Developing a Policy Brief on Child Mental Health Disparities to Promote Strategies for Advancing Equity among Racial/Ethnic Minority Youth

Ashley M. Butler, PhD[1];
Caryn R.R. Rodgers, PhD[2]

Research has identified a broad range of risk factors during early childhood that have neurobiological consequences and negatively affect children's mental health. Such risk factors disproportionately affect racial/ethnic minority youth. Disparities in children's mental health service use have also been documented for minority youth. Yet, compared with the focus on strategies to address health disparities (including mental health disparities) during adulthood, very little work has concentrated on addressing the roots of health disparities that occur in childhood. The purpose of this commentary is to describe the development and dissemination of a policy brief for policy advocates. The goal of this work is to help achieve the implementation of evidence-based programs, practices, and policies that target and modify risk factors to reduce disparities in child mental health burden. *Ethn Dis*. 2019;29(Suppl 2): 421-426; doi:10.18865/ed.29.S2.421.

Keywords: Mental Health; Children; Disparities; African American; Hispanic/Latino; Policy

[1] Baylor College of Medicine/Texas Children's Hospital; Houston, Texas
[2] Albert Einstein College of Medicine; New York, New York

Address correspondence to Ashley Butler, PhD; Baylor College of Medicine; 1102 Bates Street; Houston, Texas 77030; ambutler@bcm.edu

Introduction

The 2001 landmark supplement to the Surgeon General's report on mental health documented racial/ethnic disparities in the receipt of mental health services and in the quality of care.[1] Since this report, investigations have shown racial/ethnic minorities, specifically African Americans/Blacks and Hispanics, have equal or lower rates of mental health disorders in adulthood.[2-5] However, mental health conditions are more disabling, severe, and persistent among minority adults.[3,4] Such difficulty recovering from mental health conditions is influenced by disproportionate exposure to risk factors across the life course[6] and compounded by untreated and undertreated mental health conditions during childhood and adolescence.

Research has shown greater exposure to social risk factors for poor mental health, including poverty, food insecurity, and violence exposure,[7-9] among African American and Hispanic youth compared with non-Hispanic White youth. Moreover, pervasive disparities exist in mental health service use. For example: a) approximately 4% of African American youth receive specialty treatment for substance use disorders compared with 7% of non-Hispanic White youth; and b) only 10% and 17% of African American and Latino adolescents who are at-risk for depression, receive specialty mental health treatment, respectively, compared with 34% of non-Hispanic Whites.[10,11] Minority youth are also less likely to receive care in diverse sectors, such as school-based services and child welfare.[11-13] Overall, increased social risk factors and untreated and undertreated mental health conditions among minority youth contribute to costly and disproportionate rates of mental health severity, burden, and persistence among minority adults. Thus, mental health care disparities among youth is a critical problem that warrants redress.

Translating and disseminating evidence-based information for policy advocates in non-profit and governmental agencies is an important strategy to help reduce gaps in mental health status and care for minorities.[14] Policy advocates, along with other entities, help shape policy by urging actions among local, state, and national public official decision makers. Policy briefs are an efficient and familiar channel for disseminating information to policy advocates, who in turn, distribute the information to decision makers for policy or legislation development.

Policy briefs that address children's

mental health disparities provide a succinct summary of evidence-based practices or policy options for addressing risk factors for poor mental health and mental health care disparities. Major components include an overview of the mental health disparities in children and youth, a description of the importance of the health issue, and recommendations for policy actions or practices.[15,16] Notably, communications research indicated developers need to be selective about the information that is included, emphasized, and omitted in policy briefs that are designed to advance racial/ethnic health equity.[17]

This commentary describes our work in translating knowledge about racial/ethnic disparities in children's mental health services by creating and disseminating a policy brief for policy advocates in non-profit and governmental agencies.

Communications research has shown that Americans commonly use an individualistic cultural model to understand racial/ethnic disparities.[17] This individualistic cultural model triggers deficit thinking about racial/ethnic minority communities and assignment of individual attributes (eg, laziness) instead of structural/social factors, (eg, implicit biases among providers) as the primary cause of disparities. Furthermore, research has shown that Americans commonly use separate-fates thinking to understand health disparities.[17] The individualistic cultural model and separate-fates thinking contribute to assumptions that the negative consequences of health disparities do not have undesirable consequences for all groups, and disparities are unchangeable. These assumptions make it difficult to stimulate action to address children's mental health disparities. Further, such assumptions have strong implications for how to best frame policy briefs. Although our scan of health policy briefs indicated that many begin by describing the issue of disparities in health and disparities data, which we refer to as disparities-explicit, the Frameworks Institute[18] published an alternative strategy to re-frame communication on health inequalities, which we refer to as disparities-neutral.

The Frameworks Institute's recommendations, when applied to children's mental health, include: 1) begin with a value that counteracts separate-fate thinking (such as "Opportunity For All," which means ensuring equal opportunity to mental health services, resources, and programs for all[18]); 2) use language that explains (instead of describes) how social/structural factors contribute to mental health outcomes; and 3) present data on mental health care disparities after the value is presented to cue structural interpretations of disparities data (ie, explanations that social risk factors and access to mental health services contribute to disparities).[17] These recommendations provide a foundation for developing more effective policy briefs. Obtaining formative data from health policy advocates can ensure receptivity of translated information.

This commentary describes our work in translating knowledge about racial/ethnic disparities in children's mental health services by creating and disseminating a policy brief for policy advocates in non-profit and governmental agencies. We also provide recommendations for future work to translate knowledge about disparities in children's mental health services for stakeholders.

Initiation of the Project

The first author was a member of the American Psychological Association (APA) Committee on Children, Youth, and Families (CYF) and the Collaborative Action for Child Health Equity (CACE) at Morehouse School of Medicine at the onset of the project. The CYF interacts with and makes recommendations to various parts of the APA's governing structure, to the APA's membership, and to relevant divisions and other groups (eg, nonprofit agencies). A goal of the CYF is to identify and disseminate knowledge concerning the psychological status of children, youth, and families for policy makers. At the time of this project, the CYF was conducting a project to translate and disseminate information from a research report on racial/ethnic disparities in children's mental health services published by the William T. Grant Foundation[19] for mental health practitioners. The goals of the CYF align with CACE.

CACE is supported by the NIH-funded Transdisciplinary Collaborative Center (TCC) at Morehouse School of Medicine. CACE members are from states involved in the Centers for Disease Control and Prevention's Racial and Ethnic Health Disparities Action Institute and Health and Human Services Region IV. A goal of CACE is to identify promising actions for early childhood policy formation and practice implementation to reduce health disparity gaps. The aligned focus on reducing inequities in children's mental health among the CYF and CACE provided a timely opportunity to utilize resources of both groups to translate research on children's mental health disparities and disseminate the information to policy makers. Thus, the CYF obtained grant support from the TCC CACE Policy Action Plan fund to translate and disseminate information from the research report on disparities in children's mental health published by the William T. Grant Foundation[19] for policy advocates.

The aims of our project were to: 1) obtain expert input on the framing of the policy brief; 2) assemble a workgroup to inform and develop the brief; and 3) disseminate the brief.

Input from Policy Advocates to Inform Framing of the Policy Brief

We recruited policy advocates from four non-profit agencies to obtain their perspectives on two policy brief outlines to determine the receptivity of a disparities-explicit or disparities-neutral information on children's mental health disparities. The disparities-explicit frame began by describing disparities in children's mental health services and identified marginalization and structural racism as factors that contribute to disproportionate risk factors for poor mental health outcomes among minority youth and inadequate implementation of evidence-based policies. The disparities-neutral frame was based on the FrameWorks Institute's suggestions for beginning communication with the values of "Ingenuity" and "Opportunity for All."[18] The disparities-neutral frame indicated that innovative communities have designed high-quality programs for children and there is a need to ensure that all children have access to effective programs and services that strengthen opportunity in our country. One sentence indicated that minority children have lower access to programs and services. End sections for both the disparities-explicit and disparities-neutral outlines were identical. They listed policy and practice recommendations to promote positive mental health among racial/ethnic minority children based on information included in the William T. Grant Foundation Report.[19]

Table 1. Formative interview questions with policy advocates

Reactions to "disparities-explicit" framing
Describe your reactions to the document that starts with "Eliminating disparities"
What did you like about the information?
What didn't you like?
Is there anything else that should be included in the summary paragraph at the beginning of the document?
Reactions to "disparities-neutral" framing
Describe your reactions to the document that starts with "Innovative Communities"
What did you like about the information?
What didn't you like?
Is there anything else that should be included in the summary paragraph at the beginning of the document?
Which outline do you think would be best for developing a brief on child mental health disparities for policy makers?
Why?

The CACE policy director invited 15 policy advocates from diverse organizations to participate in a telephone interview to discuss the two outlines. Eight advocates agreed to participate. All advocates were female. Two were African American/Black, two were Hispanic/Latino/a, and four were non-Hispanic White. Three advocates held leadership roles within their organization (eg, executive director) and all others were in non-leadership roles (eg, child wellness expert). All advocates reported that they obtained one or more graduate degree. We conducted 30-minute interviews separately with eight advocates. Advocates were entered into a drawing to receive a $50 gift card at the end of the study as an incentive for participation. The Baylor College of Medicine Institutional Review Board approved the interview procedures. Qualitative interview questions can be found in Table 1.

Results indicated 8 of the 8 advocates preferred the disparities-neutral framed outline. Two primary themes that emerged across the interviews were a preference for the disparities-

neutral frame because it began: a) with a value that is beneficial and important across diverse stakeholders: "…*I think their minds might turn off if all they hear about are, "Here's what's wrong." Instead of hearing why it's important. Like I said, in a way that appeals to their values.";* and b) with a positive tone "... *but for some reason this one gave me a more positive feeling as I read it. It wasn't full of—it had more hope."* All except one of the policy advocates suggested including information about disparities. However, when asked about where and what type of information should be included, they were uncertain. Table 2 provides additional quotes reflecting the two primary themes of the interviews.

Workgroup to Develop the Policy Brief

We formed a workgroup of psychologists to develop the brief based on the disparities-neutral frame. The APA staff liaison of the CYF emailed interested psychologists of APA's committees and divisions to apply for participation in the workgroup. After reviewing relevant peer-reviewed publications and grant funding, members of the CYF selected a group of six psychologists (3 females, 3 males) with expertise in mental health research with different racial/ethnic minority groups (African American, Hispanic/Latino, Asian, and American Indian) of children and youth. They represented the following subfields: clinical, counseling, and educational psychology.

Four, one-hour group phone calls were conducted with workgroup members to determine the structure and content of the brief. The initial phone call oriented the workgroup members to the history of the project to date and discussed findings from the formative interviews with policy advocates. Workgroup members were provided with resources from the FrameWorks Institute to increase their understanding of the approach to framing the brief. The first author facilitated the group calls and provided: 1) an agenda and 2) the most recent version of the brief to workgroup members prior to each call to form the discussions. During each call, workgroup members were prompted to provide suggestions for the structure and content of the brief. Disagreements between workgroup members were addressed with further discussion, and final decisions were determined by agreement among the majority of workgroup members. Workgroup members volunteered to write and/or modify sections of the brief at the end of each call.

Themes from interviews with policy advocates and The FrameWorks Institute suggested the need to begin the brief with values. However, workgroup members had concerns about this suggestion. They recommended including more obvious information about racial/ethnic disparities at the beginning of the document. Workgroup members agreed that this information was "hidden" and suggested ensuring the title focused on racial/ethnic minority children, and adding an illustration and narrative stories to describe racial/ethnic disparities in the receipt of services after the value was presented. Overall, a title that emphasized disparities was used but the opening paragraph focused on the value to reconcile the different suggestions provided by the workgroup, policy advocates, and FrameWorks Institute.

Secondly, the workgroup determined the need to begin the document by first orienting the reader to the focus on the broader issue of children's mental health, followed by an emphasis of the value of opportunity for all. Workgroup members noted a need to concentrate on children's mental health at the beginning of the document because of low public understanding of this broader topic. A suggested approach included beginning the document with a metaphor published by the FrameWorks Institute that was created to emphasize: a) positive mental health allows children to function well in many different areas of life; b) there are environmental factors that positively and negatively impact mental health; and c) resources, services, and programs can be implemented to modify children's environments to achieve positive mental health functioning.[20]

Finally, another area noted by the workgroup was the need to provide strategies that address social/structural factors that uniquely contribute to disparities, such as racial/ethnic discrimination, immigration, and low racial/ethnic diversity in the mental health workforce. These strategies were not discussed in the initial report published by the William T. Grant Foundation.[19]

Description of Policy Brief

The final version of the brief is a 4-page document divided into three sections. The title, Promoting Positive Mental Health among Racial/Ethnic Minority Children: Ensuring and Enhancing Services, Programs,

Table 2. Quotes from qualitative interviews with policy advocates

Preference for leading with common values instead of the problem
I do know that "a history of marginalization and institutional racism" would not be well received in our state. We would not use those words.
"…launching right into the problem might not grab people's attention as much as talking about the importance of … intervention. I think that policy makers, at least in my experience, they hear about a lotta problems rather than—and so I think their minds might turn off if all they hear about are, "Here's what's wrong." Instead of hearing why it's important. Like I said, in a way that appeals to their values."
"I think that I guess I liked the innovative communities' document just a little better. Because you do lead with the issue about as a society we need to invent, replicate more effective policies and programs. You are talking more about why is this important? Not just talking about why is this the problem?"
Preference for a positive tone
"I liked the one that began innovative communities better because it—I don't know if this is exactly the right way to say it, but the one that started with eliminating disparities seemed like it just jumped in. It talked about the problem, whereas the other one talked about what's—more of a positive start, I guess"
"Maybe it was just the way it was formatted, but I got a little bit lost in the reading at the beginning, and I thought there was a little bit of—…… I don't know, it focused on some negative aspects of it."
"It's focusing these are the reasons for disparities, and these are the risks. It was just a general gist of these are all the bad things that are happening. That was the first reaction that I had."
"Again, like I said, because of the way it was written and the words it chose, I think it appealed more to me and I really liked the concept of the fact—I liked that it started with the word innovative and so that gives me an idea of hope, that someone's been able to do this well, and so then I also liked the fact that it involved …... how we can fix this, so those were all things that struck me. Again, both of them probably say the same thing, but for some reason this one gave me a more positive feeling as I read it. It wasn't full of—it had more hope."

and Resources, was created using positive language and emphasized the focus on mental health of racial/ethnic minority children. As noted above, the first section of the document used metaphors of levelness and stability to emphasize: a) the importance of positive mental health for children's functioning; b) the multiple factors that contribute to children's mental health (supportive relationships, toxic stress); and c) the ability of high-quality programs, services, and resources to promote positive mental health. The second section addressed racial/ethnic disparities in access to mental health services. A figure was included that illustrated disparities in service use for African American and Hispanic youth. Stories of Hispanic and non-Hispanic White youth with depression are also included in this section to illustrate unique social factors that contribute to mental health functioning among minorities (eg, availability of services in Spanish and immigration-related stress). The stories also illustrated racial/ethnic differences in pathways to service. Finally, the third section briefly described strategies for addressing service disparities to promote the positive mental health of minority youth. Strategies from the William T. Grant Foundation report as well as additional strategies concentrated on social factors identified by workgroup members are included. The brief can be accessed at: https://www.apa.org/pi/families/resources/positive-mental-health.pdf.

Dissemination Plan

Dissemination of the policy brief is currently in progress, and is being led by the APA staff liaisons of the CYF. Currently, the policy brief is available on the CYF website and it has been disseminated to various APA divisions and committees via listservs and the APA Public Interest Newsletter. The brief was also sent to federal partners of the APA, including the Office of Minority Health, the Maternal and Child Health Bureau, Centers for Disease Control, and the US Department of Housing and Urban Development. We are currently developing a blog to describe the brief and strategies for communicating about children's mental health disparities to stakeholders. We are also working with the Communications Department at the APA to determine the potential of a social media campaign. Dissemination strategies are also being conducted by the TCC. The brief was sent through the TCC Network listserv, which consists of 565 contacts, and will be posted on the TCC website. We will conduct ongoing evaluation of the reach of our dissemination efforts including, ongoing assessment of the number of times the brief is downloaded and cited.

Conclusion

Racial/ethnic disparities in children's mental health services are pervasive and play a role in the troubling

rates of higher burden and severity of mental health conditions in adulthood. Policy briefs developed for policy advocates have potential to help advance policies and practices that can eliminate children's mental health care disparities. Novel approaches to creating policy briefs that lead with solution-focused language and include framing aligned with common US values could increase receptivity and support for policies across diverse stakeholders. In our experience, the workgroup that was formed to develop the brief had concerns about omitting disparities descriptive information in the brief. This concern was related to the possibility of reduced clarity about the purpose of the brief. Therefore, a hybrid approach was taken to create the brief. We included framing that aligned with a common US value at the beginning of the document, and information about disparities in the middle of the document. Future work that compares whether combined-framing or disparities-neutral framing is more beneficial for changing attitudes in support of strategies to eliminate disparities is warranted. It is our hope that this article encourages the consideration of message framing to create policy briefs or other communication tools to help translate information on health disparities.

Acknowledgments

The work reported in this publication was supported by the National Institutes of Health under award number (U54MD008173).

Conflict of Interest

No conflicts of interest to report.

Author Contributions

Research concept and design: Butler; Acquisition of data: Butler; Data analysis and interpretation: Butler, Rodgers; Manuscript draft: Butler, Rodgers; Acquisition of funding: Butler; Administrative: Butler, Rodgers; Supervision: Butler

References

1. Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD); 2001.
2. Gibbs TA, Okuda M, Oquendo MA, et al. Mental health of African Americans and Caribbean Blacks in the United States: results from the National Epidemiological Survey on Alcohol and Related Conditions. *Am J Public Health*. 2013;103(2):330-338. https://doi.org/10.2105/AJPH.2012.300891 PMID:23237171
3. Williams DR, González HM, Neighbors H, et al. Prevalence and distribution of major depressive disorder in African Americans, Caribbean Blacks, and non-Hispanic Whites: results from the National Survey of American Life. *Arch Gen Psychiatry*. 2007;64(3):305-315. https://doi.org/10.1001/archpsyc.64.3.305 PMID:17339519
4. Himle JA, Baser RE, Taylor RJ, Campbell RD, Jackson JS. Anxiety disorders among African Americans, Blacks of Caribbean descent, and non-Hispanic Whites in the United States. *J Anxiety Disord*. 2009;23(5):578-590. https://doi.org/10.1016/j.janxdis.2009.01.002 PMID:19231131
5. Breslau J, Aguilar-Gaxiola S, Kendler KS, Su M, Williams D, Kessler RC. Specifying race-ethnic differences in risk for psychiatric disorder in a USA national sample. *Psychol Med*. 2006;36(1):57-68. https://doi.org/10.1017/S0033291705006161 PMID:16202191
6. Gee GC, Payne-Sturges DC. Environmental health disparities: a framework integrating psychosocial and environmental concepts. *Environ Health Perspect*. 2004;112(17):1645-1653. https://doi.org/10.1289/ehp.7074 PMID:15579407
7. United States Census Bureau. Income and Poverty in the United States; 2013.
8. Coleman-Jensen A., Rabbitt MP, Gregory CA, Singh A. *Household Food Security in the United States in 2016.* ERR-237, U.S. Department of Agriculture Economic Research Service.
9. Zimmerman GM, Messner SF. Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *Am J Public Health*. 2013;103(3):435-442. https://doi.org/10.2105/AJPH.2012.300931 PMID:23327266
10. Alegria M, Carson NJ, Goncalves M, Keefe K. Disparities in treatment for substance use disorders and co-occurring disorders for ethnic/racial minority youth. *J Am Acad Child Adolesc Psychiatry*. 2011;50(1):22-31. https://doi.org/10.1016/j.jaac.2010.10.005 PMID:21156267
11. Lyon AR, Ludwig KA, Stoep AV, Gudmundsen G, McCauley E. Patterns and predictors of mental healthcare utilization in schools and other service sectors among adolescents at risk for depression. *School Ment Health*. 2013;5(3):155-165. https://doi.org/10.1007/s12310-012-9097-6 PMID:24223677
12. Locke J, Kang-Yi CD, Pellecchia M, Marcus S, Hadley T, Mandell DS. Ethnic disparities in school-based behavioral health service use for children with psychiatric disorders. *J Sch Health*. 2017;87(1):47-54. https://doi.org/10.1111/josh.12469 PMID:27917490
13. Martinez JI, Gudiño OG, Lau AS. Problem-specific racial/ethnic disparities in pathways from maltreatment exposure to specialty mental health service use for youth in child welfare. *Child Maltreat*. 2013;18(2):98-107. https://doi.org/10.1177/1077559513483549 PMID:23630401
14. Institute of Medicine. *Committee on the Review and Assessment of the NIH's Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities.* Washington, DC: National Academies Press; 2006.
15. Wong SL, Green LA, Bazemore AW, Miller BF. How to write a health policy brief. *Fam Syst Health*. 2017;35(1):21-24. https://doi.org/10.1037/fsh0000238 PMID:27935727
16. DeMarco R, Tufts KA. The mechanics of writing a policy brief. *Nurs Outlook*. 2014;62(3):219-224. https://doi.org/10.1016/j.outlook.2014.04.002 PMID:24959632
17. National Academies of Sciences Engineering, and Medicine. *Framing the Dialogue on Race and Ethnicity to Advance Health Equity: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2016. https://doi.org/10.17226/23576.
18. Gilliam F. *The Architecture of a New Racial Discourse: A FrameWorks Message Memo*. FrameWorks Institute. 2018. Last accessed December 18, 2018 from http://www.frameworksinstitute.org/assets/files/PDF_race/message_memo_race.pdf,
19. Alegria M, Greif Green, J, McLaughlin KA, Loder S. *Disparities in Child and Adolescent Mental Health and Mental Health Services in the United States.* 2015. New York, NY: William T. Grant Foundation. Last accessed December 18, 2018 from http://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf.
20. Davey L. *How to Talk about Children's Mental Health: A FrameWorks Message Memo.* FrameWorks Institute. 2010. Last accessed December 18, 2018 from : http://www.frameworksinstitute.org/assets/files/CMH_MM.pdf.