

# Race, Ethnicity Might Influence Psychiatric Diagnosis in Children's ERs

by Amy Sutton

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New research finds that minority children and adolescents who visit the pediatric emergency department more often receive diagnoses of severe mental health disorders than their white peers.

"Diagnostic decisions may have a significant influence on the course of one's mental health care. Emergency services is in a critical position as it is often the point of entry into the mental health system for many people," said Jordana Muroff, Ph.D., the study's lead author.

Muroff, a social worker, psychologist and assistant professor at Boston University, and colleagues examined a year's worth of medical records from an urban pediatric psychiatric emergency department.

The findings, which included 2,991 patients under age 22, are in the May- June issue of the journal *General Hospital Psychiatry*.

The study found significant differences in the diagnosis of mental health disorders, depending on racial or ethnic group.

For example, 4.5 percent of African-American and 4.9 percent of Hispanic/Latino children and teens received diagnoses of psychotic disorder, compared with only 2.5 percent of white children and teens.

Diagnoses of behavioral problems, such as hyperactivity, impulsivity, argumentativeness, lying and making threats to harm others, were also more frequent in African-American and Hispanic/Latino youth -- 50.3 percent and 46.4 percent of these patients received a behavioral disorder diagnosis, respectively. Only 34.9 percent of white children and teens received this diagnosis.

On the other hand, 37.8 percent of white children and teens received depressive disorder diagnoses, compared with 28.5 percent of African-American and 30.1 percent of Hispanic/Latino youth. Diagnoses of bipolar disorder and alcohol or substance abuse also were more common in white children and teens.

Muroff said that the limited epidemiological data from the general population does not show significant racial differences in the rates of psychotic disorders or bipolar disorders among youth.

Because the study was retrospective, "we can't really say for sure whether these diagnoses were accurate and what is the exact the reason behind these differences," Muroff said. "However, these patterns highlight that race/ethnicity seems to be associated with specific clinical decisions. We have seen such patterns with adults and there is growing evidence of these disparities among youth," Muroff said.

However, the higher incidence of more severe psychiatric problems in minority kids and teens "may reflect true differences in who seeks patterns of care. Nonwhite people may seek formal psychiatric services only after there is a substantial deterioration," Muroff said.

The author said that these findings also might indicate diagnostic errors, stereotypes and bias or potential differences across cultures in how people express psychiatric symptoms or stress.

"The findings really speak to the issue that disparities are real," said Portia Cole, Ph.D., an assistant professor in the School of Social Work at Virginia Commonwealth University in Richmond.

The racial disparities in diagnosis and decision-making in this setting indicate a need for health care providers who respect cultural differences, understand the stigma that certain diagnoses carry within specific communities and work to improve patient-provider communication, Cole said.

In addition, "minority families who have children and adolescents should ensure that there is some accuracy and oversight in terms of questioning the diagnosis," she said.