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The authors investigated rates of current mental health and health disabilities among children receiving SSI for either of these problems and compared rates with children receiving Temporary Aid to Needy Families (TANF). They also identified rates of comorbidity and unmet need for children receiving SSI for either disability compared to TANF children. In general, 41% of children with mental health problems were found to have a health problem, and over half of children with a health problem had mental health problems (62%). Further, children with mental health problems who also had health problems were more likely to have unmet service need than children not receiving assistance for mental health or health problems (TANF).

The children ($N = 1,145$) were from two urban areas in Florida and were classified into three groups: (a) youth who lived in families receiving TANF, but not SSI, for mental health or health related problems ($n = 764$); (b) children receiving SSI for a mental health problem ($n = 220$; SSI-MH); and (c) children receiving SSI for a health problem ($n = 161$; SSI-H). Approximately 80% of all children were white or Black, and fewer children (i.e., 8%-17%) were Hispanic. Data were collected from a mail survey completed by caregivers that drew 25 questions from the Child Health Questionnaire (CHQ); the Pediatric Symptom Checklist (PSC) was also utilized. Current health and mental health problems were defined relative to composite scores on the CHQ and PSC for the TANF control group.

| Table 1. Estimated prevalence rates by SSI-MH, SSI-H, and TANF Groups | |
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| Current health problem | |
| SSI-MH | 41% |
| SSI-H | 62% |
| TANF | 15% |
| Current mental health problem | |
| SSI-MH | 63% |
| SSI-H | 35% |
| TANF | 19% |
| Current comorbid health and mental health problems | |
| SSI-MH with health problem | 30% |
| SSI-H with mental health problem | 24% |
| TANF with mental health and health problem | 6% |

Analysis revealed numerous significant findings. For example, SSI-MH children were older ($M = 13.2$; $SD 3.22$) than SSI-H children ($M = 11.6$; $SD 3.84$) or TANF children ($M = 11.1$; $SD 3.56$). SSI-MH and SSI-H boys had more current mental health (73%) or health (63%) problems respectively than boys with TANF coverage (51%). Children were more likely to be Black or non-Hispanic. Table 1 provides estimated prevalence rates by SSI/TANF groups.

Among the SSI-MH group, there were significantly higher rates of unmet need than the TANF group (11% v. 1% respectively), but not significantly higher than the SSI-H group (9%). Among children having comorbid

mental health and health care needs, higher rates of unmet need were found for SSI-MH children (11%) than TANF children (0%). Although not significant, it is interesting that children with health problems had more unmet need (14%) than children with mental health problems, state the authors.

The implications of this study suggest the importance of comprehensive managed care policies that address both mental health and health needs of children; integrated and carve-out policies should be reassessed to ensure that children receiving services will receive the full benefits of mental health and health care services. Additionally, more effort should be geared toward providing education on mental health assessment, prevention and early intervention for primary care physicians.