

HEALTH DISPARITIES AMONG MINORITY CHILDREN AND ADOLESCENTS

(Race/Ethnicity, Gender)

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Approaches to Early Treatment and Prevention of Mental Disorders
for Minority Children and Adolescents**

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INTRODUCTION

- Disclaimers

1. Will focus on estimates of the disparities in the prevalence of mental health problems and mental health services among minority children and adolescents
2. Not including disparities in general health
3. Not including disparities by gender
4. Not including the question of what “minority status” means in regard to health disparities

FOCUS

- Cannot summarize all research literature on racial/ethnic variations in mental health problems and services in 20 minutes. Therefore, focus mostly on:
 1. Relatively Recent Studies
 - roughly the last decade
 2. Estimates of Unmet Needs
 - the proportion of those in a population with diagnosable level mental disorder who do not receive mental health services
 3. DSM Based Diagnostic Studies
 - in which the prevalence of mental disorder is assessed by a survey research protocol yielding DSM diagnoses (e.g., DISC, CAPA, CIDI) as opposed to more traditional symptom and diagnostic interviews (e.g., CBCL, Rutter Scales, etc.)

ADMINISTRATIVE DATA STUDIES

1. Los Angeles County Dept. of Mental Health, 1983-1988

(Bui & Takeuchi, 1992; Takeuchi et al., 1993)

Sample: 853 African American, 704 Asian American,
964 Hispanic, and 607 White clients

Significant findings when “minority” compared to White

in system: Asian American & Hispanic under-represented
African American over-represented

Dropouts: No differences

Length of African American stay shortest time

Treatment: Asian American stay longest time

OP Episodes: African American have more

Referral African American more by school/legal
Source: and less by family, mental health

Asian American more by school
and less by social/legal

Mexican American more by school
and less by social/legal

2. California Integration of Care (AB377) Program (Rosenblatt & Attkisson, 1992)

Three County Program for the Integration of Care for Seriously Emotionally Disturbed Youth

African Americans significantly over-represented relative to the general population

Asian Americans are significantly under-represented relative to the general population

3. Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (Sheppard & Coleman, 2001)

Analysis of 2803 out-of-Home Service Placements for Youth, ages 10-19

Black youth more likely than white to be placed in correctional facilities and foster care

White youth more likely than Black to be hospitalized

UPSTATE NEW YORK STUDY

- Community sample of 766 youth 10-20 years of age (91% White)
- Black youth disproportionately at risk for Separation Anxiety in younger children, CDD in older children.
(Velez et al., 1989)

- DISC-1 Dx (Mother or Child)
(Cohen & Hasselbart, 1993)

	% Any Dx	% Use Any MH Service*
Black (N=61)	22	20
White (N=699)	15	11

- * Any contact with psychiatrist, psychologist, social worker or CMHC
- Redundancy between race, income and city residence makes sorting out of specific contribution impossible
- Of 206 depressed children, 64% received professional help. African American significantly less likely to receive professional help and antidepressants than White or Hispanic. (Wu et al., 2001)

AMERICAN INDIAN STUDIES

- **Flowers of Two Soils Study**

(Beiser et al., 1998; Dion et al., 1998)

School based sample of 2nd and 4th graders:

931 Native

384 Non-Native

Diagnostic: Depression and CD Scales

drawn from CBCL & DISC

As reported by Children,

Parent, Teacher

Non-Native rates higher for child and parent report of depression. Trend for teachers to rate Native children higher on depression

No difference in mean scores on child and parent report of CD symptoms. Teachers rate Non-Native higher on CD

OTHER AMERICAN INDIAN STUDIES

- **Northern Plains Indian Adolescent Study**

(Beals et al., 1997; Novins et al., 2000)

Sample: 109 adolescents who had participated in earlier school-based epidemiological project (45% of original sample)

Diagnostic: DISC 2.1

6 month prevalence = 21% (mostly disruptive)

	AI	MECA
Any Anxiety	5.5	12.3
Any Depressive	4.7	4.3
Any Disruptive	13.8	4.7
ADHD	10.6	1.2
CD	3.8	2.7
ODD	2.9	1.9
Any Substance	18.3	

Lifetime MH or Substance Abuse Services use = 39% of those with diagnosis

OTHER AMERICAN INDIAN STUDIES

- **Northern Plains Reservation Juvenile Detention Center**
(Duclos et al., 1998; Novins et al., 1999)

Sample: 150 consecutive admissions, 12 years of age or older

Diagnostic: DISC-C-2.3

6-Month Used Services for:

	Prev.	Subst.	Emot.
Any Disorder	48.7%	38.4%	28.8%
Anx/Dep	15.3%	39.1%	47.8%
Disruptive	21.3%	50.0%	34.4%
Substance use	38.0%	40.0%	26.3%

PRIMARY CARE STUDIES

- **Costello et al.**

789 consecutive visits to 2 pediatric clinics, 1984-85

Ages 7-11

Diagnostics: CBCL Screen and DISC-P

Prevalence:

11.8% by DISC-P

13.8% by DISC-C

5.7% by Clinician Dx.

Mostly ADD, OD, CD, Separation Anxiety

Service Use:

3.6% of sample used mental health services in last year

7% of those with diagnosis were referred to mental health services

PRIMARY CARE STUDIES

- **Briggs-Gowan et al., 2000**

1060 consecutive admissions of children, ages 5-9, to 23 pediatric practices in New Haven (82% White)

16.8% with DISC-P Diagnosis

21.1% talked to a Pediatrician

10.5% saw a mental health professional

Being of ethnic minority not significantly associated with talking to Pediatrician or visiting a mental health professional

- **Kelleher et al., 1999**

THE MECA STUDIES

N=1285

SITES

- 1. ATLANTA, GEORGIA (N=299)**
Emory (M.K. Dulcan, B.B. Lahen, D.J. Brogan, & S.H. Goodman)
- 2. WESCHESTER COUNTY, NEW YORK (N=369)**
Columbia (H. Bird, D. Shaffer, M. Weissman, P. Cohen, D. Kandel, C. Hoven, M. Davies, M. Gould, & A. Whitaker)
- 3. THREE TOWNS ADJACENT TO NEW HAVEN, CONNECTICUT (N=314)**
Yale (M. Scwab-Stone, P.J. Leaf, S.M. Horwitz, J.H. Lichtman)
- 4. SAN JUAN, PUERTO RICO (N=312)**
University of Puerto Rico (G. Canino, M. Rubio-Stipec, M. Bravo, M. Alegria, J. Bauerminster, J. Ribera, S. Huertas, M. Woodbury)

PERCENTAGE OF YOUTH Receiving Specialty Mental Health Services in Past Year by DISC Diagnosis

	Any Disc Dx		Disc Dx + CGAS < 61	
	%	N	%	N
Atlanta	13.4	112	21.3	47
New Haven	16.5	115	26.4	53
New York	25.0	100	29.0	38
Puerto Rico	9.2	87	25.0	8
Total	16.2	414	25.3	146

Leaf et al., 1996

No direct information re: racial/ethnic differences

Differences in Puerto Rico due to differential functioning of CGAS resulting in lower rates of diagnosis & differences in specialty mental health care system.

OTHER MECA DATA

Goodman et al., 1997

535 received DISC diagnosis (without regard to CGAS)

Of those percentages receiving outpatient specialty mental health services:

18% of mainland Non-Hispanic Whites;

9% of African Americans;

11% of other mainland ethnic minorities;

8% of those in Puerto Rico

Flischer et al., 1997

Of 269 with DISC diagnosis and CGAS impairment, 49 (18.2%) had mental health services in last 6 months.

87.5% had “unmet need.”

Unmet need significantly higher among Blacks, though rate cannot be determined from the presentation.

Overall Implication:

Among those in need, there is a significant disparity in receipt of mental health services by:

Mainland African Americans:

Puerto Ricans residing in Puerto Rico;

Other mainland ethnic minorities

PREVALENCE OF SERIOUS EMOTIONAL DISTURBANCE

(Costello et al., 1998)

- Re-analysis of 7 community studies:
 - 1) Boston: 383 youth 17-19, 99% Non-Hispanic White
 - 2) Pittsburgh, Wave 1: N=386, Ages 7-11, 18% Black
 - 3) Pittsburgh, Wave 2: N=263, Ages 12-18, 16% Black
 - 4) Puerto Pico: N=386, Ages 4-16, 100% Latino
 - 5) New York State: N=764, Ages 9-18, 91% White
 - 6) North Carolina: N=1071, Ages 9-16, 91% White
 - 7) North Carolina American Indian: N=346, Ages 9-16, 100% Cherokee
- SED = Psychiatric Diagnosis (DISC, CAPA) + Significant Functional Impairment (CBCL, CAPA)
- No clear racial/ethnic differences on SED with either global or domain specific impairment

GREAT SMOKY MOUNTAIN STUDY

Community Sample

1429 children, ages 9, 11, and 13 years

White = 933

American Indian = 323

African American = 93

Prevalence of any current CAPA assessed disorder

White = 19.2%

American Indian = 16.7%

African American + 34.3 %

Overall, no statistical difference in prevalence between White and American Indian samples and sample size for African Americans is too small to yield robust estimate.

MENTAL HEALTH SERVICES USE IN THE GREAT SMOKY MOUNTAIN STUDY

Use of professional mental health care services among those with a CAPA current diagnosis:

(Costello et al., 1996; Costello et al., 1997)

White: 1 in 8

American Indian: 1 in 7

Use of specialty mental health care sector:

(Burns et al., 1995)

White: 4.1%

African American: 2.9%

Use of any sector (Mental Health, Education, Health, Child Welfare, Juvenile Justice)

(Burns et al., 1995; Farmer et al., 1999)

White: 16.3%

African American: 18.7%

Receipt of services in the Education Sector by far the most common

White respondents over-represented in Child Welfare

American Indian children over-represented in Juvenile Justice and Primary Care

PATTERNS OF CARE

Participating Institutions and Agencies

**Children's Hospital and Health Center, San Diego
Child and Adolescent Services Research Center,
Children's Hospital Foundation Center for Research,
Institute of Psychiatry, Center for Child Protection**

**San Diego State University
Department of Psychology, Sociology
Schools of Social Work, Public Health**

**University of California, San Diego
Departments of Psychiatry, Psychology**

**San Diego County Mental Health Services
San Diego County Juvenile Probation
San Diego County Children's Services Bureau
San Diego County Drug and Alcohol Services
San Diego City Schools SED Programs**

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SINGLE AND MULTIPLE USE BY SERVICE SYSTEM (Overall)

	Alcohol Drug N=374	Child Welfare N=12,663	Mental Health N=5,408	Juvenile Justice N=6,454	SDUSD SED N=1,238
Not open to any other system	43.0%	86.5%	54.2%	84.5%	51.5%
Open to one other system	38.2%	11.9%	40.3%	12.7%	33.1%
Open to two other systems	16.9%	1.5%	5.1%	2.4%	14.4%
Open to three or more other systems	1.9%	0.1%	1.4%	0.2%	1.0%
Total	100%	100%	100%	100%	100%

RACIAL/ETHNIC SECTOR REPRESENTATION IN PUBLIC YOUTH SERVICES

Racial/Ethnic Group & Sector	% of Sector	% of 200% Poverty Population	Under/Over Representation
African Americans (N=2539)			
Alcohol/Drug	.09	.11	
Child Welfare	.29	.11***	Over
Mental Health	.18	.11***	Over
Juvenile Justice	.20	.11***	Over
SED	.25	.11***	Over
Asian/Pacific Islanders (N=546)			
Alcohol/Drug	.11	.10	
Child Welfare	.03	.10***	Under
Mental Health	.05	.10***	Under
SED	.02	.10***	Under
Caucasian Americans (N=4642)			
Alcohol/Drug	.42	.30***	Over
Child Welfare	.41	.30***	Over
Mental Health	.42	.30***	Over
Juvenile Justice	.28	.30	
SED	.57	.30***	Over
Latinos (N=3421)			
Alcohol/Drug	.38	.48***	Under
Child Welfare	.25	.48***	Under
Mental Health	.31	.48***	Under
Juvenile Justice	.40	.48***	Under
SED	.15	.48***	Under

RACIAL/ETHNIC GROUP ODDS RATIOS FROM LOGISTIC REGRESSIONS FOR REFERRAL SOURCE TO MENTAL HEALTH SERVICES*

	African American	Asian/Pacific Islander	Latino
Child Welfare (N=930)	1.2	1.8*	.9
Crisis	.9	.6	1.2
Family (N=721)	1.2	.7	1.5*
Juvenile Justice (N=126)	1.1	.4	1.1
Mental Health Agency (N=544)	.9	.8	.6*
School (N=713)	.6*	.8	1.0

*Non-Hispanic Whites is reference group. Controlling for age, gender, GAF Scores and prior county mental health service use.

RACIAL/ETHNIC GROUP ODDS RATIOS FROM LOGISTIC REGRESSIONS FOR CLINICIAN-ASSIGNED DIAGNOSES IN MENTAL HEALTH SERVICES*

	African American	Asian/Pacific Islander	Latino
Adjustment (N=485)	1.2	1.4	1.6
Anxiety (N=221)	.8	.8	1.5*
ADHD (N=678)	.9	.5*	.6*
Disruptive Behavior (N=594)	1.0	.7	1.1
Impulse Control (N=170)	.7	.4	.8
Mood (N=789)	.7*	.9	.9
Psychotic (N=69)	1.0	2.9	1.9
Substance Related (N=57)	.8	1.7	1.4
V-Code (N=532)	1.3*	2.0*	.9

*Non-Hispanic Whites is reference group. Controlling for age, gender, GAF Scores and prior county mental health service use.

RACIAL/ETHNIC GROUP ODDS RATIOS FROM LOGISTIC REGRESSIONS FOR TYPES OF SERVICES RECEIVED FROM MENTAL HEALTH SERVICES*

	African American	Asian/Pacific Islander	Latino
Crisis (N=324)	.8	.8	1.1
Special Education Mental Health Assessment	.5*	.2*	1.0
Outpatient Clinic (N=1632)	1.0	1.0	1.6*
Outpatient Institutional (N=1388)	1.4*	1.5	.9
Case Management (N=187)	1.0	.8	.7
Intensive Case Management (N=47)	1.5	2.4	1.1
Day Treatment (N=175)	.5*	.5	.4*

*Non-Hispanic Whites is reference group. Controlling for age, gender, GAF Scores and prior county mental health service use.

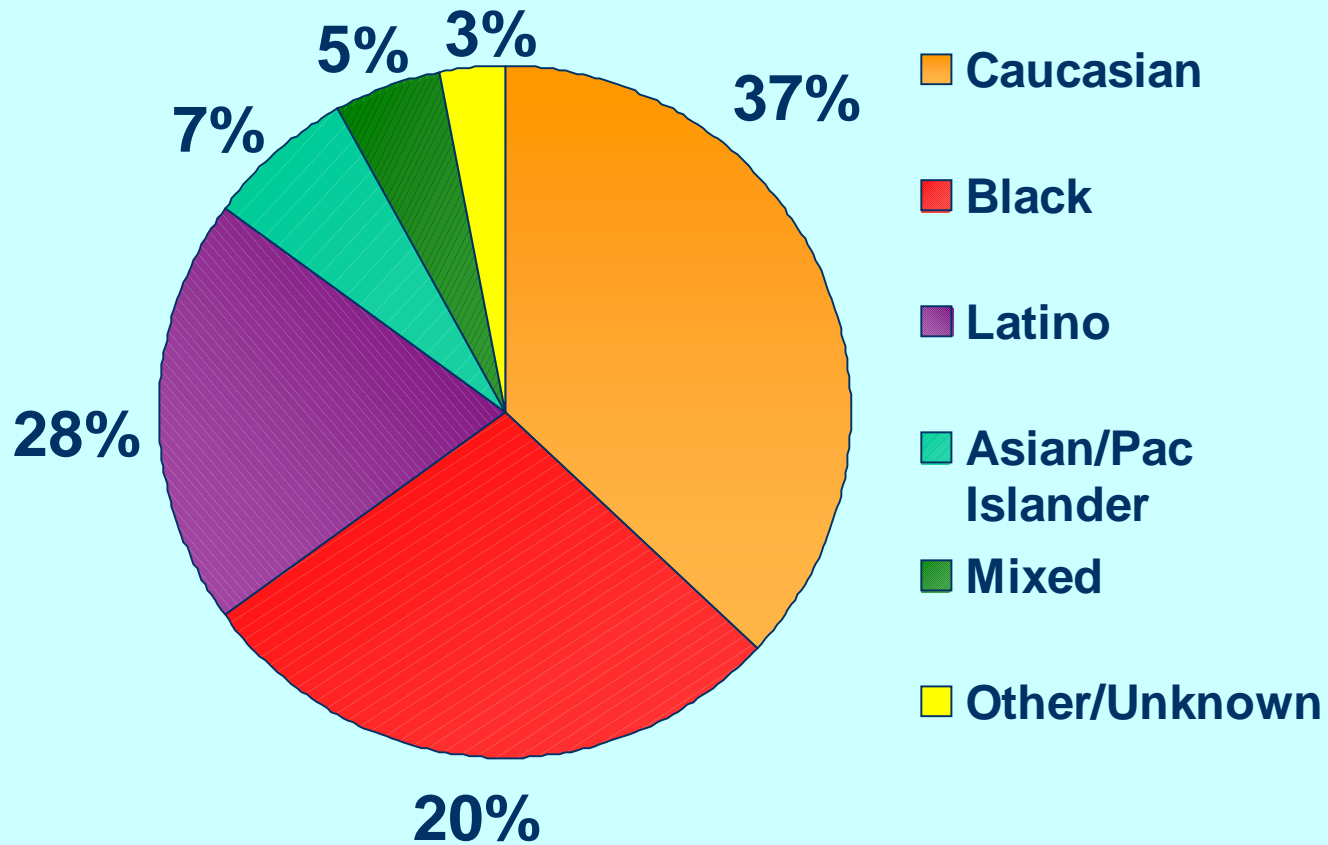
POC SURVEY

- SAMPLING FRAME = ENUMERATION DATA FOR 1996-1997 FISCAL YEAR
 - N = 1715
 - AGES = 6-18
 - IN PERSON INTERVIEWS CONDUCTED WITH YOUTH & CLOSEST CAREGIVER
-

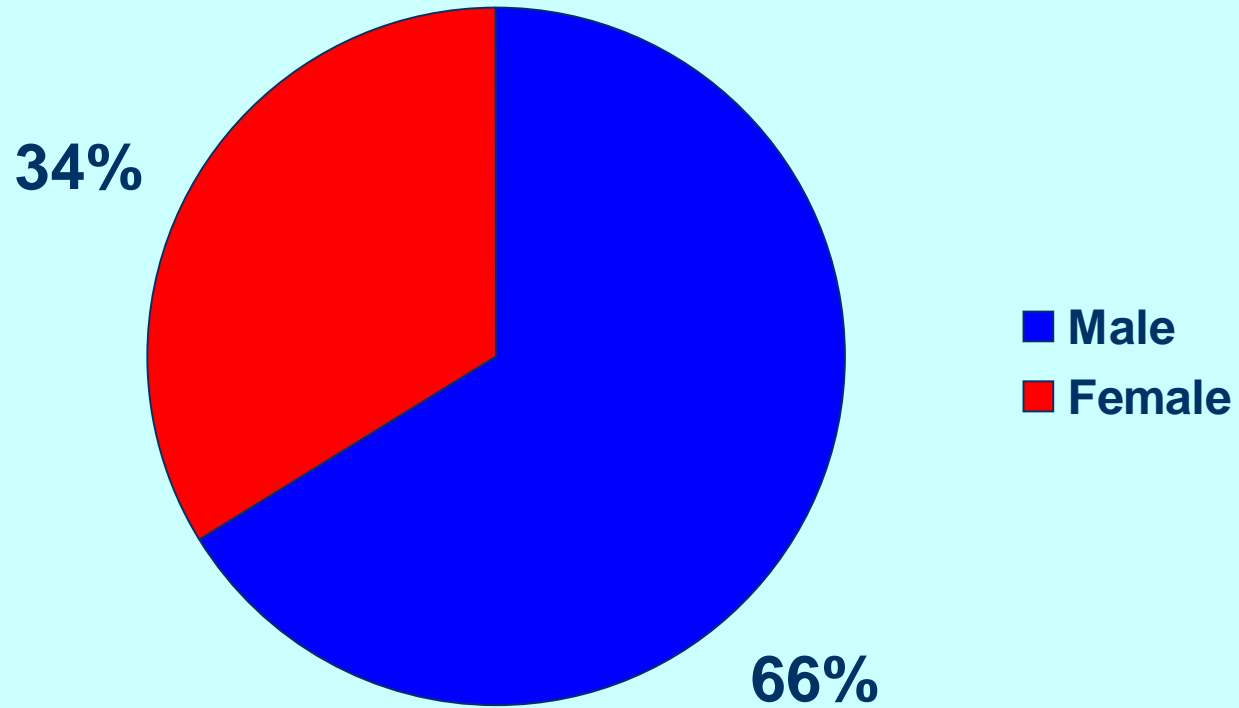
POC SAMPLING FRAME

- All youth 6-17 years of age
- Active in fiscal year 1996-1997
- In one or more of five public sectors of care in San Diego County:
 - **Mental Health Services:** All open cases
 - **School SED Services:** All open cases
 - **Juvenile Justice:** All wards of the court
 - **Alcohol-Drug Services:** All open cases
 - **Child Welfare:** All youth under court jurisdiction & in foster care, kinship care, or other out-of-home placement

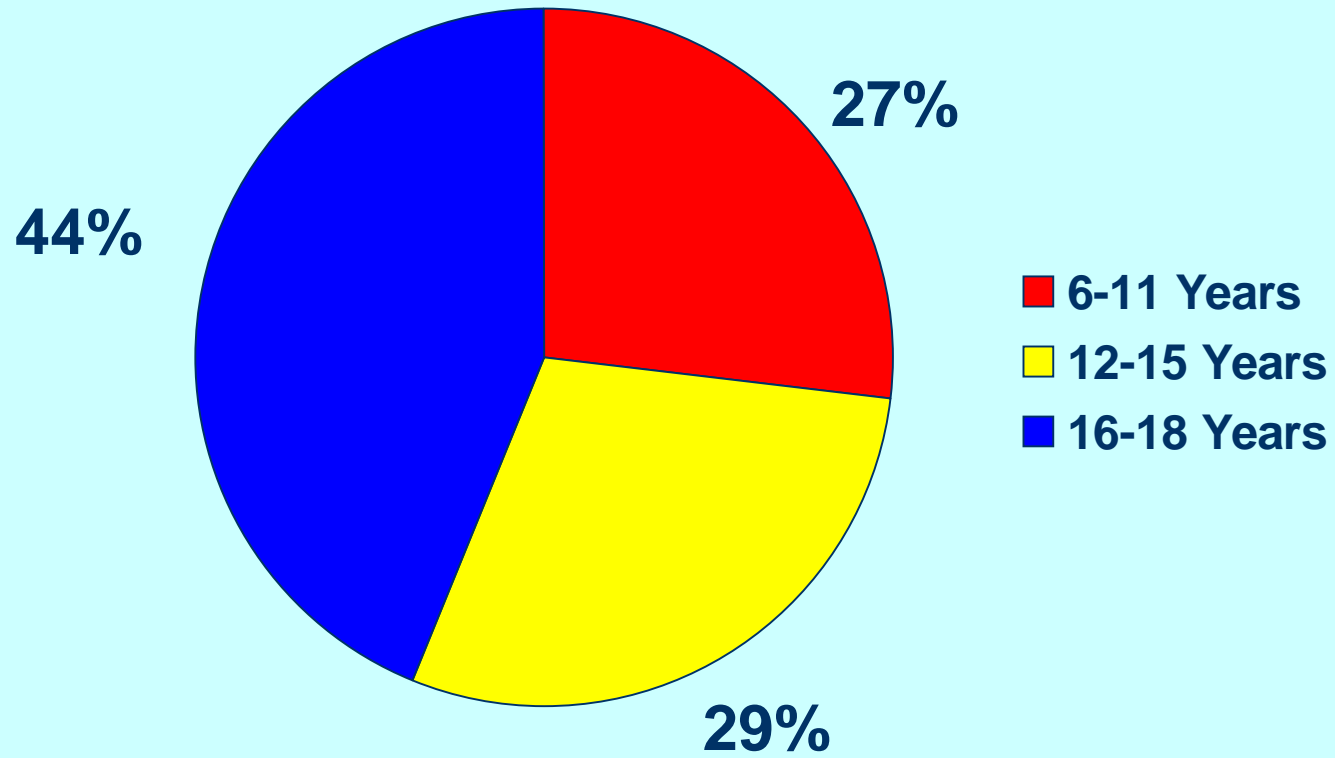
RACE/ETHNICITY



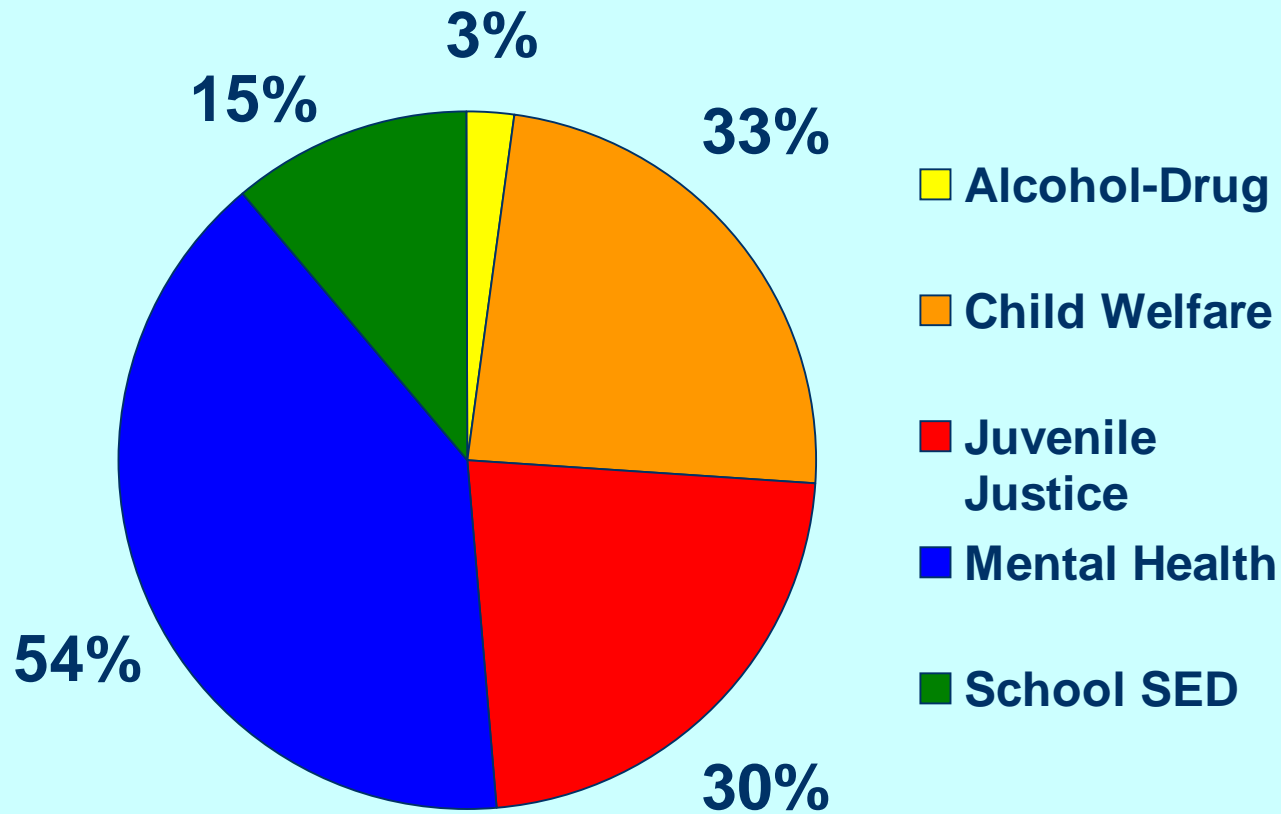
GENDER



AGE



SERVICE SECTOR



*Numbers of youth in multiple service sectors

PREVALENCE OF DIAGNOSES WITH IMPAIRMENT, ADULT OR YOUTH INFORMANT

Diagnosis	Race-Ethnicity of Youth							Total ^b (N=1164)
	Latino (n=336)	White (n=463)	OR	Black (n=256)	OR	Asian/PI (n=109)	OR	
Any Study Disorder ^a	48.3	64.3	1.9***	47.4	1.0	45.3	.9	53.7
Any Disruptive Disorder	42.9	60.8	2.1***	43.9	1.1	38.3	.8	49.3
Any Anxiety Disorder	8.9	10.9	1.2	8.3	1.0	9.5	1.2	8.8
	(n=307)	(n=396)		(n=236)		(n=99)		(n=1038)
Any Mood Disorder	8.3	5.5	.6	3.6	.4*	12.8	1.6	6.6

*p<.05, **p<.01, ***p<.001

^aDisruptive disorder data (ADHD, CD, ODD) and PTSD data were derived from both parent and youth informants; mood disorder data (MDD, DY, MA, HM) and anxiety disorder data (GA, OCD, PA, SA, and SO) other than PTSD were from youth informants.

SERVICE USE PAST YEAR FOR YOUTHS WITH ONE OR MORE DISC DIAGNOSES

Service Use Past Year	Race-Ethnicity of Youth						Total ^b (N=658)	
	<u>Latino</u> (n=174)	<u>White</u> (n=397)	<u>OR</u>	<u>Black</u> (n=128)	<u>OR</u>	<u>Asian/PI</u> (n=49)		<u>OR</u>
% (weighted) youths received services:								
<u>School-based</u>	63.9	69.9	1.3	65.8	1.1	53.5	.7	66.2
<u>Outpatient treatment</u>								
Specialty MH ^a	55.1	73.1	2.2***	50.8	.8	37.2	.5*	60.8
Non-specialty MH ^b	18.1	23.6	1.4	18.3	1.0	20.9	1.1	20.7
Informal MH ^c	31.3	38.2	1.4	24.2	.7	32.6	1.1	33.0

*p<.05, **p<.01, ***p<.001

^aIncludes visits to professional psychologist, counselor, community mental health clinic and or partial hospitalization or day treatment program.

^bIncludes use of pediatrician or family doctor for behavior or feelings, emergency room for behavior or feeling, or therapist/counselor who came to the home.

^cIncludes visits to alternative healer, to priest, minister or rabbi for emotional or behavioral problems, any self-help group or use of respite care.

INPATIENT SERVICE USE PAST YEAR FOR YOUTHS WITH ONE OR MORE DISC DIAGNOSES

Service Use Past Year	Race-Ethnicity of Youth							Total ^b (N=658)
	% (weighted) youth received services:	<u>Latino</u> (n=174)	<u>White</u> (n=397)	<u>OR</u>	<u>Black</u> (n=128)	<u>OR</u>	<u>Asian/PI</u> (n=49)	
<u>24-hour care</u>								
Specialty MH ^a	6.0	11.2	2.0	4.1	.7	2.4	.5	7.7
Non-specialty MH ^b	12.0	18.1	1.6	21.7	1.9	9.3	.8	16.5
Informal MH ^c	6.0	7.3	1.2	3.3	.5	0	—	5.6

*p<.05, **p<.01, ***p<.001

^aIncludes services from inpatient psychiatric hospital, psychiatric unit in general hospital.
^bIncludes use of residential treatment facility, group home.
^cIncludes use of emergency shelter or summer treatment program.

PREVALENCE OF DIAGNOSES^a WITH IMPAIRMENT FOR LATINO YOUTH 12 AND OLDER BY CULTURAL STATUS

Diagnosis	Cultural Status – Youth Pan					Total (N=311)
	<u>Bicultural</u> (n=114)	<u>Americanized</u> (n=96)	<u>OR</u>	<u>Other Culture</u> (n=83)	<u>OR</u>	
Any Study Disorder	52.8	45.7	.7	39.8	.6	46.5
Any Disruptive Disorder	48.4	43.2	.8	28.4	.4**	40.9
Any Anxiety Disorder	7.8 (n=93)	9.5 (n=107)	1.3	12.6 (n=80)	1.8	9.1 (n=297)
Any Mood Disorder	7.0	14.4	2.3	5.7	.8	8.5

*p<.05, **p<.01, ***p<.001

^aDisruptive disorder data (ADHD, CD, ODD) and PTSD data were derived from both parent and youth informants; mood disorder data (MDD, DY, MA, HM) and anxiety disorder data (GA, OCD, PA, SA, and SO) other than PTSD were from youth informants.

SERVICE USE PAST YEAR FOR YOUTHS WITH A DISC DIAGNOSES

Service Use, past year	Cultural Status – Youth PAN					Total (N=157)
	<u>Bicultural</u> ^a (n=50)	<u>Americanized</u> (n=57)	<u>OR</u>	<u>Other Culture</u> (n=42)	<u>OR</u>	
% (weighted) youth received services:						
<u>School-based</u>	60.0	65.1	1.2	65.7	1.3	63.1
<u>Outpatient Treatment</u>						
Specialty MH^a	55.4	65.9	1.5	40.0	.5	55.3
Non-specialty MH^b	14.1	25.6	2.1	17.1	1.3	19.6
Informal MH^c	31.3	31.8	1.0	36.1	1.2	32.0

*p<.05, **p<.01, ***p<.001

^aIncludes visits to professional psychologist, counselor, community mental health clinic and or partial hospitalization or day treatment

^bIncludes use of pediatrician or family doctor for behavior or feelings, emergency room for behavior or feelings, or therapist/counselor who came to home.

^cIncludes visits to alternative healer, to priest, minister or rabbi for emotional problems, ant self-help group or use of respite care.

INPATIENT SERVICE USE PAST YEAR FOR YOUTHS WITH A DISC DIAGNOSES

Service Use, past year	Cultural Status – Youth PAN					Total
	% (weighted) youths received services:	<u>Bicultural</u> ^a (n=50)	<u>Americanized</u> (n=57)	<u>OR</u>	<u>Other Culture</u> (n=42)	
<u>24-hour care</u>						
Specialty MH ^a	3.1	11.4	3.9	8.6	2.9	6.7
Non-specialty MH ^b	12.3	14.0	1.2	11.4	1.0	12.8
Informal MH ^c	6.2	9.3	1.6	5.7	1.3	6.7

*p<.05, **p<.01, ***p<.001

^aIncludes services from inpatient psychiatric hospital, psychiatric unit in general hospital.

^bIncludes use of residential treatment facility, group home.

^cIncludes use of emergency shelter or summer treatment program.

EARLY CHILDHOOD (Age 6-12) CONDUCT DISORDER AND SYMPTOMS

	Percent with CD Symptoms or Diagnosis			Total
	No CD Symptoms	1+ CD Symptoms	CD Diagnosis	
Caucasian	39	33	28	197
African American	57	29	14	83
Latino	62	29	10	52
Asian/Pacific Islander	87	12	—	8
Biracial	37	47	21	62

PREVALENCE OF ADOLESCENT SUBSTANCE USE DISORDERS

	Caucasian (n=353)	African American (n=214)	Latino (n=299)	Asian/ Pacific Islander (n=97)	Total (N=963)
Any Substance					
Lifetime	43.7	26.8***	42.4	47.7	39.8
Past Year	28.1	17.2**	25.1	21.4	24.8
Alcohol					
Lifetime	38.9	17.4***	33.4	33.7	31.5
Past Year	23.3	12.4**	18.2	21.4	18.9
Cannabis					
Lifetime	28.9	19.5***	29.0	27.1	26.6
Past Year	12.6	8.8	12.0	10.5	11.3
Amphetamine					
Lifetime	18.1	1.5***	14.7	18.8	13.2
Past Year	7.7	1.0**	7.7	10.5	6.4
Hallucinogen					
Lifetime	10.1	0.5**	3.6**	8.1	5.5
Past Year	2.3	—	1.6	3.5	1.7
Cocaine & Opiate		Too few to report			

Caucasians are the reference group for race/ethnicity comparisons
 ***Significantly lower prevalence than reference group at the .001 level.
 **Significantly lower prevalence than reference group at the .01 level.

POC ADOLESCENT MENTAL DISORDER/SUBSTANCE ABUSE COMORBIDITY

	No Dx w/o Impairment (n=66)	SUD Only (n=408)	DISC Only (n=183)	Comorbid (n=183)	No Dx w/ impairment (n=164)
Caucasian	28.2	36.3	41.2	25.0	22.1
African American	21.7	21.4	12.3	22.8	26.8
Latino	37.3	26.0	31.3	37.2	34.1
Other	12.7	16.2	15.1	15.1	17.0

From Aarons et al., in preparation

BETA WEIGHTS FOR PREDICTORS OF USE OF SERVICES FOR SUBSTANCE ABUSE PROBLEMS

	Outpatient	Inpatient RTC	Juvenile Justice Involvement
Age	.5	1.2*	1.3***
Gender	.3	.5	1.5***
Race:			
Caucasian			
African American	-.3	1.3***	.5*
Latino	-.3	.9	-.01
Other	-.5	.7	-.2
C-GAS <60	.1	.9*	.4**
Conduct Disorder	.7*	-.2	.6***
Alcohol Disorder	.7*	-.2	.9***
Cannabis Disorder	.5	.3	.2
Hallucinogen Disorder	1.9***	.5	1.8
Stimulant Disorder	-.8	1.8***	1.9***

*p<.05, **p<.01, ***p<.001

From Aarons et al., in preparation

GENDER DIFFERENCES IN PREVALENCE OF PSYCHIATRIC DISORDERS AMONG ADJUDICATED DELINQUENTS IN THE JUVENILE JUSTICE SECTOR (n=625)

	% Female	% Males	F
Any DISC-IV Diagnosis	64.4	49.3	3.9*
Any DISC-IV Mood Disorder	15.8	4.9	12.1***
Any DISC-IV Anxiety Disorder	14.6	7.9	2.4
Any DISC-IV Disruptive Disorder	63.5	49.2	4.4*
ADHD	21.0	15.1	1.2
CD	38.2	32.8	.7
ODD	41.5	30.3	3.1

*p<.05, **p<.01, ***p<.001

From Lau et al., in preparation