



# Child & Adolescent Services Research Center



## RESEARCH BRIEF

### Racial/Ethnic Differences in the Use of Psychotropic Medications in High-Risk Children and Adolescents

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The 2001 Surgeon General's report, *Mental Health: Culture, Race, and Ethnicity*, documented serious disparities in mental health services for minorities, including lower utilization rates and poorer quality of care. The report focuses primarily on adult mental health services, but existing research on mental health services for children and adolescents shows a similar pattern. Several studies have shown that minority youth are less likely to be prescribed stimulant medication for the treatment of Attention Deficit/Hyperactivity Disorder (ADHD), even though it is a primary treatment for this disorder. Little is known about the use of other types of psychotropic medications in children and adolescents.

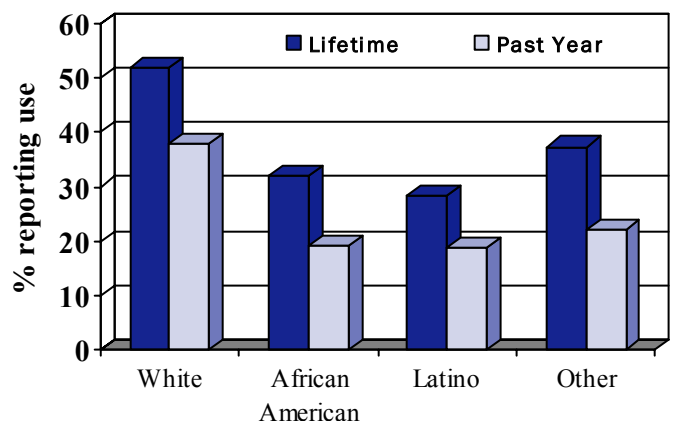
This study examines psychotropic medication use in a sample of youth involved in five public sector service systems (mental health, child welfare, juvenile justice, alcohol/drug services, and special education services for youth classified as seriously emotionally disturbed). Participants included 1,715 youth, ages 6-17, who were randomly sampled from all the youth active in at least one of the above sectors of care (N=12,662) in San Diego County, California. Administrative data on service use in each of the 5 sectors was collected on all children; in addition, baseline and follow-up surveys were completed with each child and their caregivers, including questions on lifetime and past-year use of psychotropic medications. Standardized measures included the Columbia Impairment Scale (CIS) and the Diagnostic Interview Schedule for Children (DISC-IV).

Half of the children had a score of 15 or higher on the CIS, indicating that they were experiencing serious impairment. In addition, almost 40% of the sample met DSM-IV criteria for mood and/or anxiety disorders or ADHD. Overall, 27.9% of the youth had used psychotropic medication in the past year, while lifetime rates were 40.8%. As shown in Figure 1, the reported rates of medication use varied by racial/ethnic group, with White children being significantly more likely than minority youth to report the use of psycho-

tropic medication in the past year or during their lifetime.

Logistic regression was then performed to control for age, gender, income, insurance status, involvement in the public mental health system, need as measured by the DISC-IV, and impairment as measured by the CIS; all are factors that may be associated with medication use. These results

**Figure 1: Lifetime and past year use of psychotropic medications, by race/ethnicity.**



supported the initial analysis and showed that African American and Latino youth were about half as likely as White youth to have received psychotropic medication in the past year or during their lifetime, even when controlling for the effects of these factors.

Further efforts should be made to examine the causes for the racial/ethnic disparity demonstrated in this and other studies. Additional factors, such as 1) access to and quality of care, 2) cultural attitudes towards mental health and medication, and 3) biological factors that may impact on effectiveness and side effects, should also be examined to determine their role in medication use by these youth.

A complete account of this study can be found in the *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 42(12) (Dec 2003), pp. 1433-1442. For more information, please contact Dr. Leslie at [lleslie@casrc.org](mailto:lleslie@casrc.org).

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