

## **Mental Health Care for Low-Income African American Youth**

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**Purpose:** Mental health problems among children and adolescents can lead to a lifetime of difficulties. Moreover, the effects on families can be disturbing and can interfere with the implementation of family roles essential to family health and functioning. Many caregivers fail to seek help for their children from formal sources of mental health care. Research indicates that as many as two-thirds of children who need mental health services are not receiving care or are receiving inappropriate or insufficient care. Unfortunately, little is known about why or how families make the decision to seek or to drop out of mental health treatment for their youth. Much of the research has focused on demographic factors associated with inadequate use of mental health services. Research designed to identify factors other than demographic characteristics is lacking. The purpose of this study is to identify factors, including barriers and self-efficacy, that may impact on both seeking and remaining in services for low-income African American youth.

**Method:** This study uses a community-based descriptive survey of 200 parents with school-aged and adolescent children residing in low-income public housing communities in North Carolina. Data are collected using questionnaires and a semi-structured interview. Questionnaires include: a demographic survey, the Child and Adolescent Services Assessment (CASA) designed to assess lifetime and previous 12-month use of mental health services for children, an investigator-developed self-efficacy measure, and the Sense of Mastery scale. A semi-structured interview is conducted to assess mental health help seeking patterns and barriers to service use. A qualitative interview with 10 participants who actually sought mental health services will be conducted.

**Findings:** Data have been collected on 50 low-income African American caregivers, primarily mothers. Preliminary results of the study indicate that the almost one-half of the caregivers (48%) report being told of the presence of mental health symptoms, primarily by school personnel. Social problems (42%) and hyperactivity (40%) were the most frequently identified problems. Disapproving family, stigma, and the child's unwillingness to engage in mental health care were the most frequently cited barriers to mental health services. Concern for the child's well-being and safety were cited as the most common reasons for seeking mental health services.