2014

Mental and Behavioral Health Services Scan

Connecticut Commission on Health Equity

Youth Committee

June 2014

Executive Summary

Purpose and Rationale

The Connecticut Commission on Health Equity's (CHE) overall mission is to eliminate health disparities based on race, ethnicity, gender, and linguistic ability through research, advocacy, and legislative action. The Youth Committee's (the Committee) recognition of the adverse impact of unaddressed mental health challenges on a young person's academic performance, involvement with the juvenile justice system, and overall well-being underscores the Commission's mission and informs the Committee's work.

Previous research[1] has shown that in Connecticut there is an unmet need for mental health services for young people; in particular African American and Latino males are underserved[2]. The Youth Committee of CHE conducted a statewide study of behavioral and mental health services in Connecticut; the results of the 30 surveys completed by providers are described in this report. While this study did not survey the individuals receiving services or their families and caregivers, the Committee believes the study is an important first step towards addressing the barriers preventing young men and boys of color from receiving mental health services.

In addition, the Committee recognizes that the snapshot is not a comprehensive survey of all service providers, but it does provide a starting point for future investigation. The names of the providers that responded to the survey are attached in the addendum.

Key Results:

- According to the providers that responded to the survey, the largest barriers to seeking services for young men of color are:
  - social stigma,
  - not enough knowledge about what mental health is,
  - not enough places to go for mental health services,
  - lack of transportation,
  - not enough knowledge of what services are available, and lack of family support/cooperation

- Only 3 of the organizations that responded had programs specifically designed for male youth of color

[1] Spencer, A. (2012). Blind Spot: Unidentified Risks to Children's Mental Health. Center for Children's Advocacy. Available at: http://www.cthealth.org/wp-content/uploads/2011/04/2BlindSpot2012.pdf

[2] Quinn, U.L. (2008). The invisible child: disparities in the mental health treatment of the African American male in the juvenile justice system. Childs Legal Rts. J. 28(1): 16-22.

[2] Connecticut Association of School Based Health Centers. Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services. Issue Brief. Available at: http://ctschoolhealth.org/images/IssueBrief_web2_Final.pdf

- The organizations surveyed estimated that approximately 60% of their service population are males, and of those males 40% are males of color

- There was a wide range of mental health issues being addressed, with the top answers being developmental, learning, anxiety, and mood issues

- The top types of services provided by the survey respondents were home visits, mental health education, and counseling/therapy

- Outreach in school and community (either through organizations or informally through social networks) were the most popular ways to find the service population, followed by state agencies

Future Considerations

The survey results pointed to social stigma as the biggest barrier to mental health services for male youth of color. Access to mental health services was also identified as a barrier. Access encompasses having a place to go, having transportation, and having family cooperation or support. Obtaining the perspective of the males of color and the families and caretakers is imperative for us to truly begin to understand these barriers so that we can develop effective methods to address them. We hope that this will be the first of many steps to address the unmet mental health needs of young males of color in Connecticut.

Introduction

Alignment with the Connecticut Commission on Health Equity's Mission

This survey was the first step in the Youth Committee of the Connecticut Commission on Health Equity's efforts to examine mental/behavioral service gaps for boys and young men of color (age 5-22) in the state of Connecticut. The Youth Committee recognized the lasting impact of unaddressed mental health challenges on a young person's academic performance, involvement with the juvenile justice system, and overall well-being. In this way, the project aligns with CHE's overall mission to eliminate health disparities based on race, ethnicity, gender, and linguistic ability through research, advocacy, and legislative action.

A statewide snapshot of behavioral and mental health services in Connecticut was conducted by sending surveys to behavioral/mental health providers and organizations throughout the state. The questionnaire was completed by those who either oversaw the organization or provided specific behavioral/mental health programs. The results of the 30 completed surveys are described in this report.

Rationale for Conducting the Survey

Other organizations have previously explored the importance of addressing mental health of youth and adolescents. The Center for Children's Advocacy reviewed school records of adolescents age 12-16, with behavioral, emotional, and performance problems and found that there is an unmet need for mental health services and support for Connecticut teenagers.[3] Furthermore, their analysis stressed the necessity for early detection of behavioral/mental health needs and early access to mental health resources. They found that children in urban and lower socioeconomic communities had higher levels of childhood experiences that negatively impact mental health. Given that the median income for Black households in Connecticut is just 58% of the median income for White households, and that the median income for Hispanic/Latino households is only 53% of the income of White households, it is plausible that mental health utilization may be a problem for these populations in the state.[4] In addition, previous research has found that males of color, particularly Black males, have lower rates of mental health service utilization.[5] Finally, Black males were not only found to enter into the juvenile justice system at higher rates than White males, but they are more likely to be detained and less likely to receive mental health services than their White

[3] Spencer, A. (2012). Blind Spot: Unidentified Risks to Children's Mental Health. Center for Children's Advocacy. Available at: http://www.cthealth.org/wp-content/uploads/2011/04/2BlindSpot2012.pdf
[4] United State Census Bureau (2009). 2005-2009 American Community Survey. Available at: https://www.census.gov/acs/www/Downloads/ACS_Information_Guide.pdf
[5] Lindsey, M., Marcell, A. (2012). We're going through a lot of struggles that people don't even know about: the need to understand African American Males' help-seeking for mental health on multiple levels. American Journal of Men's Health. 6(5): 354-364.

counterparts.[6]

The Connecticut Association of School Based Health Centers conducted a survey in 2011 and found that most mental health providers at school based health centers reported lack of transportation, lack of insurance, and stigma as the top barriers for young men of color to seek mental health services in community settings.[7] The survey revealed that school based health centers removed or mitigated these barriers, and provided an atmosphere of safety, confidentiality, and trust. One of the goals of this survey is to add to this information and identify the perceived barriers to services.

Though there is little aggregate data about all the mental/behavioral health services available to young men of color, organizations have provided data that describes the current landscape of behavioral/mental health service utilization in Connecticut. According to the US Census, overall, 29.7% of Connecticut's population is made up of racial/ethnic minorities. Black people make up 11.2% of Connecticut's population and Hispanics/Latinos make up 14.2%. Yet the children served by the Emergency Mobile Psychiatric Services Crisis Intervention Services, which responds to emotional or behavioral crises,[8] were disproportionately children of color. Of the children serviced, 18.6% were Black/African-American and 29.1% were of Hispanic/Latino descent (including those of Puerto Rican, Cuban, Mexican descent). This suggests that although males of color may be less likely to utilize behavioral/mental health services, they have higher rates of mental health crises that require immediate attention. This is a potential indication of an unmet need for accessible services in these populations.

[6] Quinn, U.L. (2008). The invisible child: disparities in the mental health treatment of the African American male in the juvenile justice system. Childs Legal Rts. J. 28(1): 16-22.
[7] Connecticut Association of School Based Health Centers. Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services. Issue Brief. Available at: http://ctschoolhealth.org/images/IssueBrief_web2_Final.pdf
[8] EMPS Crisis Intervention Services Performance Improvement Center (2012). Annual Report: Fiscal Year 2013.

Results of Survey

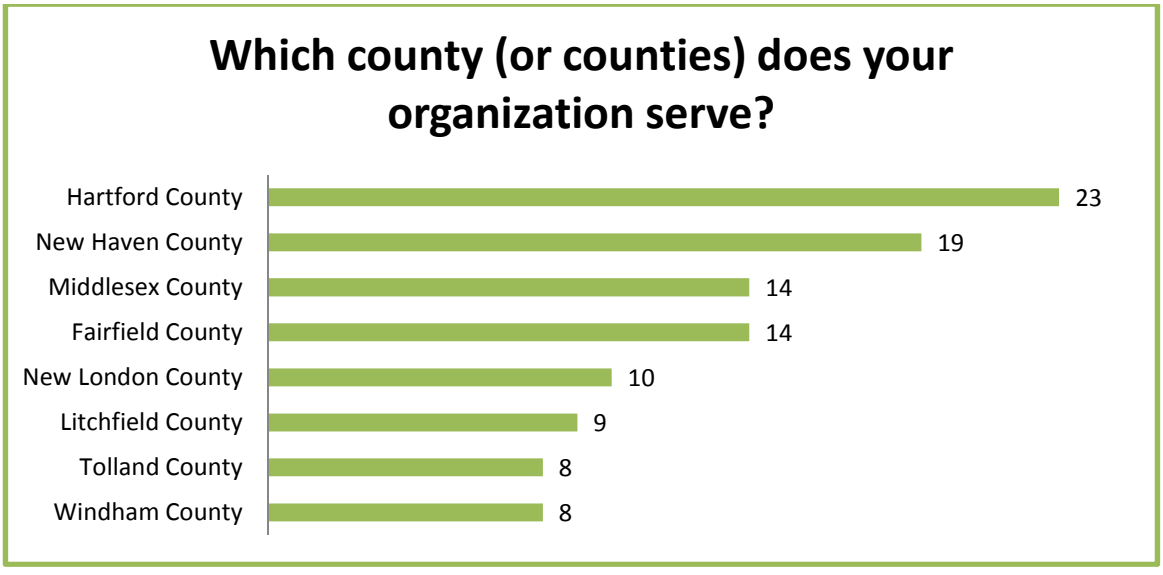
Description of Respondents

According to the 2012 United States Census, New Haven, Hartford and Fairfield counties have the highest proportion of Blacks and Latinos (see Figure 1).[9] New Haven, Hartford, Fairfield, and Middlesex counties were the top areas serviced by the respondents (see Figure 2).

Figure 1: Percentages of Non-White, Black and Hispanic/Latino Populations by Connecticut Counties (Out of Each County's Total Population)

County	Percent Non-White	Percent Black	Percent Hispanic/Latino
Hartford	22.2%	14.8%	16.2%
New Haven	20.4%	13.9%	15.9%
Fairfield	19.4%	11.9%	17.8%
Tolland	19.2%	3.4%	4.6%
New London	15.4%	6.5%	9.2%
Middlesex	10.0%	2.8%	10.1%
Litchfield	9.3%	1.7%	4.9%
Windham	6.9%	2.8%	10.1%

Figure 2: Service by Connecticut County- Participants Selected All that Applied

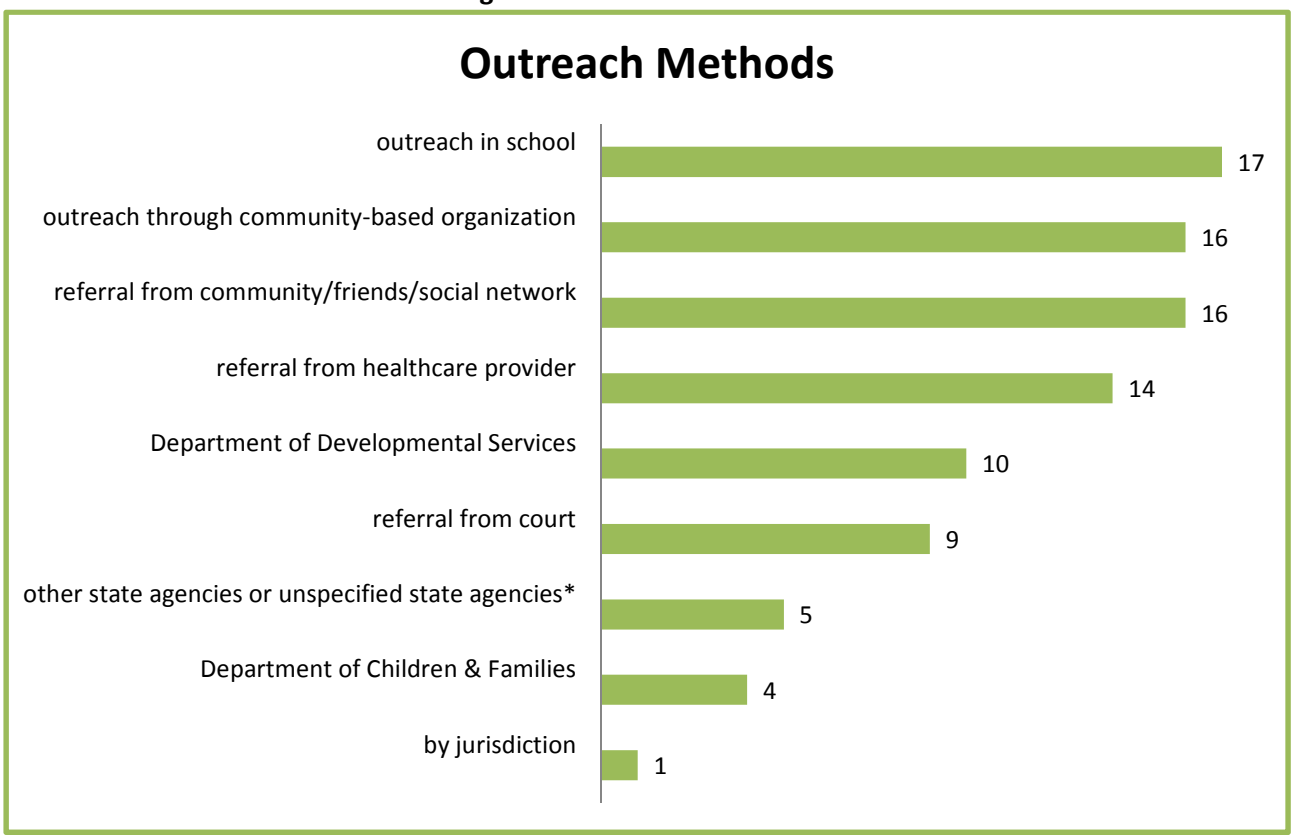


[9] United States Census Bureau (2012). Connecticut. Available at: http://quickfacts.census.gov/qfd/states/09000.html

The organizations that responded to the survey reached their service population in a variety of ways. The most popular responses were outreach in schools, community-based organizations, referrals from community members, and referrals from healthcare providers (see Figure 3). Seventeen of the organizations said they conducted outreach in school, and 16 said they did outreach through community-based organizations or non-profits, and 16 also responded that they received referrals from members of the community or social networks. Sixteen organizations received referrals from some sort of state agency (e.g. Department of Developmental Services, Department of Children and Families, etc.) For those who selected "referrals from community/friends/social networks," it appears that the most common methods were by word of mouth and use of free social media. Several organizations explained that they conducted outreach through other organizations they had previously worked with, handouts or fliers, and referrals from related, but non-mental health programs.

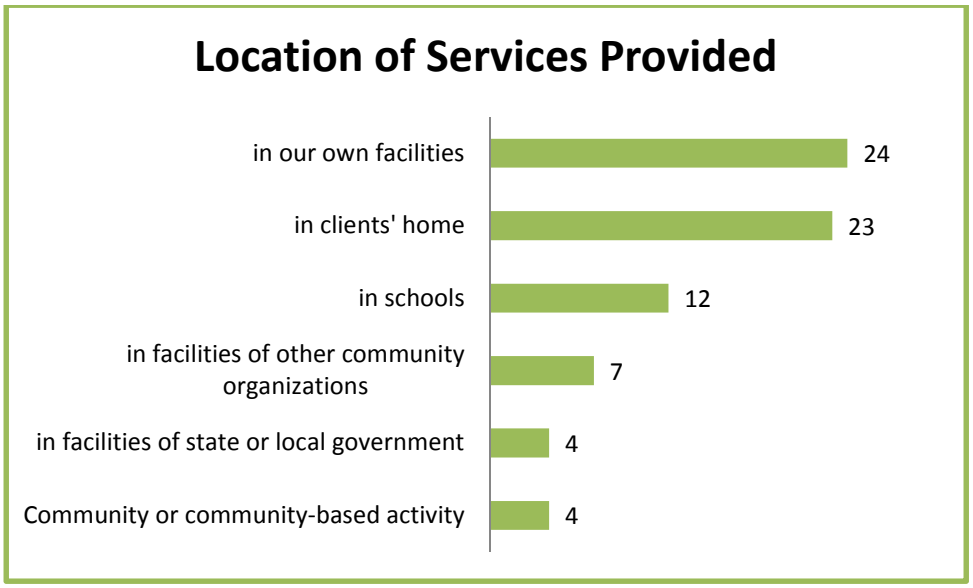
In a few cases, outreach was directed at individuals who were diagnosed with a specific behavioral/developmental issue. However, several organizations responded that their work in schools involved conducting information sessions for a wide range of students and their families to inform about the types of services offered, and also to encourage students to use the services. These services were focused on providing support for academic and behavioral success and several programs noted that they tried to establish positive relationships between the student and the schools. Some programs that worked within schools also mentioned that they try to include support and information for behavioral health for students who are about to age-out of the school systems. The most common place organizations supplied their services were in their own facilities or in their clients' homes (see Figure 4).

Figure 3: Outreach Methods



*Note: other state agencies or programs include DMHAS and HUSKY

Figure 4: Location of Services Provided



Types of Services Being Provided

Among providers that answered the survey, home visits and in-home therapy were the most common types of services. Other services included mental health education, counseling or therapy (not in homes), crisis intervention, referrals, support groups, and detection/diagnosis. Services not included in Figure 5 but mentioned by respondents included medication evaluation, staff training, assistance with medication, applied behavioral analysis, and cognitive groups with a focus on skill acquisition.

Developmental, learning/attention, anxiety, and mood issues (see Figure 6) were the most common mental health topics addressed by these provider organizations. Other challenges that were specified by respondents included special services for Autism, Traumatic Brain Injury, and Prader-Willi Syndrome.

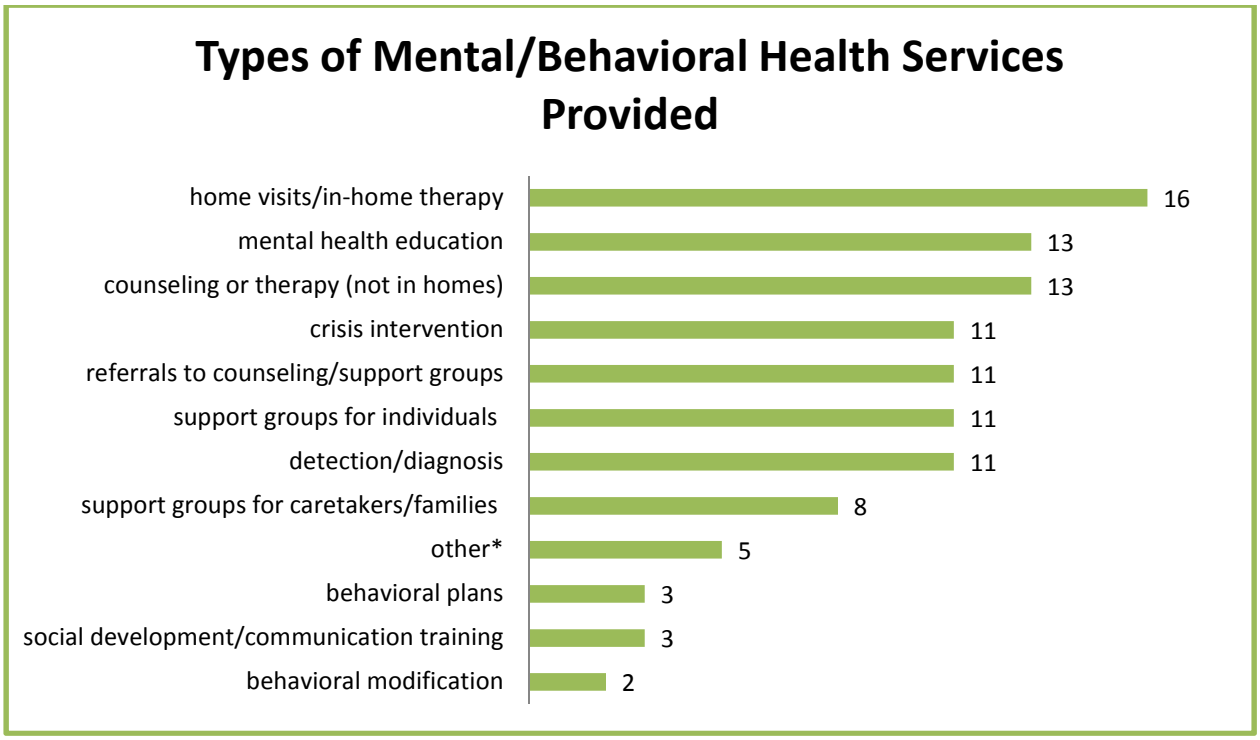
On average, 59.21% of the patients served by the organizations are male, with answers ranging from 27% to 100%. It is important to note however, that organizations specifically catered towards females were not sent the survey, so this number does not necessarily reflect the proportion of males that utilize services in the full population of Connecticut. Of the male population served by each organization, responders estimated that around 38.41% are racial/ethnic minorities (the lowest response was 0%, and the highest response was 97%). This rate is comparable to the proportion of the state's population that is comprised of racial/ethnic minorities (30%). Significantly, of the males of color that are served, most are adolescents. Organizations estimated that on average, around 51% are between ages 13-17, 26% are between ages 5-12, and 24% are between ages 18-22.

Male Youth of Color

Only three organizations that responded to the survey provided descriptions of services that specifically target male youth of color. One organization provides services in both English and Spanish, with the intent of reducing the stigma of mental illness among people of color. Their community health worker program includes a group of trained parents and caregivers with children (or adolescents) with a mental illness diagnosis. These mental health community health workers deliver an education course on mental health in Spanish to their community members. Another program involved training male youth of color leaders to work with White suburban youth on social communication affected by mental health issues, as a means to increase exposure to diversity. This organization mentioned that they used the phrase "difficulty with peers" rather than "disorders in social communication" when they advertise their program in hopes of attracting individuals, particularly youth of color.

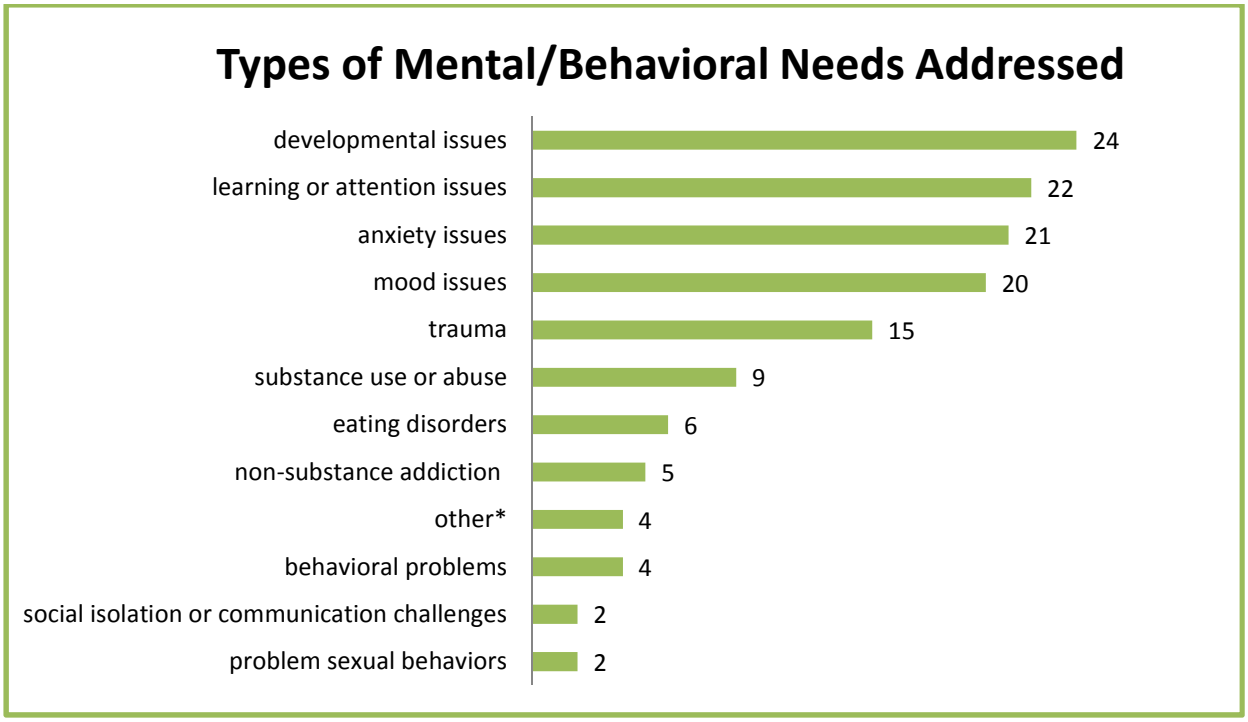
One organization mentioned that they work with Connecticut's HUSKY Health program, which includes a large proportion of families of color and individuals, as one way of reaching those underserved and communities of color. Other providers also mentioned they served low-income populations, which tend to be mostly youth of color, though they did not have programs specifically directed at males of color.

Figure 5: Types of Mental/Behavioral Health Services Provided



*Note "other" includes medication evaluation, assistance with medication, staff training, Applied Behavioral Analysis, and cognitive groups with a focus on skill acquisition

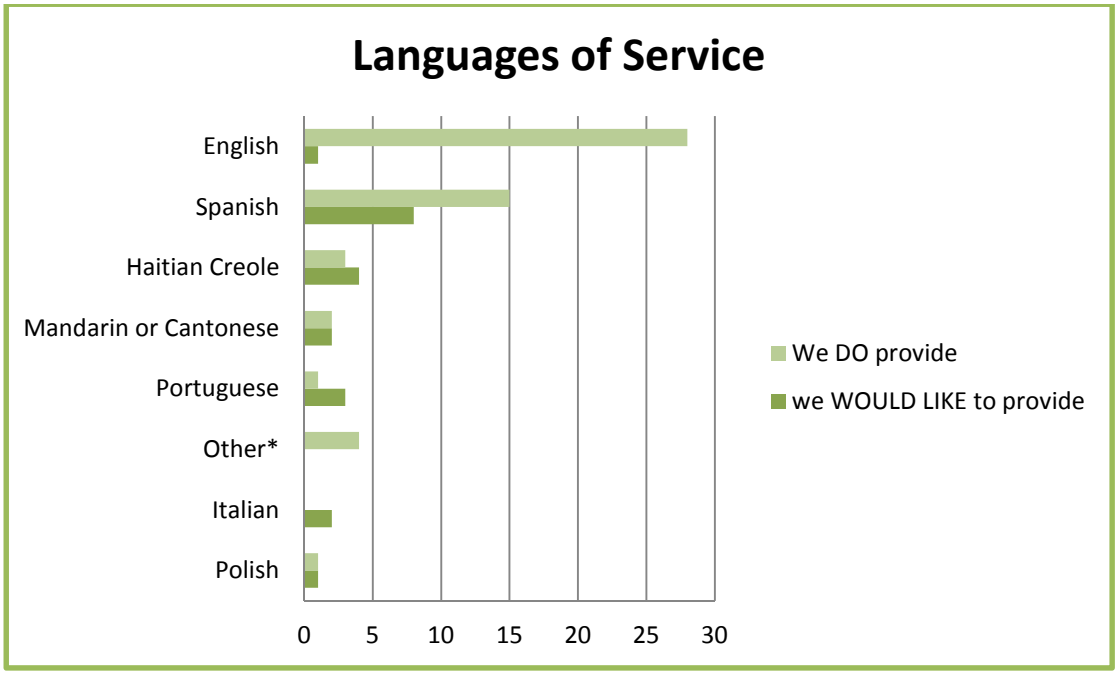
Figure 6: Types of Mental/Behavioral Needs Addressed



*Note: "other" responses include services for Prader-Willi Syndrome, Autism, and Traumatic Brain Injury

Though most of the respondents did not have programs specifically targeting youth of color their services are provided in a variety of languages. Fifteen organizations provided services or resources in Spanish, 3 responded with Haitian Creole, 2 provide services in Chinese, and one organization provided services in Portuguese and Polish each (see Figure 7). Other languages that were offered, but not included in the survey, include French, German, and American Sign Language. Finally, one organization indicated that their clients could access translators for any language depending on their case. Eight respondents indicated they are unable to provide services in Spanish, but would like to, and four said the same for Haitian Creole. Respondents also expressed interest in providing services in Portuguese, Italian, Chinese, and Polish.

Figure 7: Languages of Service



*Note: "Other" languages that were provided included French, American Sign Language, and German

The majority of survey respondents believed that there were barriers that kept male youth of color from using mental health services (22 out of the 26 who answered the question). Those who believed barriers existed were then asked to choose from a list of possible barriers. They were able to choose and rank what they perceived were the top three barriers, and also had the option of writing in their own responses (see Figure 8). There was not an obvious consensus on what the largest barriers are. However, "that there are not enough places to go for mental health services", "not enough knowledge about what mental health is," and "social stigma" were the most common responses. The results in Figure 8 and additional comments from the respondents suggest that they believe that a combination of many different factors worked together to prevent male youth of color from utilizing mental health services, particularly stigma, and their lack of access to resources and disposable income.

Figure 8: Top Three Barriers for Males of Color to Utilizing Mental Health Services

Answer	Largest Barrier	2nd Largest Barrier	3rd Largest Barrier
social stigma	4	5	3
not enough places to go for mental health services	4	2	2
not enough knowledge about what mental health is	3	2	3
lack of transportation	0	4	3
lack of family support/cooperation	0	4	2
not enough knowledge of what services are available	2	1	3
inadequate health insurance to cover needed care	2	1	2
lack of funding for mental health service organizations	3	1	0
youths' concerns about lack of confidentiality/privacy	2	1	0
no health insurance	1	0	1
shortage of child psychiatrists willing to care for this population	1	0	1
language barriers	0	0	2
shortage of trained staff/social workers	0	1	0

Conclusion and Future Steps

It is important to note that this survey only tells the provider's side of the story, and the information provided was limited to the thirty organizations that answered the survey. To thoroughly evaluate the barriers to mental/behavioral health services, further consideration needs to be given to the perceived barriers of male youth of color and their families. In spite of these limitations, the survey provided useful information that can serve as a starting point for future investigation.

The majority of the survey respondents provided services in the counties with the highest proportion of non-White populations, and most responded that at least a portion of their population was male youth of color (though these numbers varied greatly). It did not appear that there was a problem of organizations not providing a service that addressed minorities in this sample - there was a fairly even distribution of the types of mental/behavioral services provided and issues addressed. Nonetheless, the vast majority of the survey respondents believed that there were barriers that kept male youth of color from using mental health services in community settings. Social stigma and a proper understanding of what mental health is was a common theme in the responses. Not only did more people tend to rank

them in their top three barriers, but responses that included specific examples of work they do included efforts to educate clients about services, as well as avoidance of terms that stigmatize services/conditions. Organizations could potentially benefit from discussing these strategies and also examining how male youth of color and their families respond to them.

Finally, of the organizations that responded to the survey, many did not have specific programs designed for young men of color. The creation of such programs and subsequent evaluation of their effectiveness could be a potential area for expansion. It might also be useful to examine what interventions are most effective to overcome perceived barriers for different populations of color.

Agencies Surveyed for Scan

2. Organization name, address, and website URL:

Text Response
Human Services Council, Inc - Dr. Robert E. Appleby School Based Health Centers One Park Street Norwalk, CT 06851 www.hscct.org
NAMI Connecticut 576 Farmington Avenue Hartford, CT 06105 www.namict.org
Quinnipiack Valley Health District 1151 Hartford Turnpike, North Haven CT 06473 www.qvhd.org
Griffin Hospital, 130 Division Street, Derby, Ct. 06418 www.griffinhealth.org
Nafict.org
Independent provider
Developmental Solutions, LLC judithfishman@sbcglobal.net
1057 Broad Street Bridgeport Ct
Applied Developmental Analysis (ADA) Therapy, LLC 333 Bennett Street, Fairfield, CT 06825 www.ADAtherapy.com
Interlocking Connections, LLC www.interlockingconnections.com
Social Communication Foundation
Elegant 448 Spring Street Windsor Locks, CT 06096 www.elegantclinical.com
Institute of professional practice www.ippi.org
Turning Leaf Agency, Corp PO Box 295 Central Village, CT 06332
BARC, 621 Jerome Ave, Bristol
Community REsidences Inc.
Helping People Excel, Inc.
Youth Services 165 Church St, New Haven, CT 06510 www.cityofnewhaven.com/CSA/Departments/youth.asp
MARC Community Resources 124 Main Street Cromwell, CT
Ken Crest
All Pointe Home Care www.allpointecare.com 125 Commerce Court Cheshire, CT. 06410
CommuniCare, Inc. - 85 Willow Street, Building A - Suite 3, New Haven, CT 06511 www.communicre-ct.org
Forensic Health Services, Hartford YES. 330 Main St, Hartford, CT, 06106
Easter Seals Coastal Fairfield County Connecticut 733 Summer Street, Suite 104 Stamford, CT 06901 www.easterseals-cfc.org
Same as above
North American Family Institute CT, Inc. 20 Batterson Park Rd., Ste. 300 Farmington, CT 06032 http://www.nafict.org/nafinfl/
Sunrise Northeast, Inc. 60 Whitney Street Hartford, CT 06105 www.sunrisegroup.org
Journey Found 60 Hilliard Street Manchester, CT 06040
Favarh, Arc of Farmington Valley 225 Commerce Drive Canton, CT 06019 www.favarh.org
Http://programbuilders.org
The Arc of Southington 201 West Main St. Plantsville CT. 06479
Helping People Excel, Inc.
NAFI CT, Inc. 20 Batterson Park Rd. Farmington, CT 06032 www.nafict.org
sfs ert
HARC, Inc. 900 Asylum Avenue, Hartford, CT 06105 www.harc-ct.org

Statistic	Value
Total Responses	35

Connecticut Commission on Health Equity
Youth Committee

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