**Child Mental Health Disparities**

Adeyanju: Thank you for joining us again on Byte-Sized Brain. We have Dr. Joyce Goins-Fernandez and Dr. Nicole Del Castillo sharing their knowledge with us. We will explore the topics of mental health disparity and some helpful resources for families to be aware of. Would you both like to say something about yourselves?

Del Castillo: I am Dr. Nicole Del Castillo. I am a trained child psychiatrist and I am currently the director of the office of Diversity, Equity, and Inclusion at the Carver College of Medicine at the University of Iowa

Goins-Fernandez: I am Dr. Joy Goins-Fernandez. I am a pediatric psychologist. I am also Vice-Chair of Diversity, Equity, and Inclusion for the University of IA Stead Family Children’s hospital.

Adeyanju: Just to get us started Dr. Del Castillo. Can you tell us what is a health disparity?

Del Castillo: A health or health care disparity refers to differences in the health of or healthcare available to different groups of people.  Disparities are commonly discussed about a group’s race or ethnicity, but it is important to note that health and healthcare disparities occur across a broad range of social dimensions. This may include one’s religion, gender, sexual orientation, gender identity, age, ability, socioeconomic status, geographic location, language, citizenship status, mental health, or other characteristics historically linked to discrimination or exclusion.

Adeyanju: It sounds like there is a lot of meaning in just that two-word phrase. Lately, when I have heard the phrase “health disparity,” it has been used with BiPOC. Tell me more about BiPOC and the relation to health disparity. Does it relate to mental health disparities?

Del Castillo: I will be using the term BiPOC to refer to Black and Indigenous people of color. Mental illness is just as widespread in BiPOC communities as in white communities. However, disparities in access exist across racial, ethnic, and socioeconomic groups. For example, depression is likely to be more long-term or chronic for BiPOC​. Hispanic, Latino, or Latinx individuals are more likely to hide a potential mental health problem​. Suicide was the second leading cause of death for American Indian/Alaska Natives individuals between the ages of 10 and 34.​ Data shows that Asian Individuals report higher levels of self-stigma.

Adeyanju: What is self-stigma?

Del Castillo: Well, there is already a lot of stigma around mental or behavioral health. People who have a mental health diagnosis may face discrimination from friends, family members, employers, community members and even health care providers. However, this is even more difficult when individuals internalize that stigma and start believing the negative stereotypes. This is self-stigma. Self-stigma refers to the negative attitudes that people with a mental illness have about their own condition. Self-stigma can impact one’s self esteem and result in that person being reluctant to talk about their situation. Self-stigma can also lead to alienation and social withdrawal

Adeyanju: Thank you so much Dr. Del Castillo for explaining some of these important points. Words matter and it is helpful to have a sense of what people mean when they use these terms. As a child and adolescent psychiatrist is there information about mental health disparities relating to children that we should know?

Del Castillo: Mental health disparities seen in BiPOC children include trauma symptoms that are under-identified, under-diagnosed, and under-treated. BiPOC youth are more likely to witness violence in their communities​ There have also been disparities seen in the diagnosis of certain conditions like Autism spectrum disorders. Sometime this is due to health care provider’s bias. Provider bias related to a youth’s racial or ethnic background can lead to over diagnosis of behavioral disorders such as oppositional defiant disorder (ODD) or conduct disorder in BiPOC youth. Diagnoses that often do not provide access to greater care. Furthermore, Black children and adolescents with psychiatric care needs are more likely than white youths with the same presentation to enter the juvenile justice system.

Adeyanju: I am sure there is so much we could say about how systemic problems are making it hard for these youth to get the treatment they need. Dr. Goins-Fernandez are there things that parents can do, ways they can advocate for their kids, or resources within the community they should be aware of?

----

Goins-Fernandez: First, parents must identify what their main concern is for their child.

If there are concerns for mental health issues (e.g., anxiety, depression)

* It is recommended that the parents contact the child’s pediatrician or primary care doctor. Let them know your concern. They can then put in a consult or referral to the department of child psychiatry at a local hospital or to a mental health professional in the community.
* Depending on the severity of the issue, the parent can also contact the child’s school and see if the school has a school psychologist or counselor on-site available to speak with students during the school day. This can be for mild mental health concerns. Major mental health concerns should be referred outside of the school.

If there are concerns for learning (e.g., reading, math, writing concerns, attention, and executive functioning deficits)

* It is recommended that the parents contact the school, talk to the student’s teacher or teachers
* If a disability is suspected, parents can request that the student is evaluated for an Individualized Education Program (IEP). The Individualized Education Plan is a plan or program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services. So, for example, if a child has a diagnosis of Dyslexia, the school may create an IEP that includes pull out instruction 30 mins each day for individualized instruction in reading. IEP cover students who are eligible for Special Education. 504 Plans cover students who do not meet the criteria for special education but who still require some accommodations.
* If a parent suspects a learning disability and the school refuses to evaluate the child, parents can do a self-referral to an assessment clinic, such as the attention and learning disorders clinic at the University of Iowa Stead Family Children’s Hospital, in Pediatric Psychology. The hospital accepts most insurance plans. People can also locate a psychologist through the American Psychological Associations webpage, www.apa.org.
* Evaluations can also be sought at private clinics (e.g. Belin-Blank Center Assessment Clinic in Iowa City, IA)

Adeyanju: That makes some sense. If we can get at the root of the problem as we would with a weed, then it may make it easier for the child to focus on the things they can do well. What should a parent do if they have trouble getting services for their kid from the school? This is one of the most common thing parents ask me about in clinic.

Goins-Fernandez: Parents can contact their local Area Education Agency (AEA) and request to speak to a Parent Advocate. The Parent Advocate may attend a meeting with you at your child’s school. For schools in the Iowa City school district, Parent Advocates are known as Student Family Advocates (SFA).

Adeyanju: Are there other ways that parents can advocate? Let us say that the child has been evaluated by a mental health provider and has been established with an IEP or 504 plan and their parent is still concerned that something has been missed? What if they do not agree with the diagnosis their child has been given?

Goins-Fernandez: A parent has every right to request a second opinion from another mental health care provider.

Adeyanju: I am hopeful that this information is useful for parents and caregivers. Do you have any other tips or things parents should know in working with their child’s school?

Goins-Fernandez: In addition to calling the school to set up meetings for their child, it is recommended that parents put requests in writing (e.g., email or letter). According to the law, schools must respond to written request within 10 days. Know your rights when it comes to accommodations via 504 Plans and IEPs.

Adeyanju: Thank you both Drs. Del Castillo and Goins-Fernandez. Thank you for sharing your knowledge with all our listeners, and I hope you will join us again in the future.