Digging Out
Addressing Disparities in Children’s Mental Health

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Racial and Ethnic Disparities

“Differences in the quality of healthcare that are not due to access related factors or clinical needs, preferences, and appropriateness of intervention.”

Children’s Defense Fund 2004
Each Day in America Among White Children

- 3 children or teens are killed by firearms
- 99 children are arrested for violent crimes
- 139 babies are born to mothers who receive late or no pre-natal care
- 268 children are arrested for drug abuse
- 496 babies are born to teen mothers
- 762 babies are born into poverty

Children’s Defense Fund 2004
Each Day in America Among White Children

- 994 public school students are corporally punished
- 1,448 babies are born to unmarried mothers
- 3,175 children are arrested
- 8,024 public school students are suspended

Children’s Defense Fund 2004
Each Day in America Among Black Children

- 3 children or teens are killed by firearms
- 78 children are arrested for violent crimes
- 91 children are arrested for drug abuse
- 98 babies are born to mothers who received late or no prenatal care
- 293 babies are born to teen mothers

Children’s Defense Fund 2004
Each Day in American Among Black Children

- 659 babies are born into poverty
- 1,109 babies are born to unmarried mothers
- 1,139 children are arrested
- 5,888 public school students are suspended
Family Structure

- 9 million African American families in the United States
- On average larger - 65% had 3 or more children compared to 54% of white families
- Only 38% living with 2 parents - leaving approximately 62% in single parent homes

National Center for Children in Poverty, 2005
Family Structure

- 60% of African American children live in low income/poverty - 6 million children compared to 26% of white children - 10.9 million

- 92% in single parent homes headed by women compared to 69% of single white female headed homes

National Center for Children in Poverty, 2005
African American Communities

- 53% of African Americans live in the south
- Most live in segregated poor neighborhoods
- Children and youth in these environments are often exposed to violence
- They attend substandard schools
- They suffer disproportionately from abuse and neglect
- They experience fewer opportunities for safe, organized recreation

Surgeon General’s Report 1999
Children and Mental Health
The mental health of children is so important to their future success and happiness as adults.
Mental health is a “state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity”

It is essential and fundamental to one’s overall health status.

Children’s Mental Illness
Serious Emotional Disturbance (SED)

Children and Adolescents from birth up to age eighteen years who currently have, or at anytime during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified in DSM-IV-TR.
The burden of suffering of children with mental disorders is significant.
Students with SED

- Fail more classes
- Miss more days of school
- Have lower grades
- Are retained at the same grade level
- Drop out more frequently
- Have a lower graduation rate
- Have higher drop out rates than other students with disabilities

• They do not have the necessary preparation and skills for coping with life and their disorder when they leave school

• A national study found that over 70% of youth with SED have been arrested for criminal activity within 5 years of leaving school

Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) estimates that 7% of children under 18 have a SED--that is almost 100,000 children in Tennessee.
Snapshot

Children with Serious Emotional Disturbance

Nashville Connection Data Highlights
Nashville Connection Data
Nashville Connection Data

- 61% of children live in single-parent homes
- 68% of the children were living at or below the Federal Poverty level (adjusted for 2004)
- 84% identified at least one family risk factor
- 30% had previous psychiatric hospitalization
- Average age: 10.7 years at enrollment
Nashville Connection Data

- 56% African American
- 50% ADHD
- 76% taking medication for emotional/behavioral problems
- 57% are identified as also having learning disabilities
- 72% of the children have experienced school suspensions (4% expulsions)
Suicide: A Disparity?

- Suicide is the third leading cause of death for Tennessee adolescents and young adults ages 15-24
- In 2003 there were 32 suicides in Tennessee in ages 10-19

Tennessee Department of Health
Office of Policy, Planning
Assessment Division of Health Statistics
Suicide

- Of the 32 suicides:
  - 30 were white
  - 1 was black
  - 1 race not stated
• Make the public aware of Children’s mental health issues
• Reduce stigma associated with mental illness
• Speed up the development, dissemination and implementation of empirically derived EBP (Evidence Based Practice) prevention and treatment services that are population specific

• Eliminate racial, ethnic, cultural and socio-economic disparities in access to mental healthcare services

• Improve the infrastructure for providing children’s mental healthcare services

• Increase access to and coordination of EBP mental healthcare services to all children in Tennessee and their families

• Increase number of providers, with an emphasis on providers of color
• Move ideas of cultural competence to a higher level of knowledge informed by qualitative and quantitative data
Providing Care to Diverse Populations

By 2050 children of color will account for the greatest growth and will make up approximately 40% of the youth population under 18.

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

Martin Luther King, Jr.
At the Second National Convention of the Medical Community for Human Rights
Chicago, March 25, 1966