

and play.

# NH LEND PROGRAM

# Inequity at the Intersection of Disability and Mental Health

Youth with a Disability Have

Youth with a disability in NE are less likely to have

their mental health care needs met and more likely to

Race/ethnicity Affects Access to

Hispanic youth in NE are less likely to have health

care coverage, as well as less likely to have their

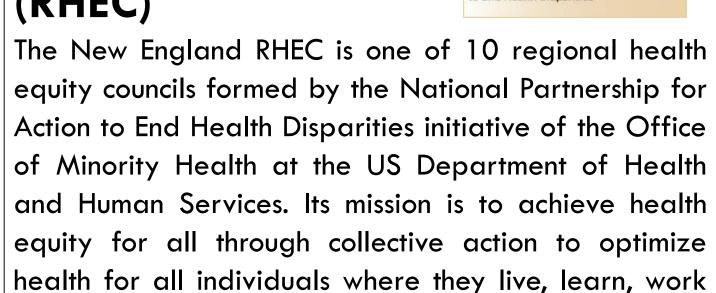
**Mental Health Care** 

Inadequate Access to Care



## INTRODUCTION

# New England Regiona Health Equity Council (RHEC)



# Data, Evaluation & Policy Subcommittee (DEPS)

The DEPS is a sub-committee of the RHEC whose mission is to promote the use of data to identify and address health disparities among racial/ethnic groups and persons with disabilities in New England. To this effect, one of its goals is to develop and disseminate a New England youth health equity report.

As such, the mission of the DEPS in the context of the RHEC is directly linked to the mission of LEND. A data-driven approach will be used to address questions of disability and health equity with the broad aim of increasing the well-being and quality of life of individuals with neurodevelopmental disabilities.

# **Core mission** Improve the well-being and quality of life of individuals and with disabilities **Broad goals** - Full access - Equal opportunity - Full participation **Specific strategies** Strengthening communities - Advancing: Policy and systems change Promising practices Education <u>Research</u>

## METHODS

**Question**: We sought to address the question of how race/ethnicity and disability status affected mental health quality and appropriate access to mental health care.



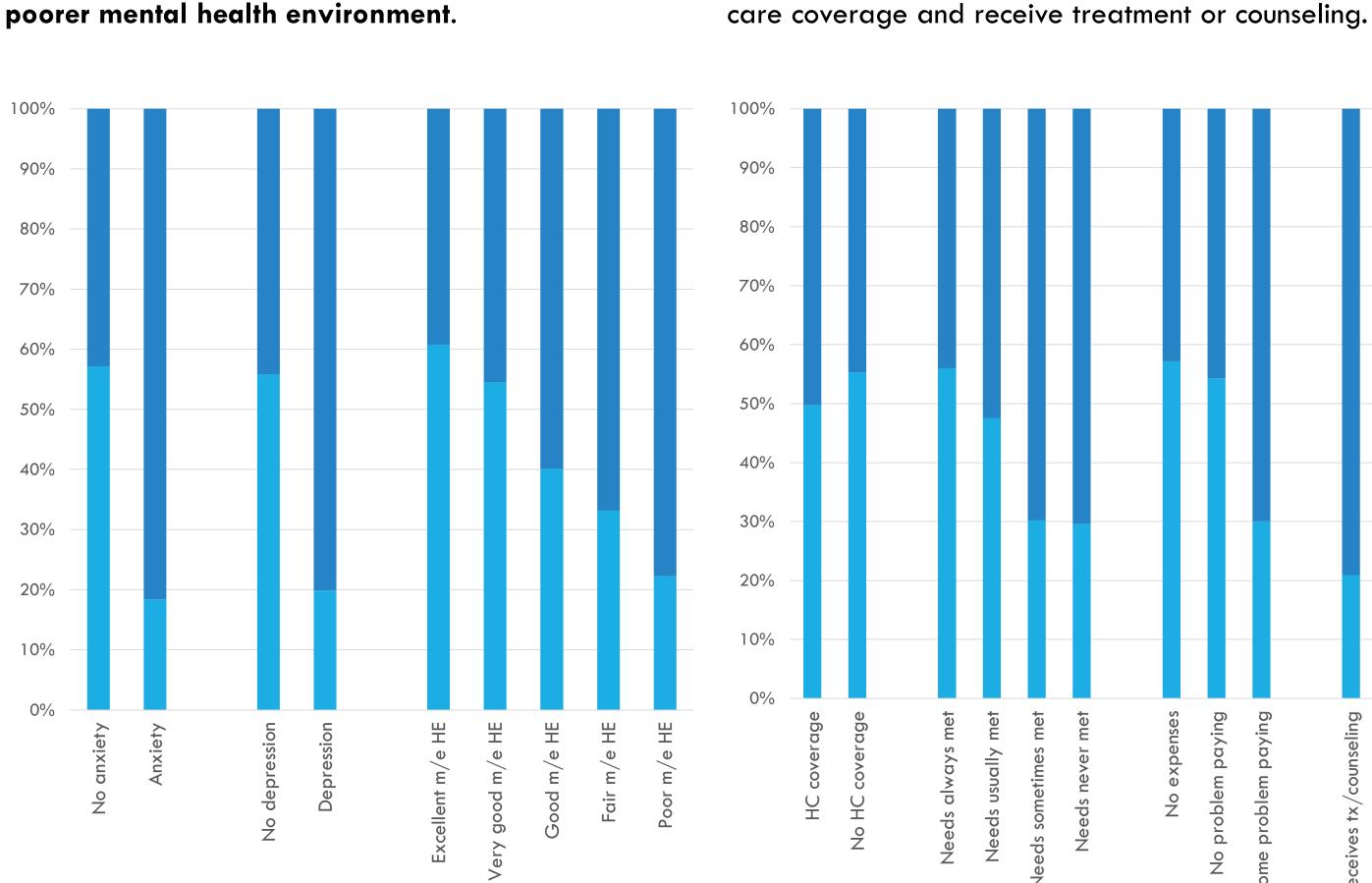
**Analyses**: To do so, after evaluating 7 national youth health surveys, we used the 2012 National Survey of Children's Health (NSCH) to address our questions. This dataset is comprised of 367 health-related questions answered by parents of 95,677children ages 0-17 nationally. We limited the scope of our question to HRSA Region I (CT, ME, NH, MA, RI, VT) and to children ages 12-17, yielding a final count of ~4,000 children. After obtaining raw data from the Data Resource Center of the Child and Adolescent Mental Health Initiative, we isolated our key variables and questions and performed crosstabs analyses to generate descriptive statistical graphs in SPSS (Version 23, IBM, 2015).

# RESULTS

# Youth with a Disability Experience More Mental Health Challenges

Youth with a disability in NE are more likely to suffer have difficulties paying for their health care from anxiety, depression, and be surrounded by a coverage. However, they are more likely to have health poorer mental health environment.

care coverage and receive treatment or counseling.

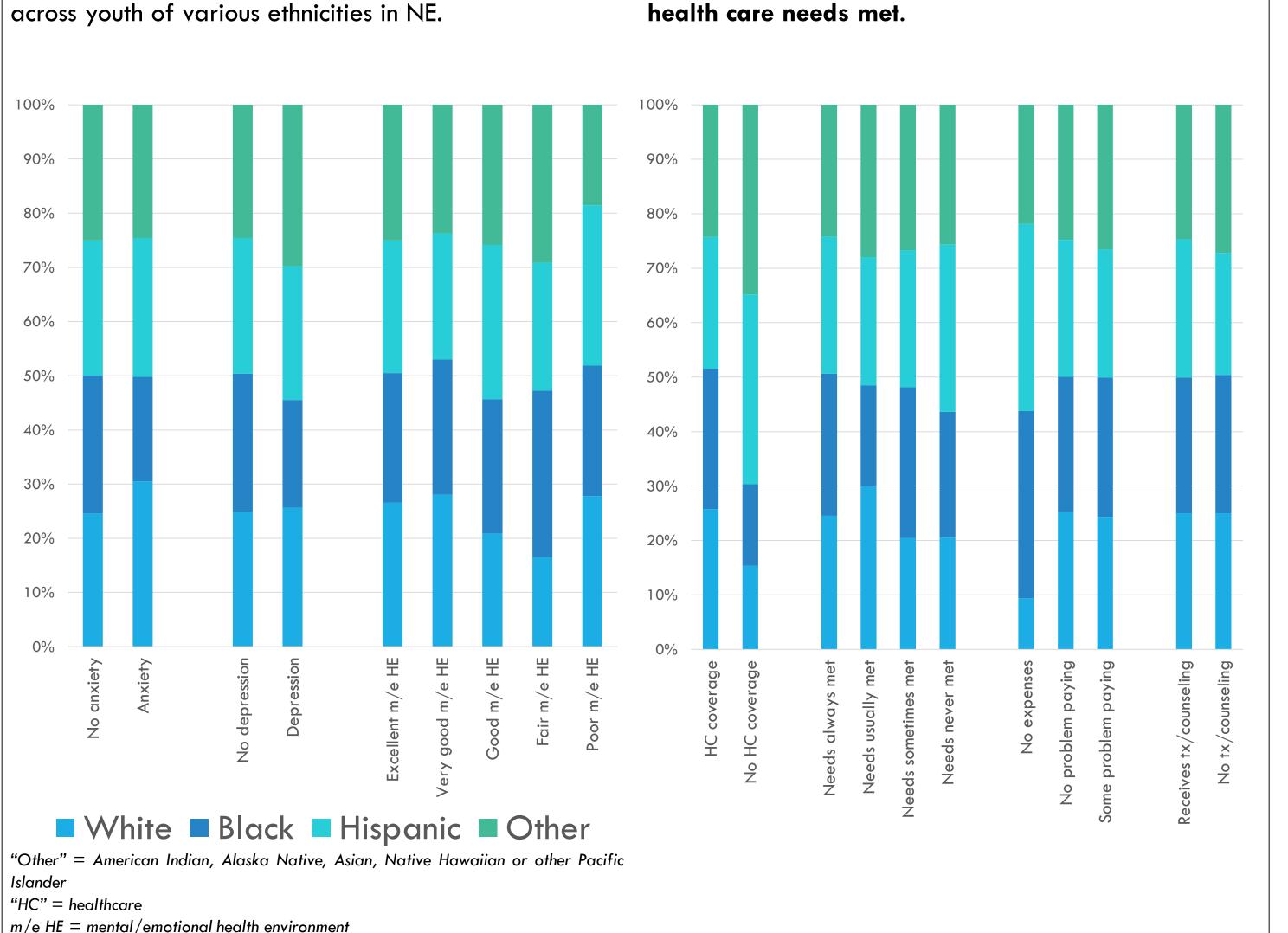


# Race/ethnicity Does Not Impact Mental Health

■ Not disabled ■ Disabled

There was no significant difference in mental health

NE = New England



# DISCUSSION

#### Conclusions so far:

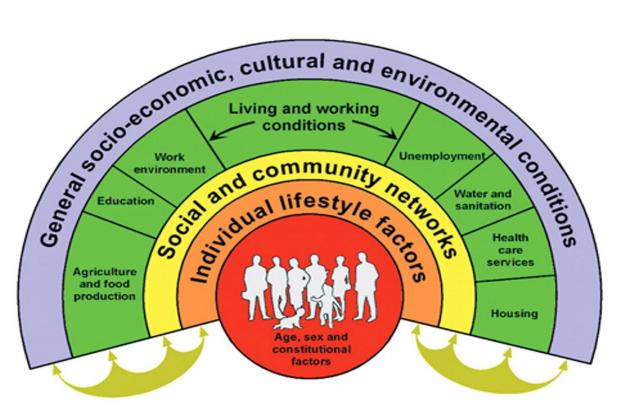
- These results are consistent with previous research on the prevalence of mental health difficulties and disability (Cooper 2007, Emerson 2007b, Kolaitis 2008, Lucas 2007, Kariuki 2011)
- A number of factors contribute to the the link between disability and mental health, including:
  - 1) the lifestyle consequences of having a disability,
  - 2) the poorer health of individuals with disabilities, and
  - 3) the relationship between disability, social exclusion and mental health difficulties (Emerson 2007a, Honey 2011)
- These results warrants
  - 1) increasing the widespread awareness of the issue and integrating it into social policy and health care delivery at all levels
  - 2) increasing the quality and quantity of current targeted preventative interventions and treatments (Gustafsson 2009, Hemmings 2008, Yen 2009)

#### These results are significant because they:

- provide evidence that youth with disabilities in New England are at a greater risk of mental health difficulties than other members of the community
- provide evidence that such youth have greater difficulty receiving the mental health care they need,
   and that the most vulnerable such youth may be of Hispanic ethnicity
- prompt further in-depth questioning as to the sources, causational and correlational, of this inequity
- may serve as a call to action to prevent, compensante for and reverse such inequity

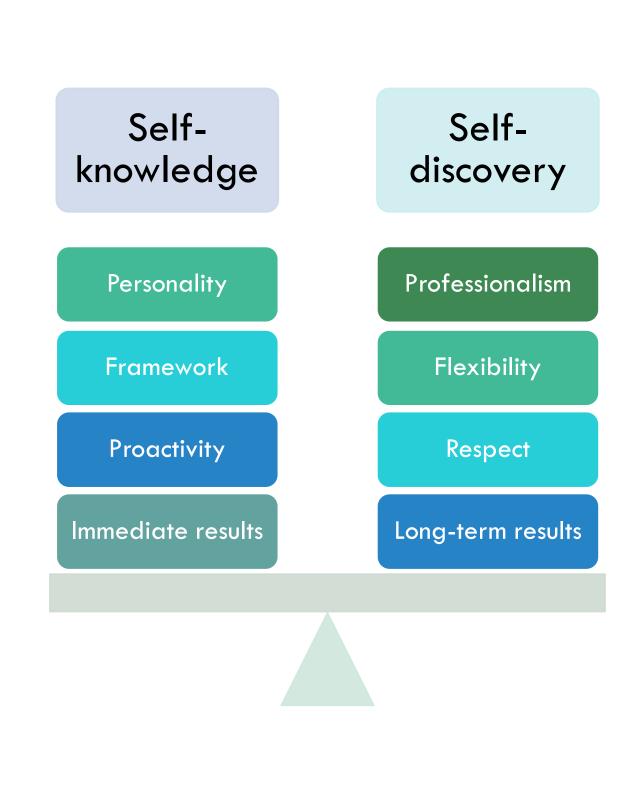
#### Future directions include:

- building upon these results to study the intersection of mental health and other factors within the framework of the social determinants of health (Marmot 2005)
- disseminating these results in various formats to appropriate stakeholders, including educators, policy makers, and health care providers.



#### REFLECTION

Being an effective leader seems to be a balance of many factors. As I navigated the process of learning about the various national heath care datasets accessible to me and learning to use specialized statistical analysis software to answer specifically formulated questions about disability and mental health, I found myself constantly trying to strike the right balance between self-knowledge and self-discovery (sticking to personal tools that I know are successful vs. trying new methods of working that might open new doors), personality and professionalism (in the context of interactions with the RHEC), framework and flexibility (being open to new ideas, at all stages of the project), proactivity and respect (answering my own questions while respecting the desires of the RHEC), and immediate vs. long-term results (having the patience to incorporate constructive feedback to develop better questions and results).



#### REFERENCES

See attached reference sheet.

### **ACKNOWLEDGMENTS**

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