Objective(s)
To examine the level of concordance of parental and adolescent reports of adolescents having emotional and behavioral problems.

Methods
Data were collected from youths (age 11-17) and adult caregivers from a community-based sample of households. The sample consisted of 4,175 youths and their caregivers (37.8% European, 35.0% African, 25.4% Latino, and 1.8% Other American). Indicators of emotional and/or behavioral problems assessed in the parent-child dyads were global indicators: perceived mental health, life satisfaction, happiness, interpersonal problems at home, and problems at school.

Main Findings
Overall, parent-child concordance on the indicators of mental health was low, with a mean kappa value of 0.12. In multivariate analyses, European American parent-youth dyads were significantly more likely to be concordant on reports of perceived mental health, problems at home, and problems at school than African American and Latino parent-child dyads. Our data suggest ethnicity could be a significant factor in parental labeling and awareness of adolescents’ mental health problems. Also evident were the lower rates of mental health service use of minority youth with need as compared to European American youth. Future research should examine whether lack of concordance on mental health indicators by minority parent-child dyads plays a role in limiting entry into and retention in mental health care.

Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers
This paper emphasizes the need to help minority parents recognize and better assess mental health problems in their children. Untreated mental health problems in youth
might lead to unwanted consequences – dropping out of school, unplanned pregnancy, suicidal ideation, or negative school outcomes. Helping minority parents learn about mental health problems appears critical. Health literacy in mental health might be a potential solution to the service disparities found for minority children.
1. Objective(s)
Social inequalities such as housing, education, and income have been linked to mental health disparities. Social policies which address these inequalities may differentially impact minorities due to their overrepresentation in vulnerable populations. This article examines the differential impacts of housing, education, and income policies on minorities and considers how these policies may indirectly influence mental health disparities for people of color.

2. Methods
Three policies, The Individuals with Disability Education Act (IDEA), Section 8 housing Vouchers, and the Earned Income Tax Credit (EITC) were analyzed in regards to effectiveness for reducing social inequalities between whites and minorities. Outcomes in reduction of social inequalities were then considered for potential impacts on disparities in mental health for minority populations.

3. Main Findings
Two of the three policies emerged as successful interventions. Section 8 housing mobility rates were not differentially distributed between whites and minorities, and the Earned Income Tax Credit lifted a higher proportion of minorities than whites from poverty. These findings suggest that public policies which reduce social inequities may have the potential to impact health consequences for minority populations.

4. Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers
Addressing social policies as instruments of improving mental health status for people of color appear promising. This paper underlines the importance of social policy for disparities intervention. Future research should evaluate the potential contributions of these policies to reduce mental health disparities.

1. Objective(s)
To identify the factors reported by the primary caregiver that could help classify how Puerto Rican parents decide whether to take their children for mental health services and to what sector of care – mental health versus school sector care.

2. Methods
Version-IV of the Computerized Diagnostic Interview for Children (DISC) was used to assess psychiatric disorders in children. The Service Assessment for Children and Adolescents (SACA) was used to examine the types of services used for mental health problems. The Classification and Regression Tree (CART) approach was used to develop a simple model simulating caregivers’ decision-making around taking children for mental health care and the setting for care.

3. Main Findings
The classification model of use versus no use of mental health service suggested three significant predictors: child’s level of impairment, parental concern, and child’s difficulty in performing schoolwork. The classification model of sector of care, mental health versus school setting, identified one predictor, any disruptive disorder diagnosis. If children had disruptive disorders, they were increasingly likely to use specialty care. Caregivers apparently link a child’s level of impairment with need for mental health care. Helping parents identify impairment might be a mechanism to reduce children’s unmet need. Approaches such as CART, used to identify factors predicting consumer choices in marketing, might be useful to select strategies for social campaigns targeted toward decreasing unmet need of Latino children.

4. Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers
Mental health symptoms appear to play a limited role in how parents appear to make decisions of whether or not to take their children for mental health care. This suggests the need to target social marketing campaigns for Latino youth’s mental health care around the topics of child dysfunction and impairment. Creating booklets or user-friendly
materials on the importance of mental health symptoms might be a strategy to improve parental detection of mental health problems.

1. **Objective(s)**
To operationalize denial and study its effect on mental health care use in Puerto Ricans.

2. **Methods**
This study uses data from the “Mental Health Care Among Puerto Ricans” study, a 3-wave island-based probability epidemiological study conducted from 1992 to 1998, with 2,928 participants in all waves. The analyses were limited to those 742 participants who were objectively determined to have a severe need for mental health care.

3. **Main Findings**
The findings from this study show that admitting to a mental health problem is related to increased odds of using any mental health care, any specialty care, psychotropic drugs, and retention in mental health care, after adjusting for potential confounders. Similar patterns were observed even after the data were limited to those participants who did not previously seek mental health care, and the trends persisted when determining changes from denial to admitting a mental health problem. The study confirms that denial of mental health problems might be a significant barrier to treatment initiation and retention for Latinos. Denial should be considered an important mechanism in planning interventions to eliminate mental health care disparities.

4. **Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers**
We identify one of the individual coping styles that might impede Latinos from getting mental health care. Integrating motivational interviewing tools into treatment approaches might be necessary to get Latinos to enter and remain in care.
1. **Objective(s)**
This article investigates attitudes toward seeking mental health treatment in a national epidemiological sample. We were particularly interested in young adults (18-24), who are less likely to seek mental health treatment, despite having equal, if not greater, unmet psychiatric need than older adults.

2. **Methods**
Data from the National Comorbidity Survey (NCS) were used, an epidemiological study conducted from 1990-1992 with 8,098 individuals. We examined attitudes such as willingness to seek help, comfort level talking to a professional and embarrassment about help seeking, across age, gender, and ethnicity/race groups.

3. **Main Findings**
Attitudes toward mental health treatment are most negative in 15-24 year olds, even more so in young males. This gender effect was not consistent in African Americans and Latinos, where there were no differences in attitudes for males and females. African Americans and Latinos did not report more negative attitudes toward mental health treatment, with African Americans having more positive attitudes than Anglos. Embarrassment about help seeking showed less variability across age, gender and ethnicity/race, suggesting similar social norms about help seeking across demographic groups.

4. **Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers**
Interventions to improve attitudes toward mental health treatment should be targeted to young adults, males and across ethnic groups. Two foci of intervention in social marketing are one’s personal attitude toward engaging in a behavior, and one’s belief about how their social network would react if they engaged in a behavior – the Theory of Planned Behavior (I. Ajzen) may be a pertinent model when considering development of