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This article is of value because it presents information on the prevalence of mental disorders, and the use of mental health services for a population of children receiving Medicaid. Specifically, the article focuses on children enrolled in a fee-for-service Medicaid program in a suburban county in a mid-Atlantic state ( $N = 15,507$ ). Claims data were examined for a 12-month period. Such data were not available for children receiving services through a Medicaid managed care program.

Three groups of children were studied: children in foster care; children whose families were receiving Supplemental Security Income (SSI) because of a developmental, physical, or emotional disability; and those receiving other types of aid primarily because of low family income.

Rates of mental disorders, as determined by the diagnoses reported in the claims data, were 2.2 times higher for children in foster care (57%) than for children receiving SSI benefits (26%), and 16 times higher than for children receiving other benefits (4%). The authors point out that while it is not surprising that youngsters receiving Medicaid because of limited financial resources would have lower prevalence rates than the other two groups, the 4% prevalence rate that was obtained is markedly lower than found in other studies. It should be noted, however, that this was not a community epidemiological study in which a large number of children in a community are surveyed regardless of whether they received any services. Rather it is a study in which "cases" could only be identified if youngsters received services, and therefore represents an underestimate of the actual prevalence.

Other notable findings were:

- The highest utilization rate for children in foster care was for children in the 6-14 year age range, where the rate was 87% compared to 61% for 15-19 year olds, and 28% for birth to 5 year olds;
- While 60% of the females in foster care received at least one mental health service, only 14% of the females receiving SSI benefits received any mental health service. The findings for males showed very little difference between foster care (64% received at least one service) and SSI (56% received at least one service);
- While approximately the same percentage of Caucasian and African-American youths in foster care received at least one service (76% for Caucasian and 70% for African-American), there was a marked difference for the SSI group (66% of African-American children received at least one service compared to only 26% of Caucasian children).

These findings are of interest for showing the high rates of use of mental health services by children in foster care, the different rates of use across the three groups, and the surprisingly low rate of use by children receiving Medicaid primarily because of low family income. There are also important gender, race, and age differences that merit further study.