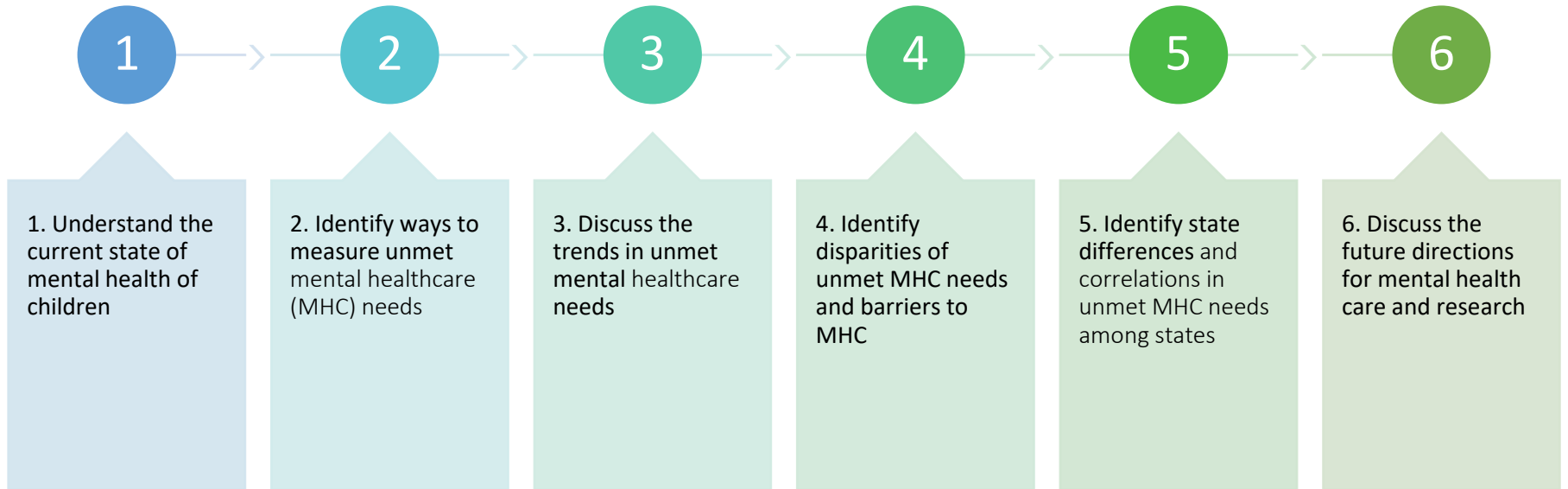# Unmet Pediatric Mental Healthcare Needs

Cassie McCoy B.S., Pedro Braga B.S., Covenant Elenwo M.P.H., Michael A. Baxter M.D., Tessa Chesher D.O., Micah Hartwell Ph.D.

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

Child Mental Health Crisis

- 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.**

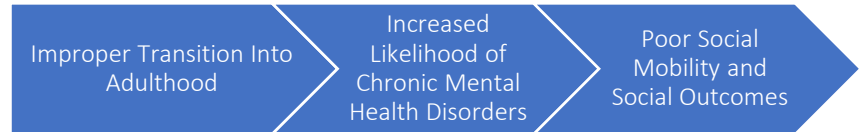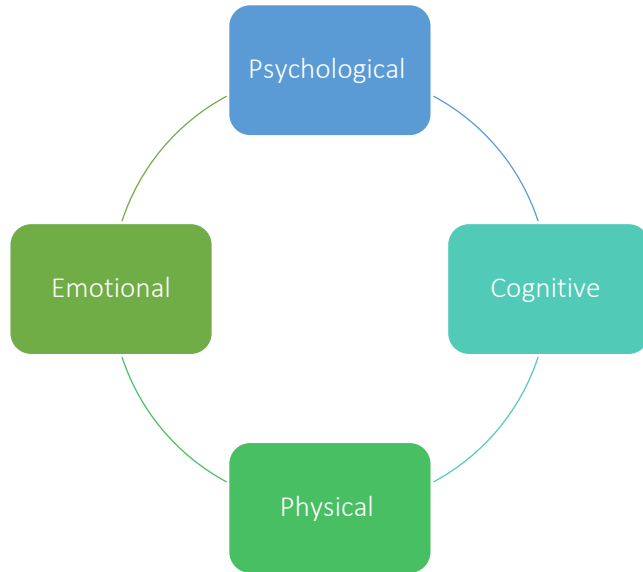# Rising Rates of Mental Health Disorders Among Children

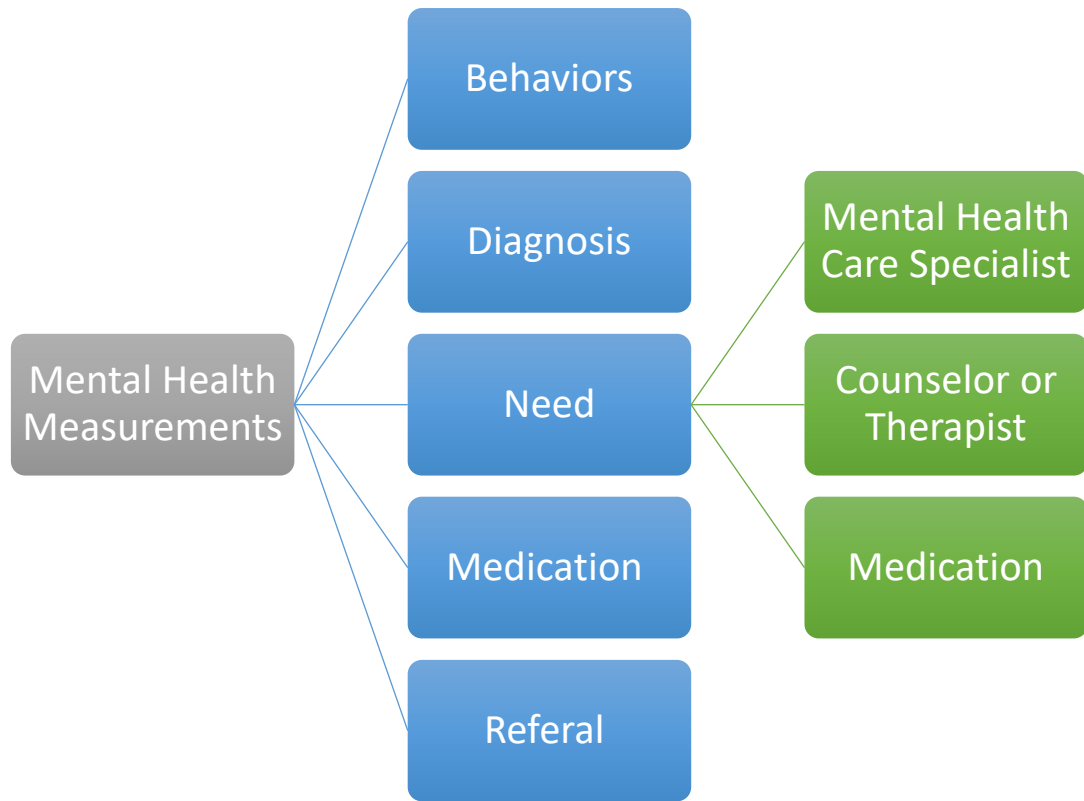One in five children experience a mental health disorder each year

Two in five children will experience a mental health disorder by the age of 18

Effects of Childhood Mental Health Disorders

Psychological

Cognitive

Emotional

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
  - Mental Health Care Specialist
  - Counselor or Therapist
  - Medication
- Medication
- Referal

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.

Data Resource Center for Child & Adolescent Health
A project of the Child and Adolescent Health Measurement Initiative

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.
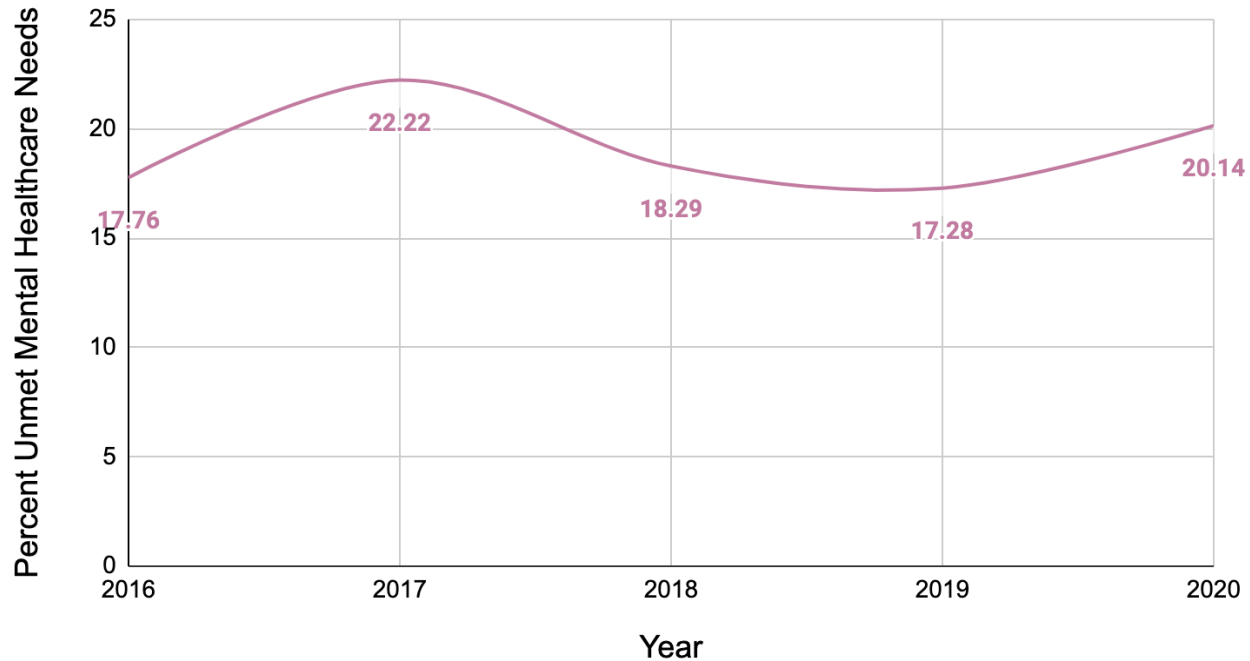
We estimated state-level rates of unmet MHC needs annually and the **5-year** averages and percent change 2016-2019 and 2019-2020
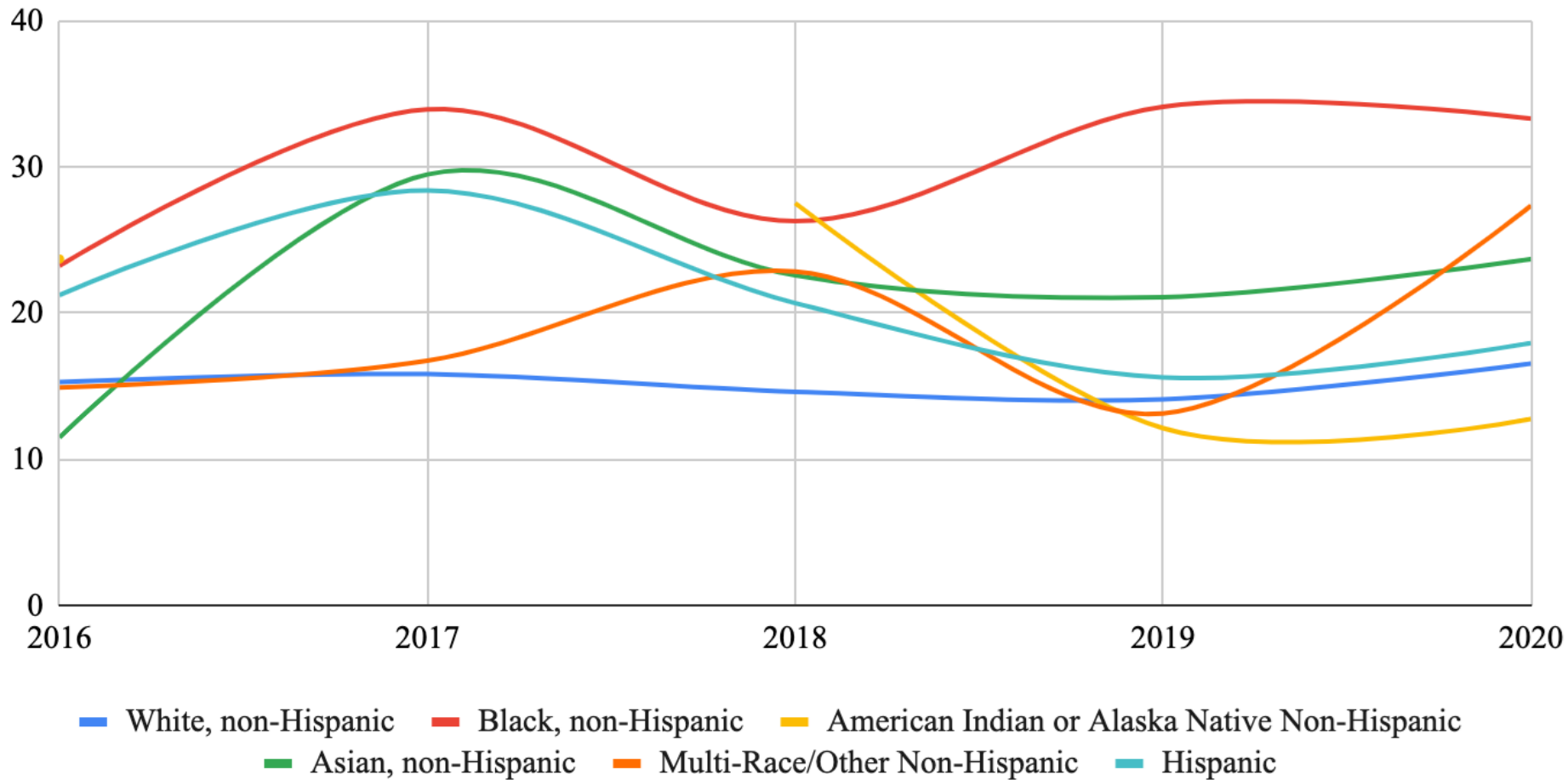
- Assessed potential impact of the COVID-19 Pandemic

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.

The Trends in Unmet MHC needs

Five Year Trends in Child Unmet Mental Health Care Needs 2016-2020

Trends in Unmet Mental Healthcare Needs in the United States

Legend:
- White, non-Hispanic
- Black, non-Hispanic
- American Indian or Alaska Native Non-Hispanic
- Asian, non-Hispanic
- Multi-Race/Other Non-Hispanic
- Hispanic

Mental Health Disparities among Black Children

- 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
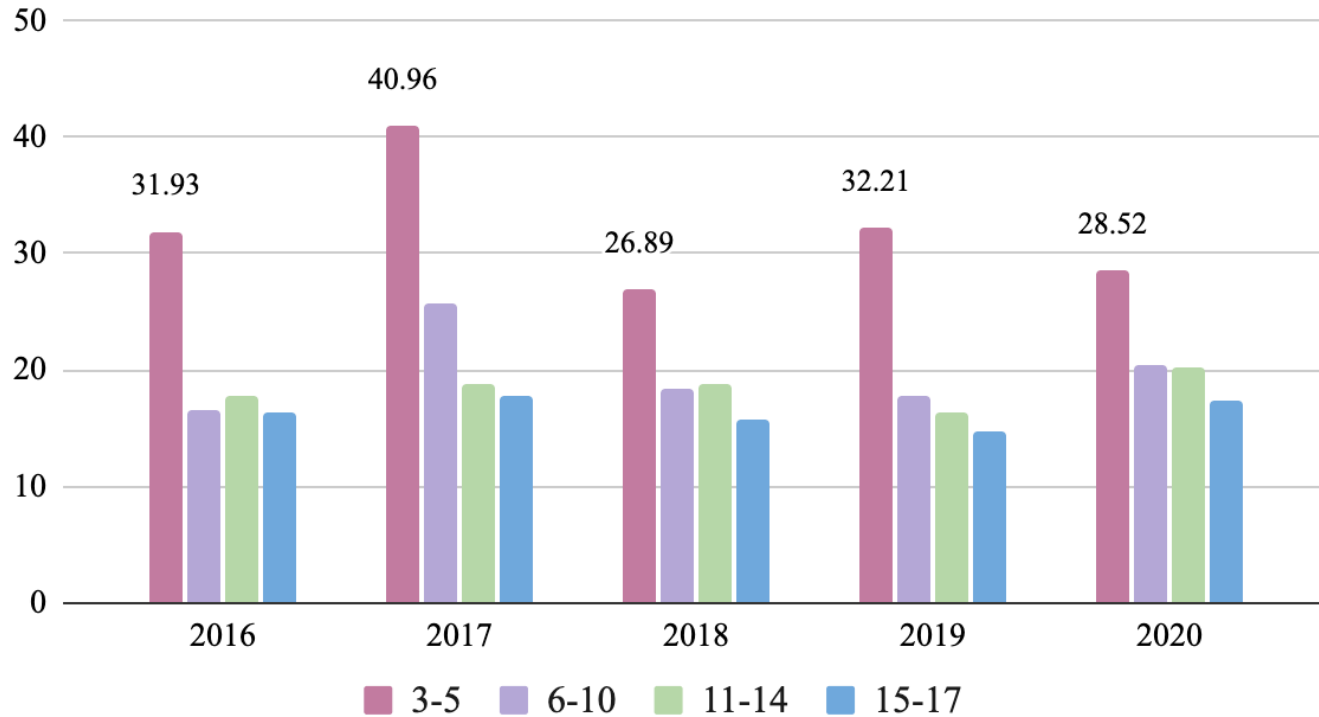
Discrimination

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

Unmet Mental Health Care Needs by Age Group

Year	3-5	6-10	11-14	15-17
2016	31.93			
2017	40.96			
2018	26.89			
2019	32.21			
2020	28.52			

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

Federal Poverty level

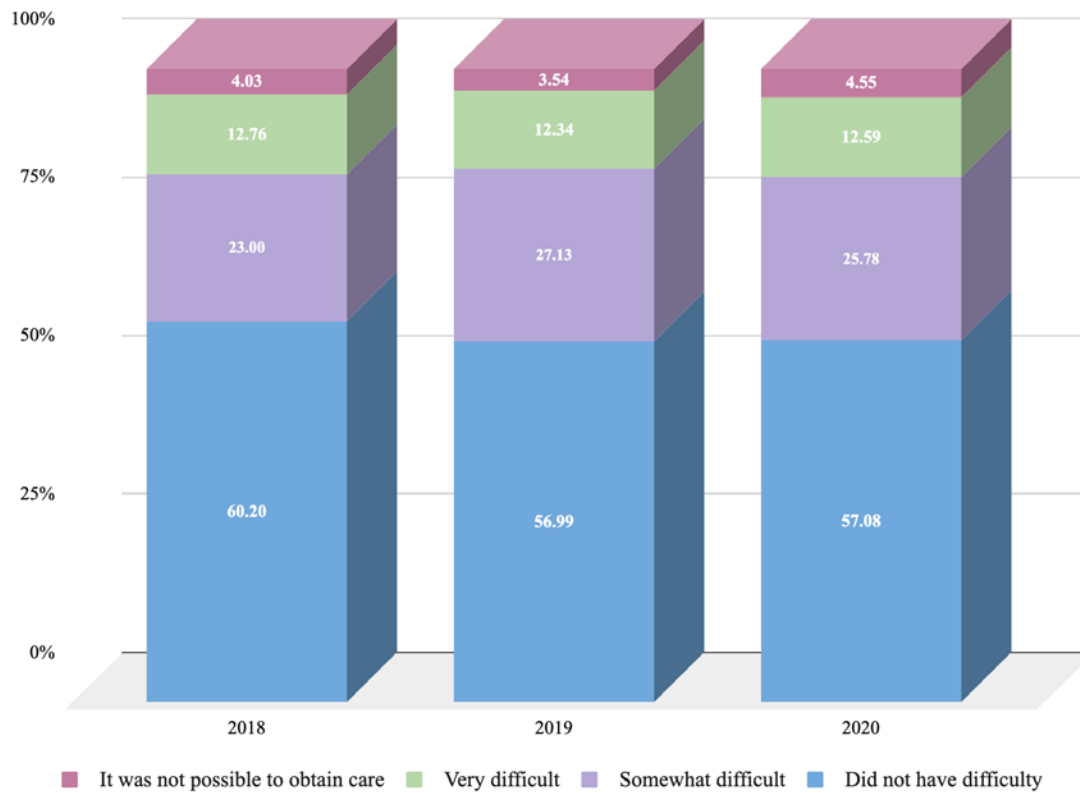Unmet Mental Health Care Needs by Federal Poverty Level

Insurance Coverage of Mental Healthcare Services

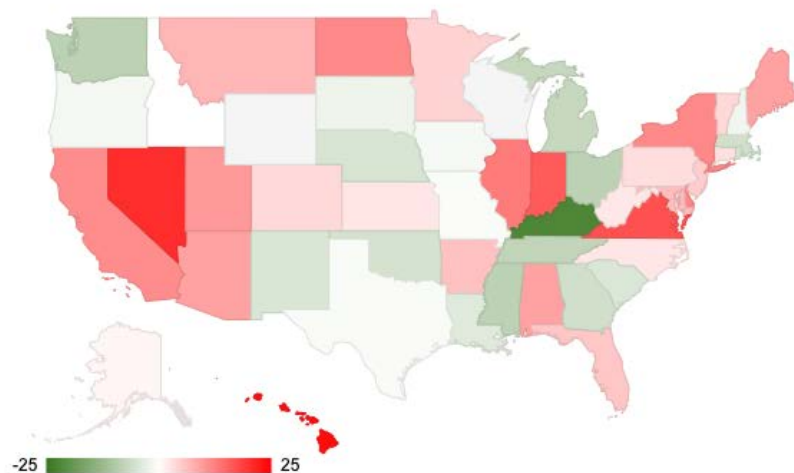Insurance Coverage Among Children Receiving MHC

45.67 45.74 44.03 43.3 61.88

Percent Unmet Mental Healthcare Needs

80
60
40
20
0

2016   2017   2018   2019   2020

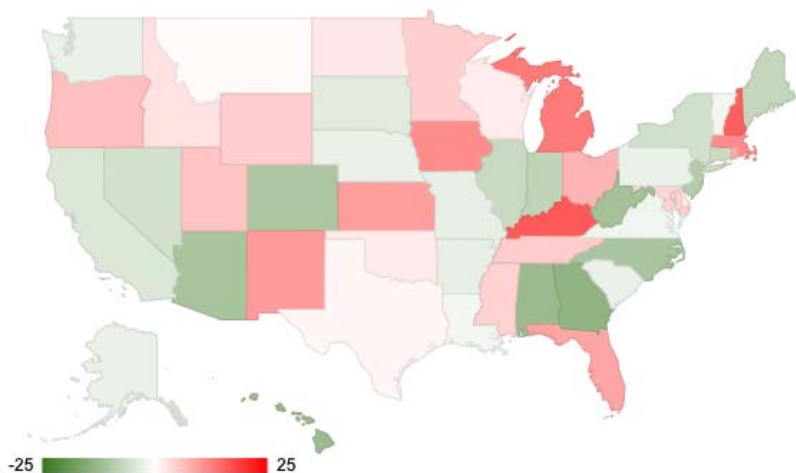Always   Usually   Sometimes or Never
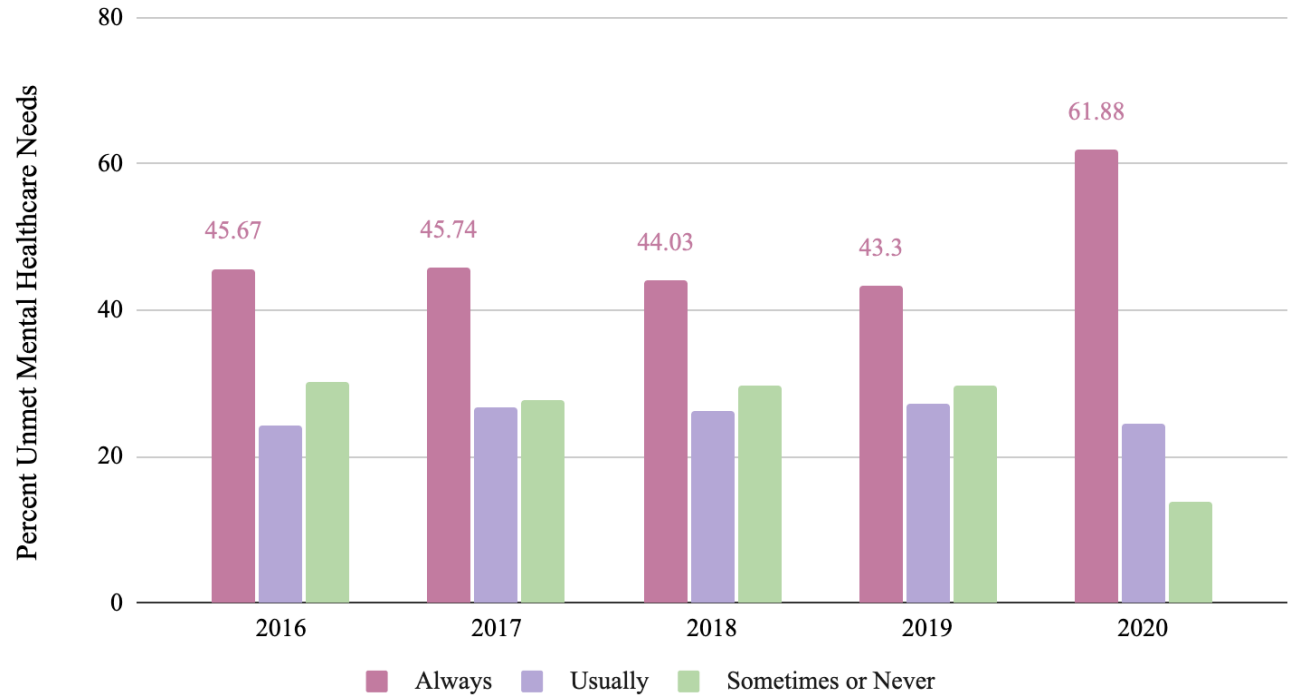
Difficulty Obtaining the Mental Health Care Services the Child Needed

States with Highest and Lowest Child Unmet MHC Needs 2016-2020
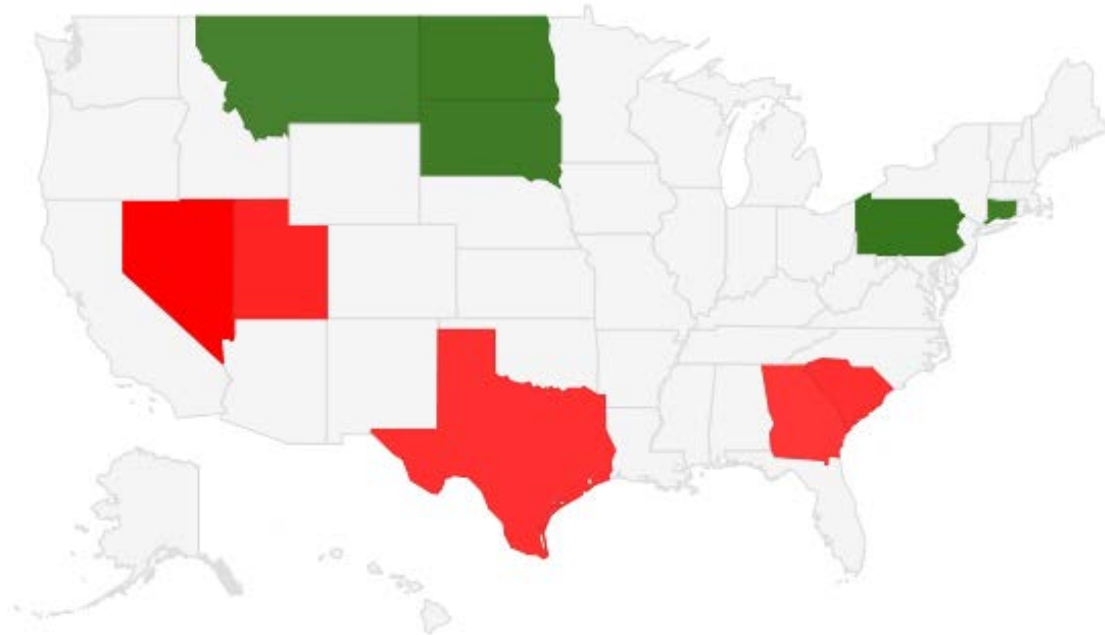
State Differences in Unmet MHC Needs

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?

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

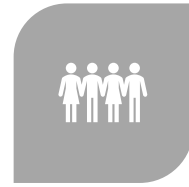Improving **access to MHC with medical technologies such as** expanding **telehealth**

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
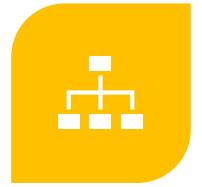
School-Based Health Centers (SBHC)

- 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

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