SUMMARY

Background and aims

The main focus of this thesis are differences between ethnic groups in Youth Mental Health Care (YMHC). Within this focus three subjects are elaborated: the utilization of YMHC, the diagnoses given in YMHC, and the premature termination (dropout) of therapy in YMHC.

About seven percent of youths is limited in their functioning to such a degree that psychiatric treatment is indicated. This rate appears to be comparable across countries and ethnic groups. In most western societies however, only about 2.5 percent is treated in YMHC, and this percentage is lower for ethnic minority youth than for majority youth. Because untreated youth psychiatric disorders are likely to lead to detrimental outcomes later in life, it is clinically relevant to gain knowledge on the causes of this underutilization. Both ethnic background and socioeconomic status are seen as important variables in relation to ethnic differences in mental health care utilization. These variables are often correlated however, and it is difficult to differentiate to what extent each variable contributes to the underutilization. The first aim of this thesis is therefore to describe the utilization of YMHC in the Netherlands. Whether there are differences in service consumption between ethnic groups, between children and adolescents, and between males and females, and whether socioeconomic factors play a role in this utilization.

It is further important that the disorders of children and adolescents who consult mental health services are recognized. Unfortunately psychiatric disorders are often not recognized, especially when ethnic minority youths are concerned. This might for instance be due to clinicians assigning different meanings to the same behaviour depending on race, class, or other demographic characteristics of the individual involved. It is therefore interesting to analyze whether there are differences between ethnic groups and their received diagnoses in YMHC practice, which is thus the second aim of this thesis.

Another important issue in YMHC is the premature termination of treatment. As many interventions are efficacious, completing therapy increases the likelihood of reducing disfunctioning due to psychiatric problems. When children and adolescents prematurely terminate psychiatric treatment, their disorders might persist or even worsen later in life. In order to prevent negative consequences of treatment dropout it is important to gain knowledge

of its determinants. The third aim is therefore to describe the variables that relate to dropout and to analyze ethnic differences in dropout of therapy in YMHC.

For this thesis three data sources were used: 1) data of the patient population of two YMHC institutions of The Hague in 2008 and 2009, 2) data of the general population of The Hague, and 3) data of published studies on dropout. The data of the general population of The Hague and its surroundings were drawn from municipality files. Data of all published studies (1994-2013) on dropout in child and adolescent psychiatry were used to conduct a meta-analytic review and a literature review.

Findings

In the **second chapter** the utilization of YMHC services for different ethnic, age, and gender groups in The Hague is described. The ethnic composition of the patient group is analyzed and compared to the ethnic composition of the general population of The Hague. The results show that the use of YMHC services is unequally distributed over the different ethnic, gender and age groups. During *childhood* (age <12) most groups of ethnic minority girls and boys are less likely to receive YMHC than native Dutch boys and girls. Nevertheless, native Dutch girls also make less use of YMHC than expected in view of the prevalence rates of psychiatric disorders. Only for native Dutch boys the utilization percentage is approximately equal to the prevalence rate of psychiatric disorders. During *adolescence*, all ethnic groups are underrepresented in YMHC and no differences between ethnic groups are found. Adolescents of all ethnic groups, including the native Dutch, are thus being poorly reached by YMHC.

In the **third chapter**, the association between ethnic background, socioeconomic status (SES) and YMHC utilization is investigated. The results indicate that the percentage of children and adolescents in treatment is strongly associated with ethnic composition of the district they live in, and the district's income level has almost no effect on YMHC utilization. Findings thus suggest that on district level, ethnic background is more relevant in the utilization of YMHC than socioeconomic aspects. Because no information about the SES of the patients was available, the possibility remains however that on the individual level socioeconomic factors do play a role.

From the fourth chapter onwards, this thesis focuses on youths that have entered YMHC services. First, differences between ethnic groups in the received DSM classifications are described (**chapter 4**). The patients are divided into two groups: a first group of patients with only V-codes on Axis I (i.e., no classification of a psychiatric disorder is registered). And a second

group of patients diagnosed with one or more psychiatric disorders on Axis I. Within this second group, a subcategory of patients with more than one psychiatric disorder (i.e., comorbid disorders) is identified. The results show that, compared to native Dutch patients, ethnic minority patients receive co-morbid diagnoses less often. In reverse, ethnic minority patients more often receive V-codes only, indicating that problems such as 'relational or communication problems between child and parent' or 'other social/environmental problems' are identified as the main reason for treatment. This might also indicate that it is harder to identify the psychiatric problems with ethnic minority youth.

In the fifth chapter, the focus shifts to the way treatment is terminated. A meta-analytic review and a literature review on dropout are done and described in the fifth and sixth chapter. The meta-analytic review (**chapter 5**) first analyses possible differences between results of randomized control trails (RCT's) and non-randomized practice-based studies. It appears that dropout percentages are strongly related to study design; percentages are lower in settings where RCT's are conducted than in settings where non-randomized practice-based studies are conducted. Within practice-based studies, the dropout percentages are lower when the therapist's opinion is used than when a predetermined number of sessions is used as the dropout criterion. In RCT studies on the other hand, the dropout percentages are similar for studies using the first or the second definition. Second, the meta-analytic review analyses the strength of the three groups of dropout predictors, i.e., pre-treatment child variables, pre-treatment family/parent variables, and treatment/therapist variables. It appears that treatment/therapist variables (e.g., the therapeutic relationship) are overall stronger dropout predictors than the pre-treatment child variables and pre-treatment family/parent variables.

In the **sixth chapter**, a literature review is conducted with the goal to structuralize the knowledge on psychotherapy dropout with ethnic minority youth. This review shows that it depends on the specific ethnic background of the minority patient whether they have a higher chance to drop out than ethnic majority patients. Also, several differences in dropout predictors between the various ethnic groups are found. The results indicate that in general a lower socioeconomic status is no risk factor for dropping out. An ethnic match between therapist and the parent or the patient decreases the chance on drop out in some, but not in all cases. The age of the patient appears to be an important factor in the effect of an ethnic match between the patient and the therapist, i.e., an ethnic match decreases the dropout risk for adolescents but

not for children. Unfortunately, almost only studies conducted in the United States (with the corresponding ethnic groups) could be included in the review.

In the last two chapters, several risk factors for dropout are analyzed within the two YMHC settings in The Hague. The study in **chapter 7** is conducted in "De Jutters". Three dropout risk factors (ethnic minority status, a lower socioeconomic status (SES), and higher problem severity) are examined for children and adolescents separately. Termination status is dived in three categories: 1) referred patients (i.e., referred to another department r to another youth care facility before therapy was completed), 2) dropouts and 3) completers. The results show that for *children*, a Moroccan ethnicity and higher externalizing scores are risk factors for being referred. For *adolescents*, a Surinamese ethnicity, being older, and lower SES occupation levels are risk factors for dropout. **Chapter 8** focuses on the quality of the therapeutic relationship. This part of the study is conducted at "i-psy de jutters", where only patients with an ethnic minority background are treated. The results indicate that a perceived increase in quality of the therapeutic relationship during the course of therapy is associated with patients completing therapy, while a perceived decrease in quality of the therapeutic relationship during the course of therapy is associated with patients dropping out.

Limitations and implications

The findings, limitations, and implications for clinical practice are discussed in **chapter 9**. An important limitation of our study is that it is mainly based on the data of only two institution in one large city in The Netherlands. We therefore do not know to what extent specific factors of these institutions, the population of The Hague, or even The Netherlands, may have influenced the results. For instance, utilization of (mental) health care services in the Netherlands is largely independent from financial constraints, because all Dutch children are covered by public or private health insurance. The results may thus not be directly applicable to nations where major financial constraints hamper the availability of care. Therefore it is advocated that research about ethnic differences in the utilization of YMHC is replicated in other cities in The Netherlands and in other countries. Another limitation is information about the group that is not in care is lacking. This leaves the possibility that differences between ethnic groups in the trajectory to YMHC (for instance in referral patterns) play an important role in the findings on diagnoses and dropout predictors.

Summarizing the clinical implications it is advised that YMHC institutions reflect on measures to heighten their accessibility; for youth in general and for ethnic minority children in particular. This can for instance be done by intensifying the relationship with all possible referral agents and institutions (e.g., youth care, school, GP's), and by increasing the knowledge on the recognition of disorders and the possibilities of YMHC with the potential patients (e.g., information sessions at schools, GP offices, infant welfare centers, community centers). Second, with respect to the diagnostic process, it is necessary to gain insight in the cultural background of the patient and his family and to improve the cross-cultural validity and reliability of the diagnostic process. Third, therapists should pay attention to factors that might increase the risk for their patients to drop out of therapy. These factors include the ethnic background, problem severity, and the therapeutic relationship. With respect to the therapeutic relationship is it specifically advised this should be measured during all sessions of therapy, in stead of only after treatment has ended.

Despite several limitations and despite many research still has to be done, this thesis contributed to the knowledge on ethnic minority youths in YMHC. The hope is that with the present results, completed with additional research and improvements in clinical practice, the ethnic differences in YMHC will be reduced over time.