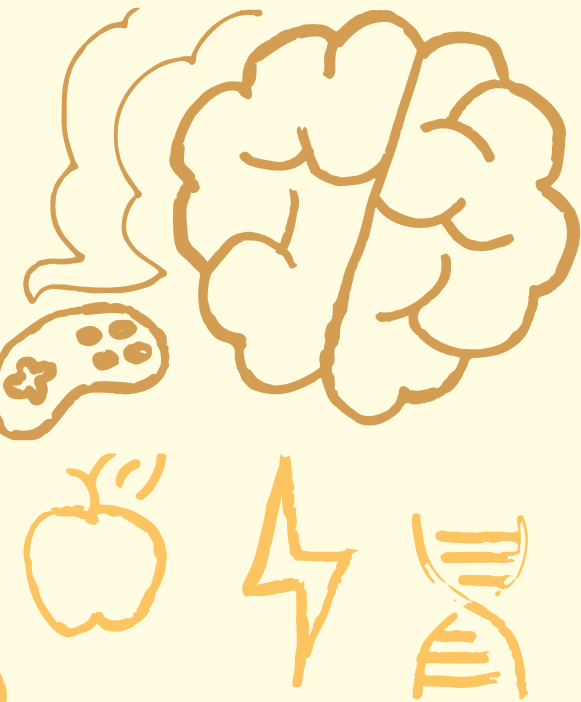# Promoting Positive Mental Health Among Racial/Ethnic Minority Children: *Ensuring and Enhancing Services, Programs, and Resources*

One way to think of the mental health of children is that it's like the levelness of a piece of furniture, such as a table. And that levelness can depend on the table, the floor it's on, or both. Just as levelness allows a table to function properly, the mental health of a child enables the child to function well in many different areas. Some children's brains develop in the context of healthy, supportive relationships, with access to things like good nutrition and health care (level floors). For other children, their brains develop in an environment of toxic stress without access to key services, programs, and resources (uneven floors). And children's brains, like tables, can't make themselves level; they need access to services, programs, and resources that address levelness and stability. Presently, not all children are connected to high-quality services, programs, or resources that foster healthy environments. This is especially the case for racial and ethnic minority youth, including African American/ Black and Hispanic/Latino(a) youth.

Research reported in this document primarily includes research conducted with racial/ethnic minority children who are African American and Hispanic/Latino(a). We specifically indicate when research on other racial/ethnic minority groups is referenced.

Racial/Ethnic Disparities *in* Use *of* Mental Health Services

African American and Hispanic/Latino(a) children have **1.5–3 times** greater odds of having an unmet mental health need than White children.
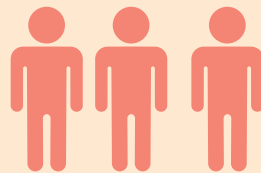
Odds of having an unmet mental health need

African American	White

Hispanic/Latino(a)	White

Note. Adapted from "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status," by S. H. Kataoka, L. Zhang, and K. Wells, 2002, *American Journal of Psychiatry, 159*, p. 1552. Copyright 2002 by the American Psychiatric Association.

The Stories of Maria and Elaine
Achieving access to quality mental health services and programs is substantially more difficult for youths who are from racial/ethnic minority groups. Consider the following stories of Maria and Elaine, two 13-year-old girls who experience depression for the first time.

Maria is the middle child in a close-knit Mexican American family in which Spanish is primarily spoken in the home. She lives with her mother, father, and two brothers. Maria's teachers recently began to notice that she is irritable, has begun to isolate herself from her classmates, and her grades have declined. Maria recently began to complain about classmates' insults related to her family's immigration from Mexico. Maria's teachers suggested that she be evaluated by a mental health professional. Maria's mother agrees that something needs to be done. However, Maria's father, who recently lost his job, thinks all will be well when he finds employment and can provide for his family again. Maria's mother nevertheless tried to locate a mental health professional who could help. But the only locations that accept her insurance with providers who speak Spanish have a long waitlist, and some places never return the family's phone calls to request services. Maria goes two months without receiving any mental health services, and her depression worsens.

Elaine is from a White family and also lives with her mother and father and has two siblings. English is the language spoken in her home. When Elaine's teachers noticed that she was becoming irritable, not interacting with her friends, and her grades were declining, they suggested that Elaine's parents allow her to see the mental health professional who comes to her school once per week. Elaine's parents agreed that this would be a good idea, since Elaine's father was recently laid off. However, Elaine did not want her classmates to find out that she was seeing a therapist and requested that her parents find someone outside of the school to help her. Elaine's mother was able to find a therapist who could provide counseling in a private practice setting, and Elaine's depression improved after attending counseling for two months.

These stories highlight common differences in access to mental health services, programs, and resources among racial/ethnic minority youth.

How to Promote Healthy Environments for Positive Mental Health in Racial/Ethnic Minority Children

Deliver Mental Health Services and Programs That Address Salient Contextual Factors

· **Address discrimination, acculturation, and immigration.** Perceived discrimination among racial and ethnic minority youths and acculturation among youths who are recent immigrants contribute to mental health functioning. Mental health services and programs that address discrimination, acculturation, and immigration are important to promoting the positive mental health of racial and ethnic minority youth.

· **Address the stigma of mental health conditions and services.** Stigma related to mental health conditions and services is a major barrier to the use of mental health services and programs in racial/ethnic minority communities. Programs that reduce stigma should be implemented, especially those that include testimonials of individuals who have used mental health services.

· **Increase the number of ethnic/racial minorities who provide mental health services.** Racial and ethnic minority families often prefer to have a mental health service provider of their own race/ethnicity. Mental health services and programs with a diverse workforce may be viewed more favorably by racial and ethnic minority youths and their families. Intentional recruitment of racial and ethnic minorities and mentoring programs are successful strategies that can increase the diversity of the workforce.
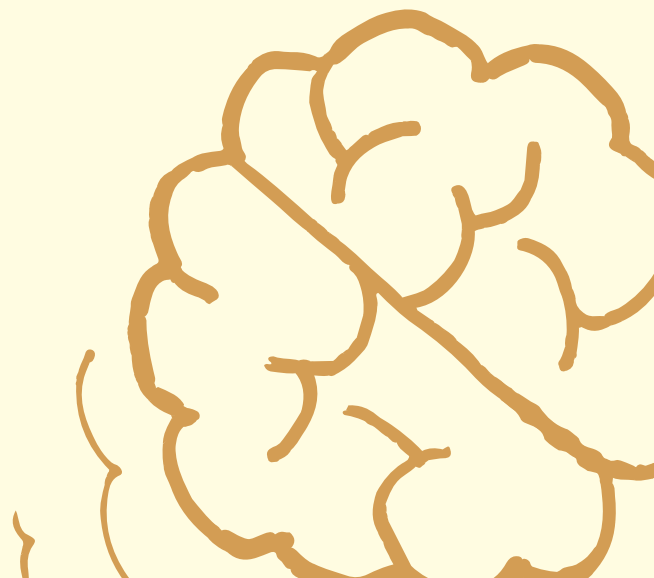
Implement Programs That Support Positive Family Functioning

· **Increase the number of parent education programs to buffer the effects of childhood adversities.**
Childhood adversities can have more impact on racial/ethnic minority youths. A large body of research demonstrates the effectiveness of parent education programs to protect against childhood adversities and improve children's mental health. Components of effective parent education programs for racial/ethnic minority youth, including African American, Hispanic/Latino(a), Native American, and Asian youth, consist of:*

   — Written materials that have been translated into native languages

   — Bilingual and bicultural staff and clinicians or translators when content is presented in English

   — Cultural competency training specific to race/ethnicity for staff and clinicians

   — Program content that includes culture-specific examples, vignettes, and visuals

   — Involvement of respected community agencies and trusted cultural brokers

   — Follow-up to provide support, reinforce information learned, and clarify any misunderstandings

   * Navsaria, N., & Hong, J. (2016). Prevention in early childhood: Models of parenting intervention among immigrants. In M. Israelashvili & J. L. Romano (Eds.), *Cambridge handbook of international prevention science* (pp. 380–407). New York, NY: Cambridge University Press.

· **Increase the number of marriage and relationship enhancement programs and parent access and visitation programs.**
A significant percentage of racial/ethnic minority youth are living in single-parent households. Programs that enhance marriages and coparenting can prevent the occurrence of single parenting or protect against the potential negative mental health outcomes related to single parenting.

Deliver Programs to Buffer Against Disadvantages in Socioeconomic Status

A significant percentage of racial/ethnic minority youths live in disadvantaged neighborhoods or homes with low family socioeconomic status. Programs that directly improve the socioeconomic status of families or address neighborhood stressors that exist in disadvantaged neighborhoods, such as violence or poorer quality education or housing, can promote positive mental health in youth. High-quality early childhood programs, mental health consultation for early childhood programs, and school-based mental health services are examples of such programs.

Acknowledgments