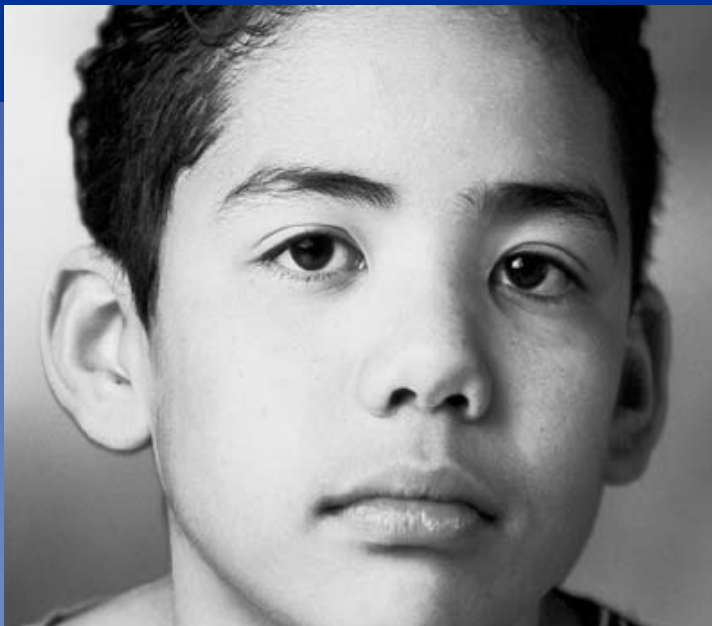
Source: The AFCARS Report: Preliminary FY 2001 Estimates as of March 2003. Washington, D.C., DHHS, 2003. (latest federal statistics on foster care supplied by the states for the Adoption and Foster Care Analysis and Reporting System; Zero to Three)

Disparities for Children of Diverse Racial and Ethnic Groups



- African American and Latino youth identified/referred at same rates as general population, but less likely to receive specialty mental health or meds (*Kelleher, 2000*)
- African American and Latino children have highest rates of unmet need (*Sturm, 2000*)
- Asian American and Latino female teens have highest rates of depression (*The Commonwealth Fund, 1997*)

Disparities for Children of Diverse Racial and Ethnic Groups



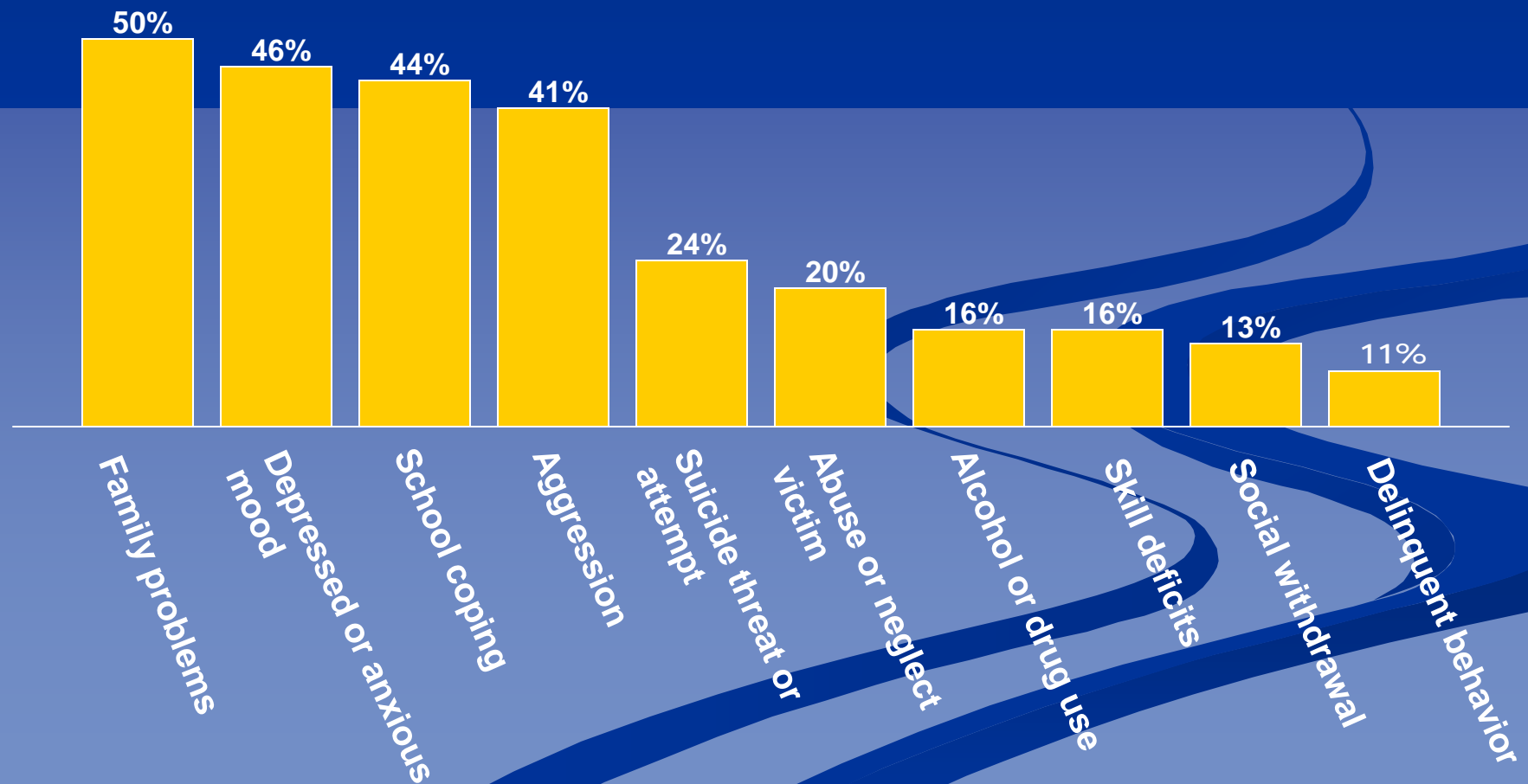
- Minority children tend to receive mental health services through juvenile justice and child welfare systems more often than through schools or mental health setting (*Alegria, 2000*)
- In child welfare, minority youth have poorer outcomes, fewer services, less likely to have plans for family contact and more likely to be in out-of-home placements (*Courtney et al, 1996*).

Rural Disparities



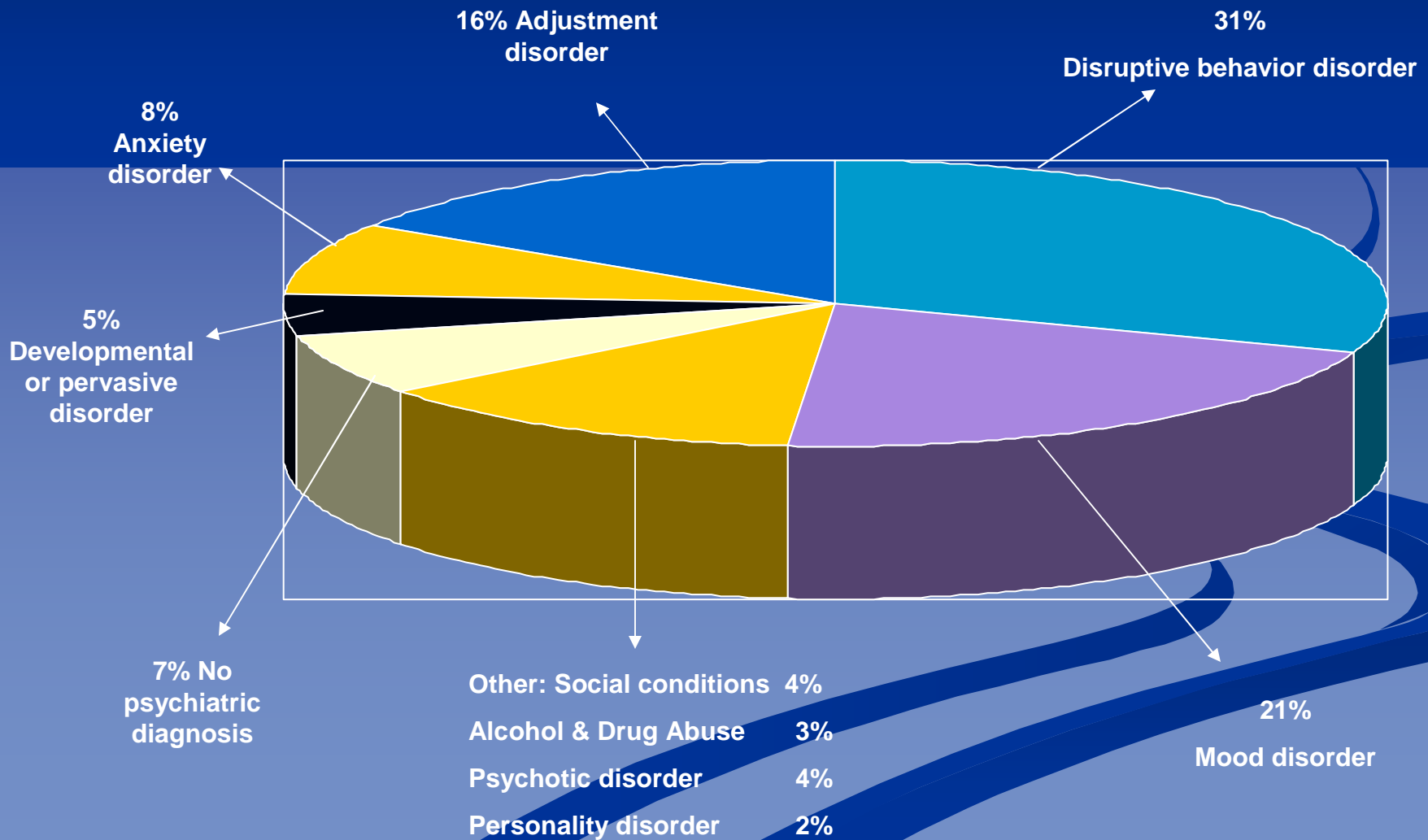
- Rates of mental disorders are similar between rural and urban youth, although limited sampling in rural America
- Exception: Rural adolescents have higher rate of suicide than urban counterparts
- Significantly higher rate among Native American youth
- Child poverty higher in rural areas; children of color at-risk with 46% African American, 43% Native American and 41% Latino rural children in poverty

Presenting Problems of Youth Admitted to MH Services: 1997



Source: Update, www.ihcpar.rutgers.edu, 2002

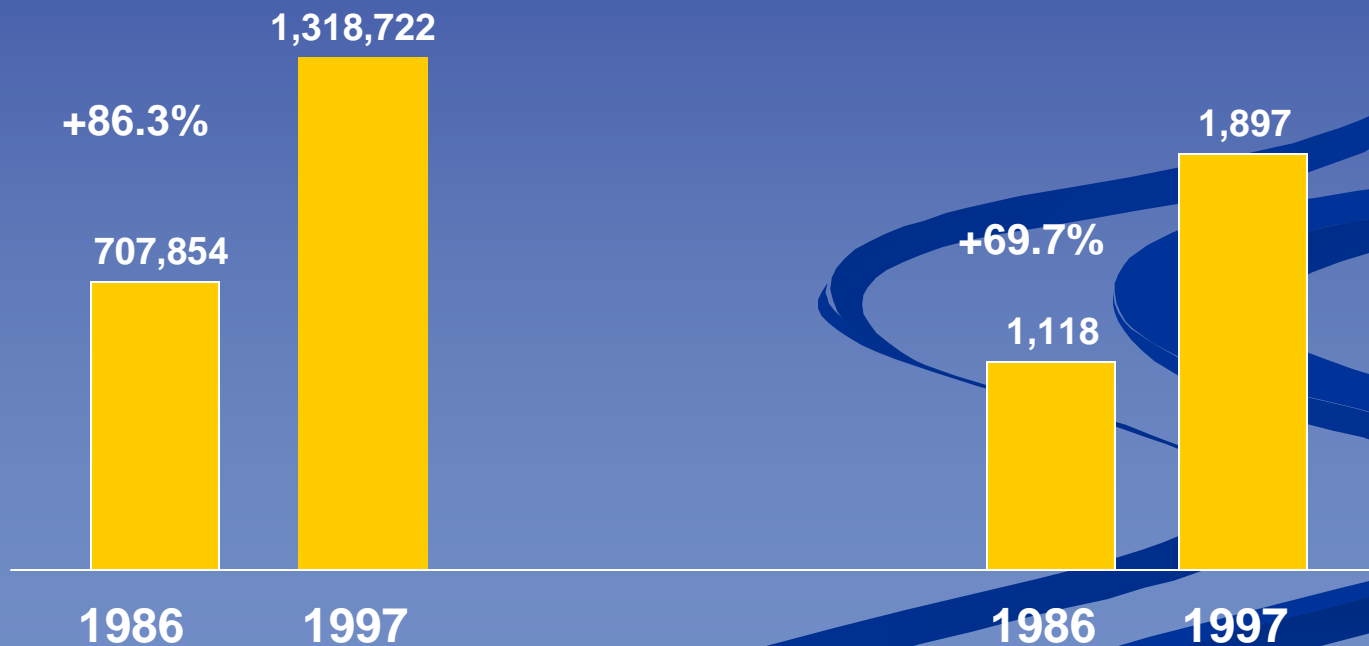
Prevalence of Psychiatric Diagnoses of Youth Admitted for MH Services: 1997



Children's Use of Mental Health Services

Number of Youth Admitted for Mental Health Service in the US.

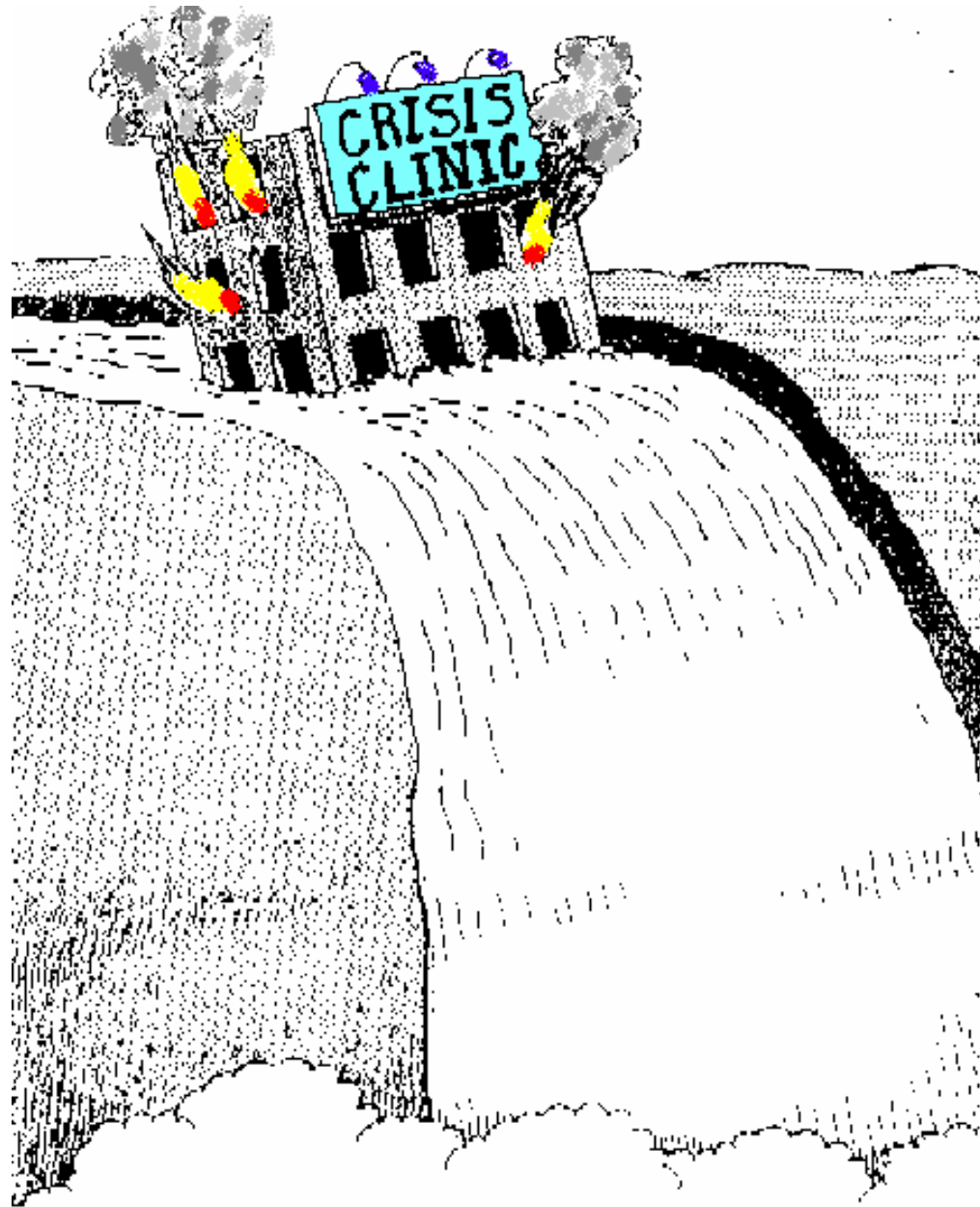
Cases of Mental Health Service Use per 100,000 US Youth Population



Source: Inpatient & Outpatient MH Clinic Services Only, Dept. HHS, Rutgers Univ., Annie Case Foundation, 2002

Unmet Need: What is Wrong with this Picture?

- 1982: *Unclaimed Children* estimated that less than 20% of children in need of services got them (Knitzer)
- 2002: Fewer than 21% of children in need of mental health services received them (Kataoka)



The Need is More Acute by:

- AGE: Young children
 - Estimates 17% have diagnosable disorders, 1-2% identified; 10% problem behaviors; 3 times as much in low-income communities.
- RACE/ETHNICITY: Prevalence rates are similar, BUT children of color less likely to access care and STILL overrepresented in deep-end settings (i.e., African American and Latino children are still more likely than their white counterparts to end up in the most intensive care settings, to underutilize certain services, and to achieve poor outcomes).

The Need More is Acute by:

- **SETTING**

- Child welfare (50% need, 15% served: for young children, 1/3 need, 7% served; Burns, 2004);
- Juvenile Justice (65-70% prevalence)
- Schools (44% of EBD served thru schools; Bradley et al., 2004)

- **PLACE:** rural areas particularly underserved **STILL**

When Ethnic Minorities Use Services...


- Latinos are more likely than Non-Hispanic Whites to terminate treatment prematurely, with as many as 60–75% of Latinos dropping out after just one session.
- Given that Latino youth represent an underserved population, research is needed to identify factors that promote their retention in treatment.

Implications for Services and Supports

Programs for children who have serious emotional disturbances need to address the unique cultural characteristics of these children, their families, and their communities.

Source: Horwitz, Hoagwood, Stiffman, et al., 2001

**How can we transform
services and supports to
prevent high risk behaviors
and improve outcomes
in youth?**

The background is a solid dark blue at the top, transitioning to a lighter blue at the bottom. On the right side, there are several thick, wavy, dark blue lines that create a sense of movement and depth, resembling a stylized river or a series of overlapping waves.

Transforming Principles

- Urgency for promotion, prevention, and early intervention
- A focus on Recovery, Resilience, and Strengthening youth and their families:
 - stems from connections in families, schools, communities
- Sense of connectedness protects against engagement in high risk behaviors
- Reducing disparities
- Strengthening community coalitions
- Using what works
- Technology in service to quality care

The Role of Prevention and Early Intervention

- Health care is not the primary determinant of health outcomes (the most important determinant is environmental conditions, followed by lifestyle);
- Improving health care access is only part of the solution to improving health outcomes and reducing health disparities;
- There are three reasons why improving access to quality health care alone will not eliminate disparities:
 1. Health care treats one person at a time;
 2. Health interventions often come late;
 3. Health care is usually sought after people are sick.

A Framework Toward Positive Outcomes for ALL Youth

- Public spending should be consistent with the best science
- Identify the issues and build on the strengths;
- Bring diverse partners to the table;
- Engage in shared, strategic planning involving communities;
- Identify interventions that are culturally and linguistically effective and implementation strategies;
- Evaluate the effort and use the data to continuously improve the strategies.
- Invest in prevention and early intervention in addition to mental health services

Recommendations for Action

- Research is needed to ascertain differences in outcomes, if any, for persons belonging to different racial, ethnic, and cultural groups
- Work on modifications or adaptations that may be needed to enhance the effectiveness of specific evidence-based programs within these groups.
- Investigate factors that contribute to consumer and practitioner access to evidence-based programs and the extent to which these factors differ across racial, ethnic, and cultural groups and design strategies to increase access accordingly.

**“We shall have all of eternity in which to rest. Now, let us work” –
FOR THEIR SAKE AND OURS**





¡Gracias, Roberto!