

# Ethnic Differences in Referral Routes to Youth Mental Health Services

CORC Regional Seminars, April 2019  
Julian Edbrooke-Childs

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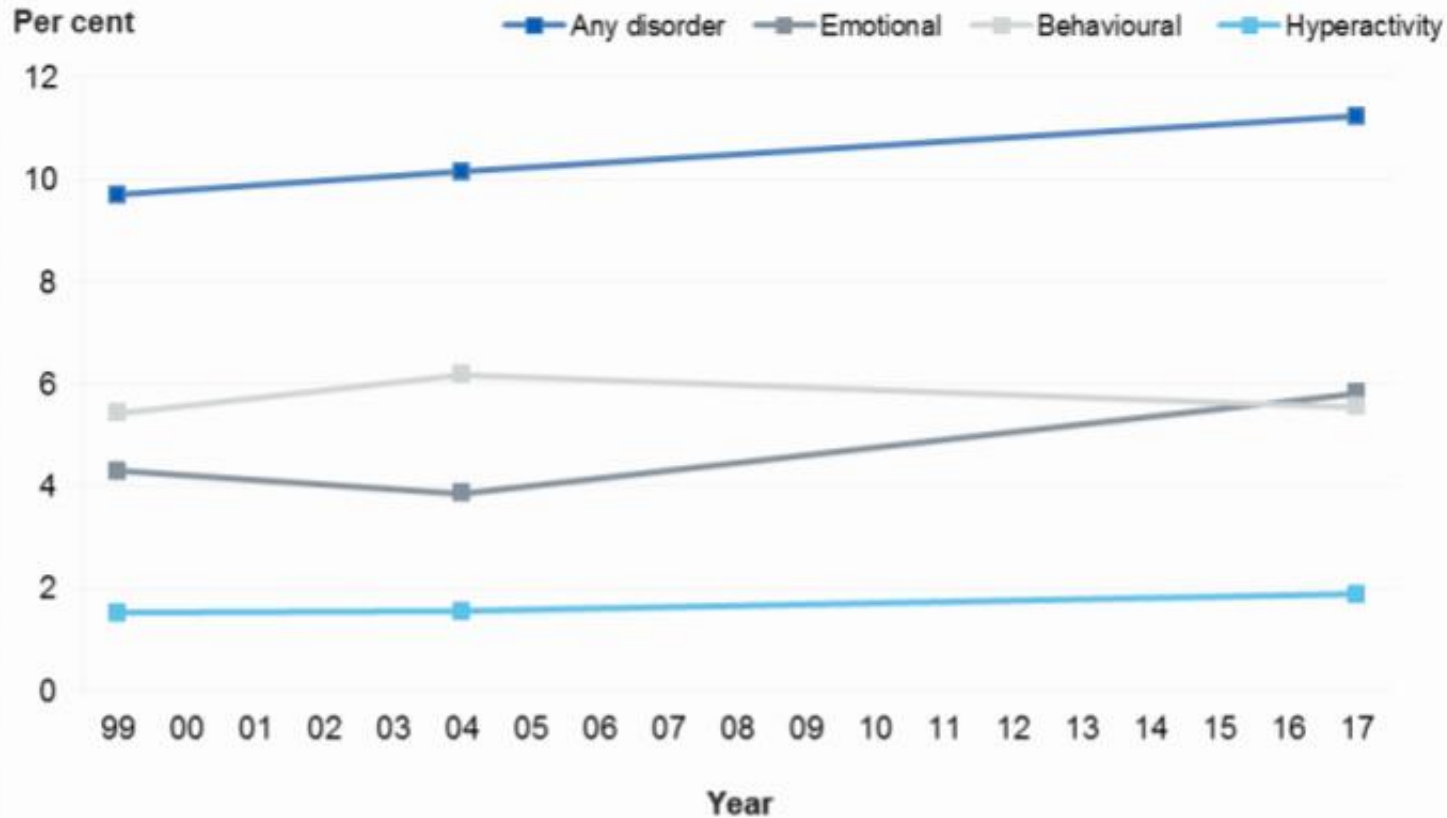
# Acknowledgements

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# Why this is important

Figure 1: Prevalence of any disorder, emotional disorder, behavioural disorder, and hyperactivity disorder, 1999, 2004, 2017  
Base: 5 to 15 year olds

Per cent



<https://files.digital.nhs.uk/9B/518A64/MHCYP%202017%20Trends%20Characteristics.pdf>

# Importance of examining referral routes

- Early intervention is an important indicator of prognosis
- One in five young people with a diagnosable mental health problem accesses mental health services in the United Kingdom
- Range of factors need to be considered when examining referral routes

# Factors associated with referral route

- Data are nested within services
- Socio-economic deprivation: areas of higher deprivation may have higher levels of minority ethnic groups and more young people with mental health problems
- Young person's age, sex, problem type, and contextual factors, which are known to covary and to be associated with different referral routes

# Ethnic differences

## Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data



*Phoebe Barnett, Euan Mackay, Hannah Matthews, Rebecca Gate, Helen Greenwood, Kevin Ariyo, Kamaldeep Bhui, Kristoffer Halvorsrud, Stephen Pilling, Shubulade Smith*



### Summary

**Background** Evidence suggests that black, Asian and minority ethnic (BAME) groups have an increased risk of involuntary psychiatric care. However, to our knowledge, there is no published meta-analysis that brings together both international and UK literature and allows for comparison of the two. This study examined compulsory detention in BAME and migrant groups in the UK and internationally, and aimed to expand upon existing systematic reviews and meta-analyses of the rates of detention for BAME populations.

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6: 305-17

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# Previous studies on ethnic differences in referral routes

- Young people from minority ethnic backgrounds may be less likely to be referred through primary care agencies than are white young people
- Association with socio-economic disadvantage may result in different referral routes
- Number of ethnic minority young people in custody has increased by 16% over the past decade



# Aims of the present study

- Examine ethnic differences in referral route
- Accounting for relevant factors including service-variation, age, sex, problem type, and contextual factor
- Additional sensitivity analyses controlling for service-area deprivation

# Method

**TABLE 1** Descriptive Statistics of the Present Sample  
(N = 14,588)

<b>Variables</b>	<b>Frequency, % (n)</b>
Demographic characteristics	
Male	46 (6,683)
Female	54 (7,905)
0–5 years	6 (853)
6–12 years	37 (5,357)
13–25 years	57 (8,378)
Problem type	
Self-management advice	33 (4,857)
Behavioral problems	5 (784)
Unclassified problems	16 (2,314)
Severe problems	9 (1,355)
Emotional problems	9 (1,290)
Self-harm	5 (735)
Other problems	22 (3,253)

# Method

## Contextual factors

Home life	33 (4,461)
School	32 (4,361)
Community	12 (1,680)
Engagement	5 (639)

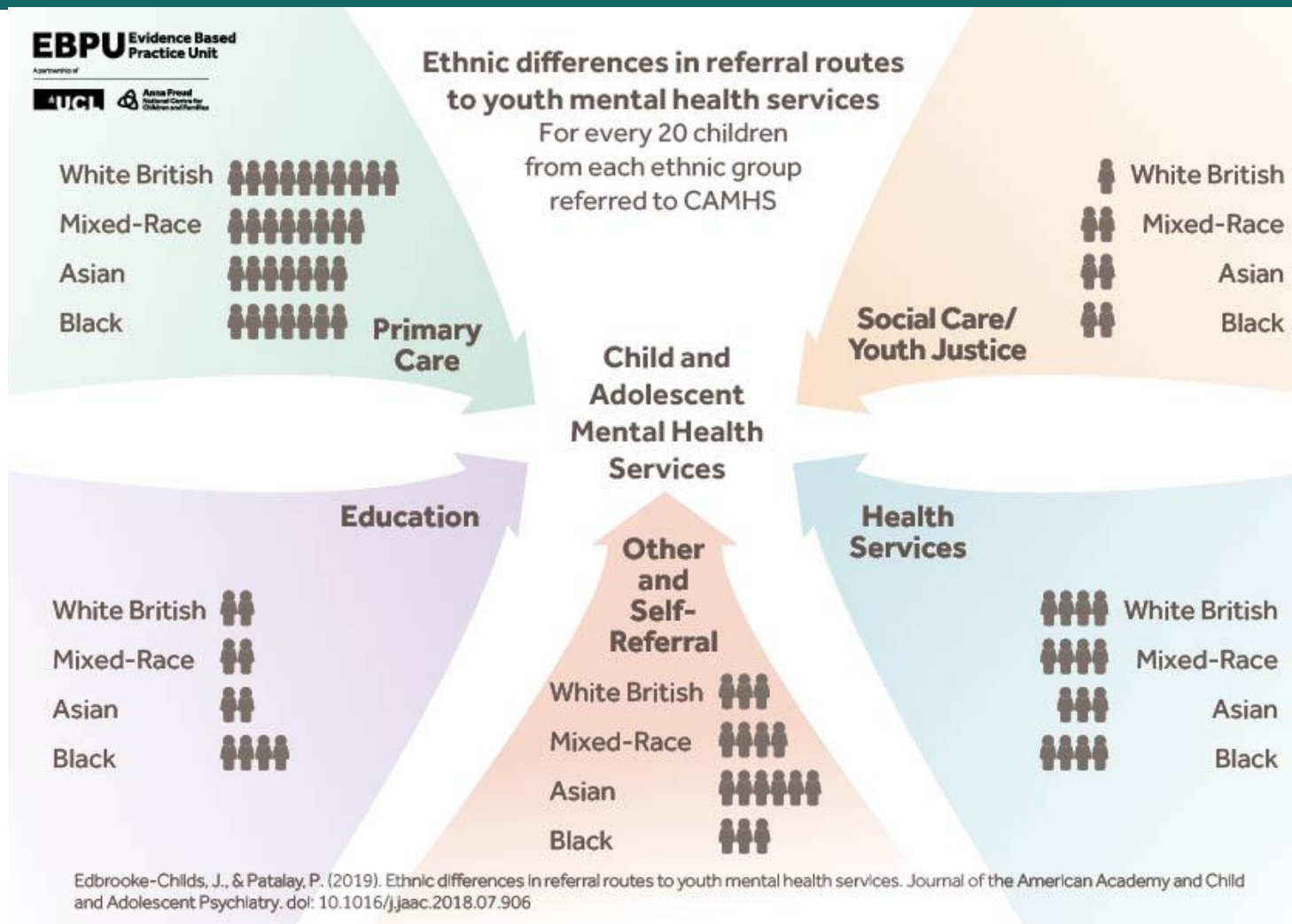
## Ethnicity

White British	64 (9,304)
White other	4 (518)
Mixed race	4 (597)
Asian	6 (821)
Black	4 (650)
Other ethnicity	3 (399)
Not stated	16 (2,299)

## Socio-economic deprivation

IDACI band 0	32 (4,662)
IDACI band 1	35 (5,118)
IDACI band 2	11 (1,667)
IDACI band 3	22 (3,141)

# Results



# Results

	<u>Education vs. Primary Care</u>			<u>Child Health vs. Primary Care</u>			<u>A&amp;E vs. Primary Care</u>			<u>Mental Health vs. Primary Care</u>		
	OR	95% CI		OR	95% CI		OR	95% CI		OR	95% CI	
<b>Ethnicity</b>												
White other vs. WB	1.19	0.83	1.70	1.34	0.92	1.95	0.82	0.49	1.37	0.66	0.43	1.00
Mixed vs. WB	<b>1.62</b>	1.19	2.21	0.96	0.64	1.45	0.93	0.59	1.49	0.82	0.56	1.18
Asian vs. WB	<b>1.38</b>	1.04	1.82	0.85	0.59	1.21	0.93	0.64	1.37	<b>0.39</b>	0.26	0.58
Black vs. WB	<b>2.17</b>	1.63	2.90	1.30	0.90	1.88	0.86	0.52	1.41	<b>0.52</b>	0.33	0.82
Other vs. WB	<b>0.45</b>	0.28	0.72	<b>0.32</b>	0.18	0.58	0.86	0.53	1.38	<b>0.26</b>	0.15	0.45
Not stated vs. WB	0.96	0.79	1.17	<b>0.60</b>	0.47	0.78	0.93	0.73	1.19	<b>0.66</b>	0.53	0.81

# Results

	<b>Social Care/ Youth Justice vs. Primary Care</b>			<b>Other vs. Primary Care</b>			<b>Self-referral vs. Primary Care</b>		
	<b>OR</b>	<b>95% CI</b>		<b>OR</b>	<b>95% CI</b>		<b>OR</b>	<b>95% CI</b>	
<b>Ethnicity</b>									
White other vs. WB	1.61	1.06	2.46	1.02	0.71	1.45	0.82	0.52	1.32
Mixed vs. WB	<b>2.66</b>	1.91	3.72	<b>1.76</b>	1.32	2.34	1.07	0.71	1.61
Asian vs. WB	<b>1.85</b>	1.34	2.54	<b>2.66</b>	2.10	3.36	<b>0.34</b>	0.20	0.58
Black vs. WB	<b>2.90</b>	2.07	4.06	<b>1.52</b>	1.12	2.06	<b>0.39</b>	0.21	0.76
Other vs. WB	<b>0.50</b>	0.27	0.90	1.32	0.96	1.79	<b>0.24</b>	0.12	0.51
Not stated vs. WB	0.85	0.65	1.12	<b>0.80</b>	0.66	0.98	0.80	0.64	1.02

# Limitations

- Routinely collected data from one country
- Need for detailed ethnic breakdowns and family-level indicators of socio-economic disadvantage
- Cannot explain reasons for these differences
- Controlled for a number of relevant factors

# Conclusions

- Young people from minority ethnic backgrounds may be more likely to access youth mental health services through different referral routes, such as social care/youth justice, than are white majority young people.
- National and local policy and practice guidelines should prioritize engagement between youth mental health services and local referring organizations to ensure early identification and appropriate intervention for young people from minority ethnic backgrounds.



# Questions

- How do the findings fit with your experiences?
- How does your service work to identify specific needs of your local community?
- How can we help services to be representative and responsive to the local community?
- Are there ethnic differences in the prevalence of different types of mental health problems?
- Are measures appropriately tailored to identify needs of young people from different groups?

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