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## Three Out of Four Children with Mental Health Needs in California Do Not Receive Treatment Despite Having Health Care Coverage

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*“Most of California’s children with mental health needs do not receive treatment.”*

**SUMMARY:** More than 300,000 California children ages 4 to 11 have mental health needs, yet only one-fourth of them received mental health care in 2007 and 2009. Health insurance coverage and a usual source of care typically facilitate mental health service use; however, this is not the case for children with mental health needs. This policy brief identifies children at risk for mental health needs and highlights some barriers to their receiving

mental health services. Childhood is a vital time for the promotion of positive mental health among children, as well as for supporting at-risk families in order to avert the early onset of some disorders and help reduce the severity of others. To reduce the potential burden and lifelong difficulties of untreated mental health needs, it is critical that mental health problems in young children be identified and addressed early.

According to the Centers for Disease Control and Prevention (CDC), mental disorders among children are an important public health issue due to the prevalence, early onset, and impact on the child, family and community, with an estimated annual cost of \$247 billion.<sup>1</sup> The CDC recommends comprehensive surveillance to develop a public health approach that will both help prevent mental health disorders and promote mental health among children.

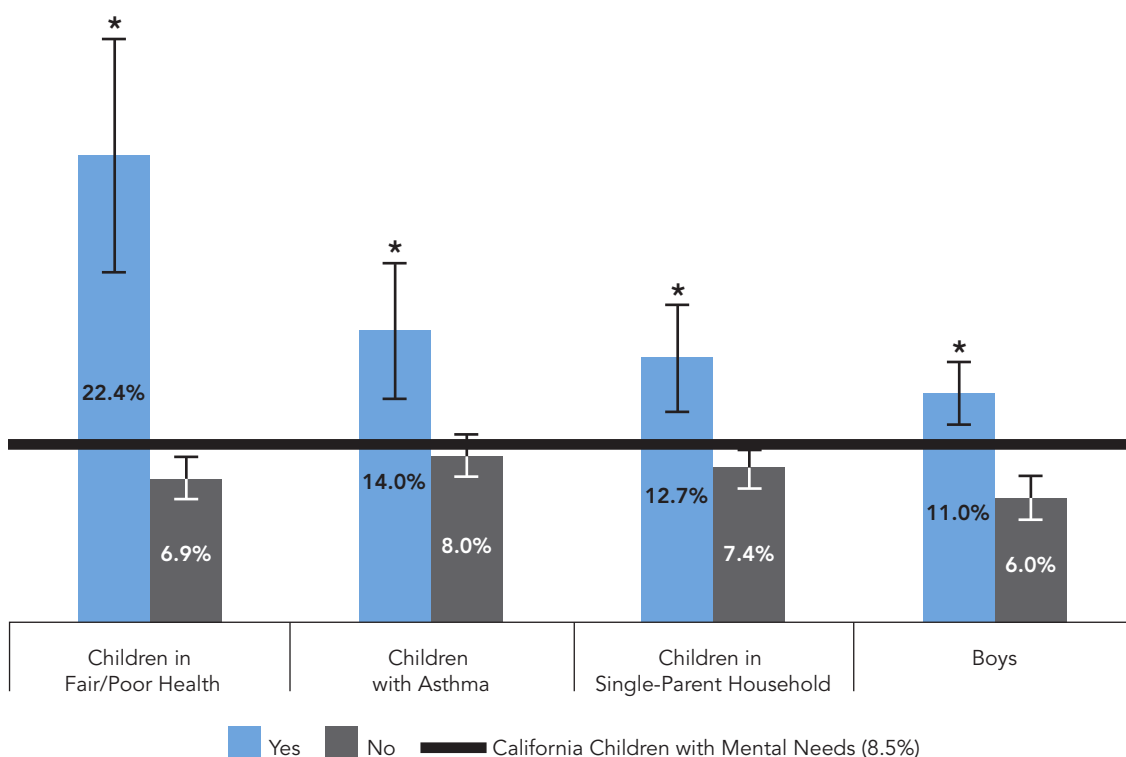
Nearly half of all Americans will need mental health treatment some time during their lifetimes, with initial symptoms frequently occurring in childhood or adolescence.<sup>2</sup> Emotional and behavioral problems are among the most prevalent chronic health conditions in younger age groups. However, the early onset of a mental health disorder is often associated with a failure or delay in receiving initial treatment.<sup>3</sup> Left untreated, childhood

*“Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology.”*

– Centers for Disease Control and Prevention (CDC)

## Exhibit 1

## Mental Health Needs Among Children Ages 4-11 in California



Source: 2007 and 2009 California Health Interview Surveys (CHIS)

\* Indicates statistically significant difference from state estimate at  $p < 0.05$ .

*“Early intervention is crucial to reducing and preventing serious negative consequences.”*

mental health issues may lead to serious negative consequences for a child’s academic achievement, social development, and physical health.<sup>4</sup> Early identification of serious emotional disturbances in children is critical for early intervention efforts, which can mitigate lifelong mental health problems.<sup>5</sup>

The California Health Interview Survey (CHIS) provides information on children’s mental health needs in California and includes questions that make it possible to identify and describe the characteristics of children with mental health needs and their families, as well as potential barriers to treatment that may be encountered. Analyses of CHIS child mental health indicators can help in the tailoring and implementation of evidence-based prevention and treatment programs.

#### Some Children Are More at Risk than Others for Having Mental Health Needs

About 8.5 percent of children ages 4 to 11 in California were identified as having mental health needs.<sup>6</sup> Boys are more likely than girls

to have mental health needs. Other factors commonly associated with higher rates of mental health needs are having poor health status, asthma, or developmental disabilities; living in poverty; or living in a single-parent household.<sup>7</sup> For all children in California, several of these indicators were associated with an increased likelihood of mental health problems.<sup>8</sup>

- **Children in fair or poor health** – About one in five (22.4 percent) had mental health needs, in comparison to children who were in excellent or good health (6.9 percent).
- **Children with asthma** were twice as likely as children without asthma to have mental health needs (14.0 percent vs. 8.0 percent).
- **Children in single-parent households** had a higher proportion of mental health needs (12.7 percent) than children in two-parent households (7.4 percent).
- **Boys** were nearly twice as likely as girls to have mental health needs (11.0 percent vs. 6.0 percent; see Exhibit 1).

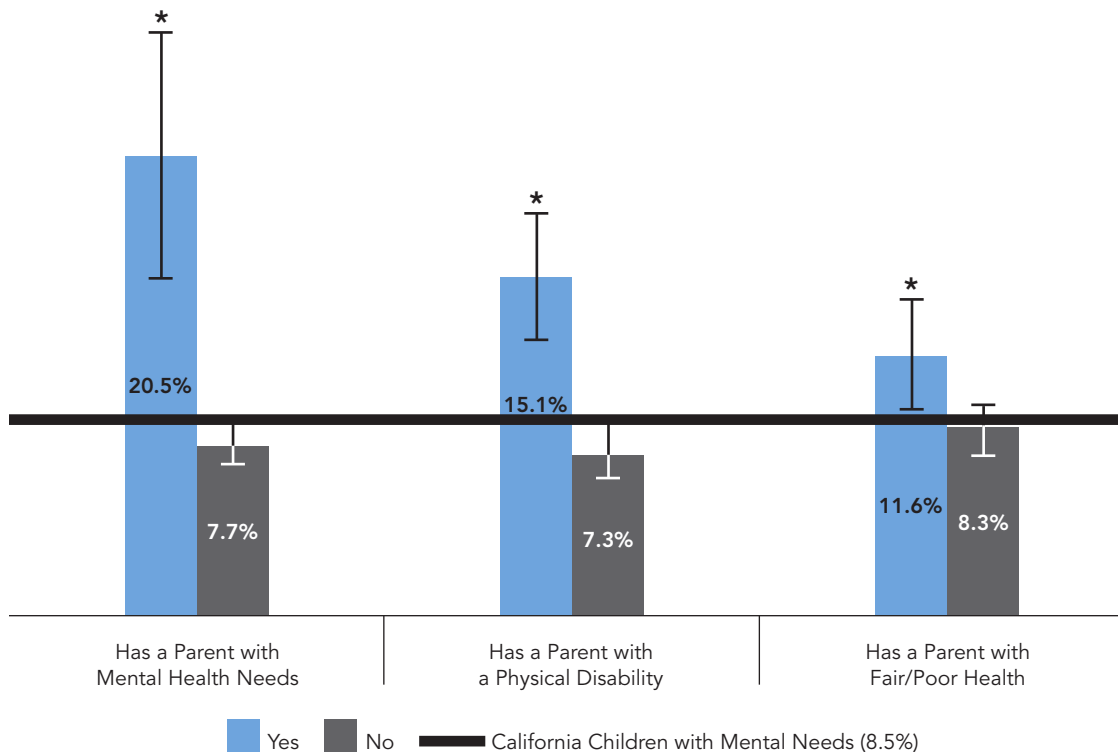


california  
health  
interview  
survey

This publication contains data from the California Health Interview Survey (CHIS), the nation’s largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California’s large and diverse population. Learn more at: [www.chis.ucla.edu](http://www.chis.ucla.edu)

## Percentage of Children with Mental Health Needs by Parent's Health Status, Children Ages 4-11

Exhibit 2



Source: 2007 & 2009 California Health Interview Survey (CHIS)

\* Indicates statistically significant difference from state estimate at  $p < 0.05$ .

Other data (not shown) suggest that American Indian and Alaska Native children have disproportionately high levels of mental health needs (28 percent). However, this estimate is not statistically different from the overall proportion of children in California who have mental health needs (8.5 percent), as the sample size is too small to produce statistically stable estimates. Nevertheless, this trend warrants further investigation, as a growing literature has documented the extent of mental health needs in American Indian and Alaska Native adolescents.<sup>9</sup> Interestingly, compared to Whites (9.7 percent), parents of Latino children were statistically less likely to report that their child had a mental health need (7.8 percent), which is similar to the findings observed in the adult non-U.S.-born Latino population.<sup>10</sup>

### Parents' Physical and Mental Health Affects Children

Various indicators of parents' health status were associated with mental health needs in their children.<sup>11</sup> Children with parent(s) who had mental health needs or a physical disability or who reported having fair or poor health were more likely to have mental health needs than children with parents who did not have any of these health impairments.

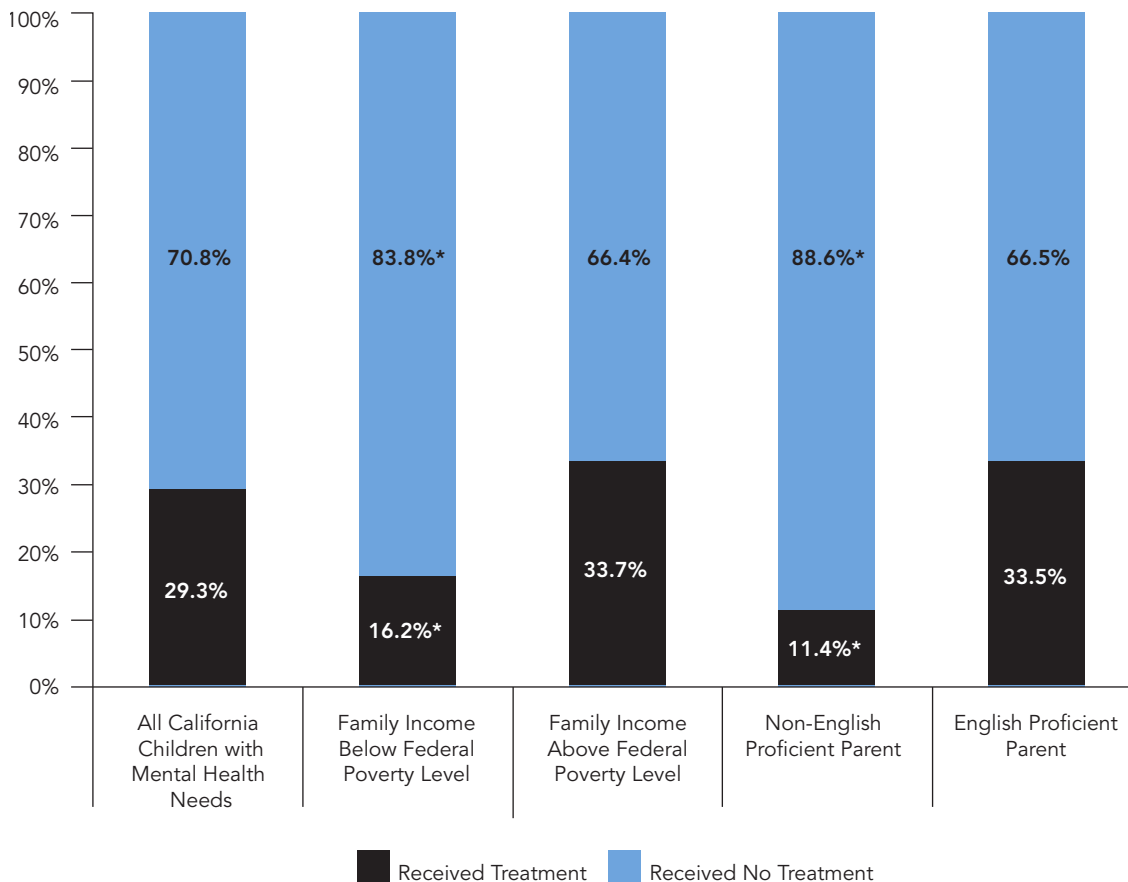
Children ages 4 to 11 were more likely to have mental health needs if a parent had poor mental or physical health.

- Children who had a parent with mental health needs<sup>12</sup> were almost three times as likely to have mental health needs (20.5 percent) as children whose parents did not have mental health needs (7.7 percent).

*“Parent’s well-being is important to a child’s mental health.”*

## Exhibit 3

## Mental Health Treatment by Income and Parent's English Proficiency, Children Ages 4-11 with Mental Health Needs



Source: 2007 & 2009 California Health Interview Survey (CHIS)

\* Indicates statistically significant difference from state estimate at  $p < 0.05$ .

*“Left untreated, mental health issues may lead to serious negative consequences for a child’s well-being.”*

- Children were twice as likely to have mental health needs if a parent had a physical disability (15.1 percent) compared to children whose parents did not have a disability (7.3 percent).
- Children with a parent who reported fair or poor health had higher rates of mental health needs (11.6 percent) than children with healthier parents (8.3 percent) (Exhibit 2).

#### Few Children Receive Mental Health Treatment

Early intervention and appropriate treatment of emotional and behavioral problems in children are crucial to reducing and preventing serious negative consequences for academic achievement and social development. CHIS asks parents if their child received emotional

or psychological counseling sometime in the past year. Based on these reports, nearly three out of four (70.8 percent) children with mental health needs did not receive treatment. Nearly all children with mental health needs had health insurance coverage and a usual source of care (95 percent and 96 percent, respectively), suggesting that other barriers were responsible for unmet mental health needs among children.

While 70.8 percent of all children with mental health needs did not receive treatment, children residing in households where there was limited English proficiency faced additional barriers to treatment. Specifically, 88.6 percent of children whose parent(s) had limited English proficiency did not receive any mental health treatment, compared to 66.5 percent of similar children with English-proficient parents (Exhibit 3).<sup>13</sup>

Limited English proficiency may serve as a proxy for a host of potential barriers to care that were either not examined or not measured in CHIS. These barriers likely result from the complexity of navigating the formal care system, such as making an initial appointment and understanding the waiting list processes for mental health services, the inadequate linguistic capacity of existing professional services and resources, and stigmas and cultural barriers to recognizing and seeking treatment for mental health problems.<sup>12</sup>

### **Policy Implications and Recommendations** *Prevention, Screening, and Early Intervention Efforts*

The Mental Health Services Act (MHSA) was passed in California in 2004 to support county mental health programs. In addition to expanding mental health services, one of the many goals of the MHSA's Prevention and Early Intervention (PEI) program was to increase prevention efforts and responses to early signs of emotional and behavioral health problems among at-risk populations. To address mental health needs among children, prevention, screening, and early intervention efforts are crucial for preventing mental disorders and reducing long-lasting and detrimental outcomes across an individual's life span.

When limited resources are combined with a growing need for services, cross-cutting solutions are urgently needed to prevent mental disorders and promote mental health among children. Such solutions can help avert the need for intense and costly services later in life. In particular, prevention and promotion efforts must draw on evidence-based prevention programs<sup>14</sup> and expand beyond the domain of mental health services to include a multidisciplinary preventive approach that addresses each of the known risk factors.

### ***Children's Mental Health Needs Linked to Poor Physical Health Status***

Findings in this study suggest that the mental health status of children may be impacted by their overall health, including having childhood asthma and reporting fair or poor physical health. Previous research on adult mental health needs in California also supports this finding: adults with mental health needs reported higher rates of disability and were more likely to report fair or poor health.<sup>15</sup> Identification of children's mental health needs, therefore, may be more likely to take place in a general health care setting, which may provide an opportunity to address emotional and mental health concerns. Children with mental health needs will likely benefit from:

- Increased mental health screening for at-risk children with comorbid physical health problems.
- The adoption and implementation of integrated and coordinated care among physicians, medical groups, and health care systems for children.
- Requirements to follow up referrals from one health system to another, as well as to provide assistance to parents with making necessary appointments.
- Investments in health information technology, such as electronic health records, that will help facilitate communication and coordinated care between health care providers and systems.
- Required comprehensive mental health curriculum and training for medical residents as well as for board-licensed and practicing pediatricians.

*“Children's mental health needs may be more likely to be identified in a general health care setting.”*

“Mental health service navigators can help families and children receive timely and appropriate treatment.”

### *Children's Mental Health Needs: A Family Affair*

Findings from this study provide evidence not only for the association between physical and mental health in children, but also for the link between parents' poor physical and mental health and children's mental health status. Children residing in single-parent households were also more at risk for having mental health needs. Families in these categories will benefit from policies that do the following:

- Support MHSA's PEI prioritization of children living in households where the parents have depression or other mental illnesses, as well as in households where there is inadequate child care (e.g., as a result of a parent's serious health condition or incarceration).<sup>16</sup>
- Provide outreach and comprehensive family mental health services for at-risk families.
- Provide instrumental support services that work to reduce the stress and increase the coping skills of single parents or grandparents, who may be working multiple jobs just to make ends meet.<sup>17</sup>
- Use better measures of family economic security to identify the hidden poor, who are stressed and are struggling to cover basic living expenses.<sup>18</sup>

### *Access to Mental Health Services Is lacking for Children in Limited-English Households*

Most of California's children with mental health needs do not receive treatment (about 71 percent). Health insurance coverage and a usual source of health care do little to change this scenario. These data, in combination with two other reports in California, may help shed light on why utilization rates are low for those who would otherwise have access. One report suggested that navigating the multiple systems of care to receive mental health services can be daunting for families and thus may deter or delay families and children from receiving timely care.<sup>19</sup> Another report revealed low and inconsistent use of evidence-based practices across California counties,<sup>20</sup> which may suggest that current treatment options are not working and that families are discouraged about seeking further care. With the implementation of the Affordable Care Act (ACA) and parity for mental health services, all families and their children will benefit from policies that integrate mental health service navigators to help families and children receive timely and appropriate treatment, as well as policies that promote the consistent use of evidence-based practices across all counties.<sup>21</sup>

This study found that the highest levels of unmet need for treatment were among children whose parent(s) were not English proficient. Reducing access barriers for families in which parents have limited English proficiency can be done through the following:

- Support and development of a more racially and ethnically diverse mental health work force.
- Culturally and linguistically appropriate mental health education, outreach, and services provided to parents and children.



## Conclusions

The National Technical Assistance Center for Children's Mental Health lays out a comprehensive conceptual framework for a public health approach to improving mental health treatment for children in need.<sup>22</sup> This framework recognizes a network of service systems or sectors that impact the well-being of children, including children's mental health care, public health, juvenile justice, education, maternal and child health, medical health care, early care/education, child welfare, housing, transportation, and community development. The framework is focused on a comprehensive and coordinated approach aimed at engaging multiple partners in helping to shape children's environments and develop their individual resources to give them the best chance at success. A public health approach that emphasizes promotion and prevention while simultaneously addressing early intervention and treatment can help inform policies and programs that will promote and safeguard children's mental health and their overall well-being.

Adoption of a multilevel approach will help to ensure early identification of children's mental health needs and their early access to adequate, affordable, and timely services. Such an approach would include safeguarding of funding and resources for critical mental health services, including prevention and early treatment services for at-risk families and ongoing surveillance of children's mental health status and service use in the state. A multidisciplinary public health approach to prevention, screening, early intervention, and treatment can help safeguard children's mental health and promote their academic success and social development, helping them to grow into healthy, independent, and successful adults.

## About CHIS/Data Source

This policy brief is based on data from the 2007 and 2009 California Health Interview Survey (CHIS). The largest statewide health survey conducted in the U.S., CHIS is a research project of the UCLA Center for Health Policy Research. CHIS is a population-based household survey that includes data on children's and parents' sociodemographic characteristics and children's use of mental health services. For more information on CHIS and for access to CHIS data and results, visit [www.chis.ucla.edu](http://www.chis.ucla.edu).

## Methodology

CHIS includes the shortened version of the Strengths and Difficulties Questionnaire (SDQ),<sup>23, 24</sup> a validated screening tool for assessing risk for the development of behavioral and emotional health problems among children ages four to eleven years in California. The shortened version of the SDQ consists of five questions that ask parents about conduct problems, emotional symptoms, hyperactivity, and peer problems, as well as the overall level of severity of the child's emotional and behavioral problems in one or more of the following areas: emotions, concentration, behavior, or getting along with other people. Children are identified as having mental health needs if they have a score of 6 or greater on the Strengths and Difficulties Questionnaire (SDQ) or if parents report in the "overall severity" question that their child has definite or severe difficulties.<sup>7, 25</sup>

## Limitations

Because CHIS is a household survey and does not capture the most vulnerable children with mental health needs, the percentage of California children with mental health needs identified in this policy brief is an underestimate. Children who are institutionalized or placed out of state in residential treatment facilities, who are homeless, or who are in foster care or juvenile justice settings have a greater need for mental health care than the general household population of children in California.<sup>26, 27</sup>

*“A multi-disciplinary public health approach is needed to safeguard children's mental health.”*

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### In Tribute

The authors will always be grateful for the leadership and wisdom of the late E. Richard Brown, PhD. A friend, mentor, colleague, and visionary, Dr. Brown developed the California Health Interview Survey (CHIS), which provides invaluable contributions to public health and evidence-based policies.

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