Unmet Pediatric Mental Healthcare Needs

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Objectives

1. Understand the current state of mental health of children
2. Identify ways to measure unmet mental healthcare (MHC) needs
3. Discuss the trends in unmet mental healthcare needs
4. Identify disparities of unmet MHC needs and barriers to MHC
5. Identify state differences and correlations in unmet MHC needs among states
6. Discuss the future directions for mental health care and research
In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association jointly declared a National State of Emergency in Children’s Mental Health.
Rising Rates of Mental Health Disorders Among Children

One in five children experience a mental health disorder each year

Two in five children will experience a mental health disorder by the age of 18
Effects of Childhood Mental Health Disorders

- Psychological
- Emotional
- Cognitive
- Physical

- Improper Transition Into Adulthood
- Increased Likelihood of Chronic Mental Health Disorders
- Poor Social Mobility and Social Outcomes
How is Mental Health Measured Nationally?

Mental Health Measurements:
- Behaviors
- Diagnosis
- Need
- Medication
- Referral

Specialists and Medications:
- Mental Health Care Specialist
- Counselor or Therapist
- Medication
How to Measure Child Mental Healthcare Needs?

National Survey of Children’s Health

Nationally representative survey of children aged 0-17 years who are noninstitutionalized with a primary caregiver completing the survey online or by mail.
National Survey of Children's Health

C17 During the past 12 months, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

☐ Yes
☐ No, but this child needed to see a mental health professional
☐ No, this child did not need to see a mental health professional ➔ SKIP to question C19

C18 How difficult was it to get the mental health treatment or counseling that this child needed?

☐ Not difficult
☐ Somewhat difficult
☐ Very difficult
☐ It was not possible to obtain care
Methods

We determined the population estimates and plotted trends of unmet MHC needs from 2016–2020

- All Children
- Age
- Race/ethnicity
- Percent of Federal Poverty Guideline

We Design-based $X^2$ tests to determine if there was a difference in the rate of children’s unmet MHC needs between 2016–2019 and 2019–2020.

We estimated state-level rates of unmet MHC needs annually and the 5-year averages and percent change 2016-2019 and 2019-2020

- Assessed potential impact of the COVID-19 Pandemic

To assess disparities of unmet MHC needs we constructed logistic regression models to measure associations, via odds ratio, between children's unmet MHC by demographic factors.
Trends in Unmet Mental Healthcare Needs in the United States
• Black children were 4.7 times more likely to have unmet MHC needs than White children
• Black children had the highest unmet MHC needs each year with an average of 30% having an unmet need.
Mental Health Disparities for Black Children Impact Mental Well-Being and Self-Identity

- Systemic Racism
- Intergenerational Trauma
- Discrimination
- Daily Microaggressions
- Stigma
Additional Drivers of Unmet MHC Needs for Black Children

- Mental Healthcare Stigma
- General Mistrust of the Healthcare System
- Inability to Identify Mental Health Resources
Mental Health Disparities among Early Childhood

- Children aged 3-5 were 2.6 times more likely to have unmet MHC needs than children 6-10
- Children 3-5 had the highest unmet MHC needs each year with an average of 32% having an unmet need.
Increasing Age Groups Less Likely to have an Unmet Mental Health Need

- Family Circumstance
  - Transportation
  - Socioeconomic status
  - Childcare for other children within the home

- Mental Health Provider Shortage

- Developmental Attributes
  - Communication Skills
    - Able to communicate needs
  - Emotional Maturity
    - Better understanding of emotions
  - Mobility and Independence
    - Increased accessibility
We measured unmet MHC needs among children living in urban areas compared to children living in rural areas.

We found no statistically significant difference among children living in urban areas compared to rural areas.
Federal Poverty level
Insurance Coverage of Mental Healthcare Services

Insurance Coverage Among Children Receiving MHC

Percent Unmet Mental Healthcare Needs

- 2016: 45.67%
- 2017: 45.74%
- 2018: 44.03%
- 2019: 43.3%
- 2020: 61.88%

- Always
- Usually
- Sometimes or Never
States with Highest and Lowest Child Unmet MHC Needs 2016-2020
State Differences in Unmet MHC Needs
Limitations: Data Collection

**Parent Reported Data**
- Excludes children with caregiver unaware

**Non-Institutionalized Children**
- Children living in group-homes not included in the data
Limitations: Data Suppression of Racial Groups

- American Indian and Alaska Native
- Multi-racial
- Native Hawaii and Other Pacific Islander
### Limitations: What are the Barriers?

<table>
<thead>
<tr>
<th>Category</th>
<th>Barriers</th>
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| Physical     | • Transportation  
                • Accessibility of provider                                           |
| Cultural     | • Beliefs regarding mental health                                         |
| Knowledge    | • Understanding the help-seeking process  
                • Understanding the resources especially for infants and early childhood |
| Payment      | • Lack of insurance or adequate insurance  
                • Socioeconomic status                                                  |
Future Directions: Addressing the Child Mental Health Crisis

- Improving access to MHC with medical technologies such as expanding telehealth
- Policymakers, educators, and healthcare providers advocating and implementing evidence-based programs for MHC
- Funding and improving surveillance measures, particularly for minority and low-income groups to allow for a more robust analysis of their MHC needs
Social Emotional Learning

- **SELF-AWARENESS**
- **SOCIAL AWARENESS**
- **SELF-MANAGEMENT**
- **RELATIONSHIP SKILLS**
- **RESPONSIBLE DECISION MAKING**
School-Based Health Centers (SBHC)

• Studies have shown that students frequently return for care with a MH provider
  • Familiar environment of a school-based program
  • Reduces transportation barriers
  • Increases accessibility
References


- **Kingery KL. County Health Rankings & Roadmaps. *J Youth Dev*. 2018;13(3):259-263.**


- **Stempel H, Cox-Martin MG, O’Leary S, Stein R, Allison MA. Students Seeking Mental Health Services at School-Based Health Centers: Characteristics and Utilization Patterns. *J Sch Health*. 2019;89(10):839-846.**


