

**CHILDREN, YOUTH & FAMILY CONSORTIUM**

Children and Youth Mental Health and Educational Attainment

Michael Golden, MPH***Consortium Connections, Fall 2009***

The foundations of many mental health problems that present in adults are influenced or established early in life through an interaction of biological and genetic factors and adverse psychosocial childhood experiences. According to numerous research studies and a 2007 report from the Center for the Developing Child at Harvard University¹, early life adversity such as persistent poverty, poor child care, abuse or neglect, and dangerous neighborhood conditions can damage the architecture of the developing brain and increase the likelihood of significant mental health problems. Further, a lack of access to quality services to address mental health complications in the young population may limit their progression through the educational system and set the stage for future health disparities.

It is estimated that one in five children in the U.S. has a diagnosable mental disorder, and one in ten youth has a severe mental health problem that can impair how they function at home, school, or in their community. Further, a growing body of evidence details that many children and youth in need of mental health services do not receive them, including the uninsured, children in the welfare system, and children with private and public health insurance. Research by Kataoka and colleagues in the September 2002 *American Journal of Psychiatry* details that approximately 75-80% of children and youth who were defined as needing mental health evaluation did not receive it². In this particular analysis, Latinos and the uninsured were found to have especially high rates of unmet needs compared to other children.

In addition to accessible mental health services, it is vital to consider if the appropriate types of services are offered. Current evidence suggests that a significant number of youth from minority populations disproportionately utilize emergency and crisis mental health services compared to their peers. Emergency and crisis services are not considered quality care for children because these types of services do not provide access to all necessary treatments; promote extended monitoring of conditions, nor continuity of care.

In the January 2008 *American Journal of Public Health*, Snowden and colleagues³ examined the rates and intensity of crisis service use by race and ethnicity for 351,174 children who received mental health care from California's county public mental health systems between 1998 and 2001. African American children were more likely than White children to use crisis care and made more repeat visits to hospital-based crisis stabilization services after initial use. Asian American/Pacific



Islander and American Indian/Alaska Native children were more likely than were White children to use hospital-based crisis stabilization, and visited only when they experienced the most disruptive and troubling kind of crises.

Referring to African Americans in a 2001 report on mental health, the Surgeon General asserted that “Mental health care occurs relatively frequently in emergency rooms and psychiatric hospitals. These settings and patterns of treatment undermine delivery of high-quality mental health care.”⁴ Snowden and colleagues’ research along with similar studies highlight opportunities to provide better access to outpatient treatment for specific populations, and new culturally-specific strategies to respond to mental health problems before they reach crisis level.

Mental health problems in early childhood can directly impact learning and behavior for life, and the role education plays on individual health is undeniable. A 2009 issue brief on education and health from the Robert Wood Johnson Foundation’s Commission to Build a Healthier America⁵ describes the nation’s current low educational attainment rates and details that: 1) education can lead to improved health by increasing health knowledge and healthy behaviors; 2) greater educational attainment leads to better employment opportunities and higher income, which are linked with better health; and 3) education is linked with social and psychological factors that affect health, including sense of control, social standing, and social support. Educational attainment is extremely vital to individuals, their communities, and the nation as a whole. Addressing these issues related to the intersection of educational and mental health disparities provides an opportunity to foster greater capacity for current and future generations to come.



IN SUMMARY:

- Early life adversity can damage the architecture of the developing brain and increase the likelihood of significant mental health problems, many of which develop later in life;
- Many children and youth in need of mental health services do not receive them;
- A significant number of youth from minority populations disproportionately utilize emergency and crisis mental health services compared to other children;
- Improved access to mental health consultation, evaluation, and other services are needed with special competence in cultural differences in attitudes and beliefs about behavior and mental health.



REFERENCES

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- ³ Snowden, L.R., Masland, M.C., Libby A.M., Wallace, N., and Fawley, K. (2008). Racial/ Ethnic Minority Children's Use of Psychiatric Emergency Care in California's Public Mental Health System. *American Journal of Public Health*, 98, 118-124.
- ⁴ U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- ⁵ Egerter, S., Braveman, P., Sadegh-Nobari, T., Grossman-Kahn, R., Dekker, M. (2009). Robert Wood Johnson Foundation; Commission to Build a Healthier America. Issue Brief 6: Education and Health. Retrieved from <http://www.commissiononhealth.org/>