



# Recent Evidence of Racial and Ethnic Disparities in Mental Health Outcomes and Utilization Among Adolescents in the U.S

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## BACKGROUND

- In 2021, approximately 3.7 million U.S. adolescents aged 12 to 17 experienced at least one major depressive episode in the past year, accounting for 14.7% of this age group.
- Racial and ethnic disparities in mental health have been well-documented.
- Despite the worsening mental health crisis among adolescents, emerging evidence suggests factors that may help mitigate the situation.

## OBJECTIVE

- The objective of this study is to investigate the patterns of racial and ethnic disparities in mental health use, social support, and telemedicine use among U.S. adolescents from 2019 to 2022.
- We hypothesize that although mental health issues have worsened for all races and ethnicities since the pandemic, adolescents from minority groups still face significantly lower chances of receiving mental health services.

## DATA AND MEASURES

Data:

- The study used the 2019-2022 National Health Interview Survey's Sample Child Interview .
- Sample: Adolescents (aged 12 to 17).

The outcome measures :

- Mental health utilizations which include whether an adolescent (a) took prescription medication for their emotions, concentration, behavior, or mental health, (b) received counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker, and (c) received both therapy and medication in the last year.
- We also examined (a) whether the adolescent received community support, defined as whether there is at least one adult, other than parents or adults living in their home, in their school, neighborhood, or community who makes a positive and meaningful difference in their life, and (b) whether an adolescent always, usually, sometimes, rarely, or never received social or emotional support when needed. We created a variable that equaled 1 if always and 0 otherwise.
- The last outcome is whether an adolescent had an appointment (for any medical appointment) with a doctor, nurse, or other health professional by video or phone in the previous year.

## RESULTS

Figure 1: How often seems sad or depressed

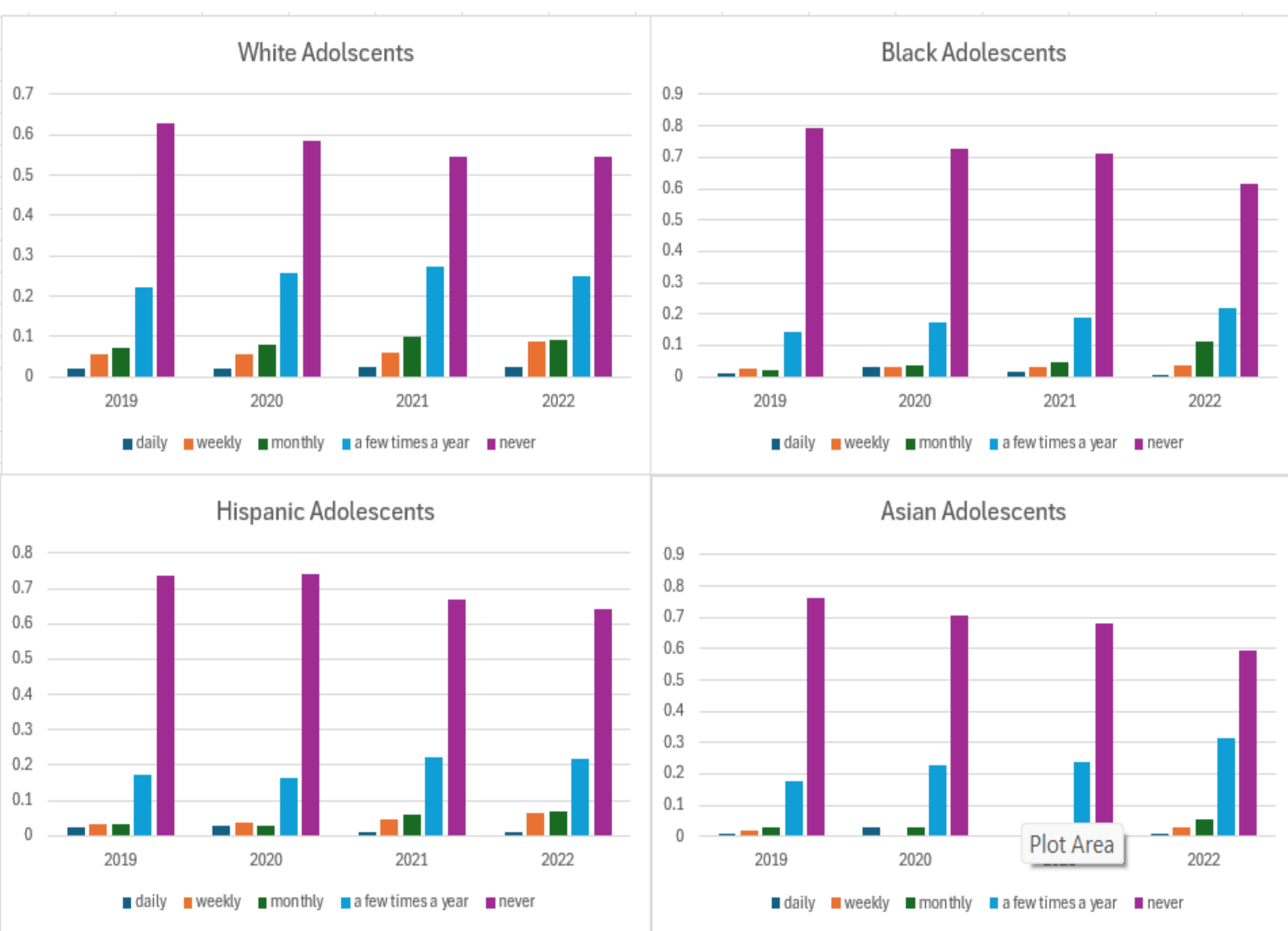


Table 2: : Racial and ethnic disparities in mental health care utilization among US adolescents

Race and ethnicity	Took med for mental health				Had mental health therapy				Had med and therapy			
	OR	95%CI	p		OR	95%CI	p		OR	95%CI	p	
White		Reference				reference				reference		
Black	0.45	0.33	0.61	<0.001	0.60	0.45	0.80	<0.001	0.55	0.38	0.80	<0.001
Hispanic	0.44	0.35	0.56	<0.001	0.70	0.58	0.86	<0.001	0.58	0.43	0.77	<0.001
Asian	0.17	0.11	0.28	<0.001	0.23	0.16	0.34	<0.001	0.20	0.11	0.38	<0.001
female	0.72	0.61	0.84	<0.001	1.06	0.92	1.23	0.42	0.91	0.75	1.10	0.34
age	1.05	1.01	1.10	0.02	1.01	0.97	1.06	0.54	1.08	1.02	1.14	0.01
US-born	1.31	0.79	2.19	0.30	1.25	0.84	1.86	0.27	1.13	0.66	1.94	0.65
Self-reported health												
Fair and poor health		Reference				reference				reference		
excellent or very good health	0.25	0.18	0.35	<0.001	0.32	0.23	0.45	<0.001	0.24	0.17	0.34	<0.001
good health	0.48	0.33	0.71	<0.001	0.59	0.42	0.84	<0.001	0.48	0.33	0.72	<0.001
never felt depressed	0.27	0.23	0.31	<0.001	0.16	0.14	0.19	<0.001	0.16	0.12	0.20	<0.001
Family income												
<100% FPL		Reference				reference				reference		
100-200% FPL	1.00	0.73	1.37	0.98	1.07	0.81	1.42	0.64	0.97	0.67	1.43	0.89
200-400%FPL	1.02	0.74	1.40	0.91	1.32	0.99	1.76	0.06	1.09	0.75	1.59	0.65
above 400%FPL	1.21	0.86	1.68	0.27	1.60	1.17	2.20	<0.001	1.46	0.96	2.21	0.08
Max education of parents												
No high school		Reference				reference				reference		
High school	1.18	0.81	1.73	0.38	0.87	0.62	1.20	0.39	0.96	0.60	1.53	0.85
College	1.35	0.94	1.94	0.11	1.05	0.75	1.47	0.78	1.17	0.73	1.88	0.51
Graduate school	1.43	0.97	2.10	0.07	1.24	0.87	1.76	0.23	1.40	0.86	2.27	0.17
Parent marital status												
Married	0.77	0.64	0.92	<0.001	0.63	0.53	0.74	<0.001	0.66	0.52	0.83	<0.001
Insurance												
Uninsured		Reference				reference				reference		
Private insurance	2.40	1.35	4.28	<0.001	2.45	1.54	3.90	<0.001	4.33	2.13	8.81	<0.001
Public insurance	3.07	1.72	5.47	<0.001	3.46	2.17	5.53	<0.001	6.02	2.89	12.54	<0.001
Other insurance	2.61	1.30	5.22	0.01	2.56	1.38	4.74	<0.001	4.03	1.75	9.28	<0.001
rural	1.13	0.89	1.44	0.31	0.84	0.66	1.05	0.13	0.96	0.69	1.33	0.81
Year												
2019		Reference				reference				reference		
2020	1.09	0.87	1.35	0.46	1.14	0.92	1.41	0.22	1.14	0.85	1.53	0.37
2021	0.87	0.71	1.06	0.17	1.03	0.86	1.23	0.74	0.80	0.62	1.02	0.07
2022	1.11	0.92	1.35	0.27	1.33	1.12	1.59	<0.001	1.19	0.94	1.51	0.15
Constant	0.16	0.05	0.47	<0.001	0.28	0.11	0.73	0.01	0.04	0.01	0.17	<0.001

Table 1: Sample Characteristics

	All		White		Black		p	Hispanic		p	Asian		p
	mean	std	mean	std	mean	std		mean	std		mean	std	
Sample size	10,715		5,981		1,186			2,804			744		
Took medicine for mental health	0.12	0.33	0.16	0.37	0.08	0.27	<0.001	0.07	0.26	<0.001	0.03	0.18	<0.001
Had mental health therapy	0.15	0.36	0.19	0.39	0.11	0.31	<0.001	0.13	0.33	<0.001	0.05	0.22	<0.001
Took both medicine and therapy	0.08	0.27	0.10	0.30	0.05	0.22	<0.001	0.05	0.22	<0.001	0.02	0.14	<0.001
Emotional/social support	0.77	0.42	0.78	0.41	0.82	0.38	0.02	0.76	0.43	0.10	0.72	0.45	0.01
Community support	0.89	0.31	0.95	0.21	0.90	0.29	<0.001	0.79	0.40	<0.001	0.79	0.40	<0.001
Had virtual medical appointment	0.20	0.40	0.22	0.42	0.13	0.34	<0.001	0.19	0.39	0.004	0.16	0.37	0.002

Table 3: Outcomes of virtual care and social support among US adolescents

	Had any virtual care				Emotional/social support available				Presence of community support			
	N=6,150				N=5,424				N=5,403			
	OR	95%CI	p		OR	95%CI	p		OR	95%CI	p	
Race and ethnicity												
White	reference				reference				reference			
Black	0.59	0.41	0.86	0.01	1.22	0.91	1.65	0.19	0.69	0.47	1.03	0.07
Hispanic	0.89	0.72	1.09	0.25	0.86	0.69	1.07	0.16	0.34	0.25	0.45	<0.001
Asian	0.59	0.40	0.86	0.01	0.71	0.52	0.98	0.04	0.23	0.15	0.34	<0.001

Table 4: Mental healthcare utilization, virtual care, and social support among adolescents who reported feeling depressed

Took medicine for mental health					Had therapy				Had medicine and therapy			
OR					95% CI				p			
OR					95% CI				p			
Race and ethnicity												
White												
	reference				reference				reference			
Black	0.45	0.31	0.65	<0.001	0.64	0.45	0.92	0.01	0.55	0.37	0.82	<0.001
Hispanic	0.48	0.37	0.63	<0.001	0.67	0.53	0.85	<0.001	0.54	0.39	0.73	<0.001
Asian	0.26	0.15	0.43	<0.001	0.27	0.17	0.41	<0.001	0.25	0.14	0.48	<0.001
Had any virtual care					Emotional/social support available				Presence of community support			
OR					95% CI				p			
OR					95% CI				p			
Race and ethnicity												
White												
	Reference				reference				reference			
Black	0.47	0.30	0.73	<0.001	1.05	0.70	1.58	0.81	0.57	0.31	1.04	0.07
Hispanic	0.75	0.56	1.00	0.05	0.98	0.73	1.31	0.88	0.38	0.24	0.58	<0.001
Asian	0.56	0.36	0.87	0.01	0.82	0.54	1.26	0.37	0.30	0.15	0.61	<0.001

## DATA AND MEASURES

- The key independent variables: race and ethnicity: non-Hispanic White (White), non-Hispanic Black (Black), non-Hispanic Asian (Asian), and Hispanic.

## RESULTS

- From 2019 to 2022, the proportion of adolescents who reported never feeling depressed decreased from 63% to 55% among White adolescents, with more significant declines observed among Black (from 79% to 62%), Asian (from 76% to 59%), and Hispanic adolescents (from 74% to 64%).
- Compared to White adolescents, Black, Hispanic, and Asian adolescents were significantly less likely to take prescription drugs for mental health, receive therapy, or receive both treatments. Additionally, Hispanic and Asian adolescents were significantly less likely to receive community support, and all minority adolescents were less likely to have a virtual appointment.

## CONCLUSION

- Our study highlighted the gradual convergence in depression rates between White and minority adolescents, although minority adolescents were still less likely to report feelings of depression between 2019 and 2022.
- Additionally, our findings indicated that minority adolescents continue to be less likely to use mental health services and telehealth. The gap in community support among Asian and Hispanic adolescents is particularly concerning.
- Despite the proven benefits of community and social or emotional support in improving mental health, these resources were less available to Hispanic and Asian adolescents. These findings highlighted the urgent need to address mental health challenges among minority adolescents and to recognize and meet their diverse mental health needs.
- Finally, while minority adolescents reported lower telehealth use, future research is needed to better understand the significant disparity between White and minority adolescents. If telemental care and community support are effective in improving minority adolescent mental health, it is crucial that these groups do not miss out on these opportunities.

## CONTACT INFORMATION

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