



Reducing Disparities in Mental Health Disorders Experienced by Children With Socioeconomic Disadvantage

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The American Academy of Pediatrics has declared the worsening state of children's mental health to be a national emergency. The shortage of pediatric mental health providers is an important contributor to the problems we face, [which disproportionately affects children and families with socioeconomic disadvantage](#).

Rather than just look downstream at what can be done to help treat children with mental health disorders, another approach is to look upstream at what preventive measures might reduce the prevalence and severity of these disorders, especially those who have a parent with a mental health condition or have other social risk factors. To test this approach, Goldfeld et al ([10.1542/peds.2022-057101](#)), from the Murdoch Children's Research Institute in Melbourne Australia, share an analysis of longitudinal data combined with scenario modeling to look at whether reductions in children's mental health inequities could be achieved by addressing parental mental health issues early in a child's life and ensuring disadvantaged children are enrolled in preschool.

The authors examined data from a birth cohort of 5,107 children who were part of the longitudinal study of Australian children. They evaluated the presence of parental mental health conditions, socioeconomic inequities in infancy, preschool attendance, and mental health problems at 10-11 years of age. In a complex analysis, the authors found that improvements in parental mental health and/or enrollment of a toddler or preschooler in childcare significantly reduced the prevalence of mental health disorders and overcame the

impact of early life socioeconomic disparities. However, the overall degree of absolute reduction noted was small (0.8% for helping improve parental mental health and 0.04% for enrollment in preschool).

Because the impact was small, is it worth focusing on these upstream factors? A commentary by Drs. Jessica Young and Rebecca Baum from the University of North Carolina-Chapel Hill School of Medicine ([10.1542/peds.2022-060264](https://doi.org/10.1542/peds.2022-060264)) point out that while even combining the two interventions only reduced the absolute risk for mental health in children who were disadvantaged by 0.8%, the study can help us determine where to direct our efforts to maximize outcomes while minimizing costs for a given preventive intervention. They note that community-based interventions such as those in this study need to be supplemented by societal and individual interventions if we are going to make a bigger improvement in child mental health. Drs. Young and Baum offer suggestions as to how we might make such interventions happen. If you want to better understand how modelling can help us better get our arms around the current mental health crisis for children, check out this study and commentary and learn more.

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