

Source: Ringel, J. S., & Sturm, R. (2001). National estimates of mental health utilization and expenditures for children in 1998. *Journal of Behavioral Health Services and Research*, 28(3), 319-332.

Last week our Special *Data Trends* Summary #41 announced the release of the NIMH 10-year plan for advancing research on child and adolescent mental health interventions, *Blueprint for Change: Research on Child and Adolescent Mental Health*. For part of that report, NIMH contracted with Roland Sturm and colleagues at RAND to develop national estimates of mental health utilization and expenditures for children's mental health. Results of the RAND report can be found in Appendix A, pp. 91-120, of the NIMH report.

This *Data Trends* Summary #42 accomplishes two goals: 1) to alert you to the publication of the RAND report in the *Journal of Behavioral Health Services and Research*, 28(3), by Ringel and Sturm; and 2) to provide key findings of this research as outlined in Appendix A of the NIMH report, *Blueprint for Change*.

To estimate mental health spending and utilization for children, the authors aggregated data from over ten sources, ranging from national household surveys to databases reflecting managed mental health specialty health care claims, private insurance claims, and hospital inpatient and outpatient care records. These data sets included youth ages 1 to 17 who were covered by either public insurance (i.e., Medicaid and other aid programs), private insurance, or youth with no insurance. When compared with earlier reports of spending, the findings of this study reflect the rapid growth of managed behavioral health care programs in the 1990s, and verify an overall trend away from inpatient care toward greater use of outpatient care. Limitations to this study revolve primarily around the data available to the authors: "Estimating how much is spent on child/ adolescent mental health care is a very complex project and requires aggregating information across data sources that are not necessarily comparable" (p. 322). Nevertheless, this analysis of expenditures and utilization across multiple data sets will be invaluable in the future when use and expenditures are tracked over time.

The implications of this study for further research in children's mental health services research are profound. According to the authors, further work must be done with regard to disparities between racial and ethnic groups and health insurance status. Limited insurance coverage for privately insured children is also of concern, and appears to result in families' use of primary care as a major setting for mental health services. Key findings from *Appendix A* of the NIMH report (p. 93-94) are reprinted below:

KEY FINDINGS

- Based on three national surveys fielded between 1996 and 1998, between 5 percent and 7 percent of all children use any mental health specialty services in a year. This average rate is similar to the rate among adults, but it obscures major differences across age groups. Only 1 percent to 2 percent of preschoolers use any services, but 6 percent to 8 percent of the 6-to-11 age group and 8 percent to 9 percent of the 12-to-17 age group do.
- There is substantial variation in mental health service utilization by type of insurance, ranging from 8.4 percent for Medicaid enrollees to 4.0 percent for the uninsured. The intensity of outpatient care (number of visits) differs similarly. Children on Medicaid are estimated to have more than 1,300 specialty visits per 1,000 children per year, compared with 462 specialty visits per 1,000 children with private insurance, 391 visits per 1,000 children with other types of insurance, and 366 visits per 1,000 children with no insurance.
- Mental health utilization varies across racial/ethnic groups. Latinos are the least likely of all groups to access specialty care (5.0%), even though they and Black children have the highest rates of need (10.5%) based on measures in the National Health Interview Survey (NHIS). Approximately 7 percent of families with a child with need (based on NHIS measures) claimed financial barriers as the reason for not getting any mental health care.
- More than half of all outpatient specialty mental health services provided to children with private insurance are out-of-plan. The education sector likely provides a substantial portion of these services.

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- Regarding inpatient mental health care, between 0.2 percent and 0.3 percent of children aged 1 to 17 use inpatient mental health services in community hospitals. This rate is much lower than the rate for adults (0.6%). Across all insurance types, adults and adolescents have greater inpatient days per 1,000 population than young children. Among the privately insured and the uninsured, adolescents have higher inpatient service use than adults. In contrast, among the publicly insured, inpatient days per 1,000 population are significantly higher for adults than for adolescents.
- Approximately 4.3 percent of children received psychotropic medication, and utilization is concentrated among older children: 5.0 percent of 6- to 11-year-olds and 5.6 percent of adolescents are on psychotropic medication, while only 0.7 94 percent of children ages 1 to 5 used such medication.
- Total treatment expenditures for children in 1998 are estimated to be approximately \$11.75 billion, or about \$173 per child. Adolescents (12 to 17) account for 59 percent of the total and also have the highest expenditures per child at \$291; children 6 to 11 account for 34 percent of the total at \$165 per child; children 1 to 5 for 7 percent at \$39 per child.
- Across service types, outpatient services account for 57 percent of the total (\$6.7 billion), inpatient for 33 percent (\$3.9 billion), psychotropic medications for 9 percent (\$1.1 billion), and other services for 1 percent (\$0.07 billion).
- Across children's insurance status, children with private insurance account for 47 percent (\$5.5 billion), Medicaid enrollees for 24 percent (\$2.8 billion), children with other public insurance for 3 percent (\$0.4 billion), and the uninsured for 5 percent (\$0.6 billion). We could not allocate State/local expenditures (21%, or \$2.5 billion) by child insurance status. The majority of these services were provided to children with private insurance coverage or Medicaid, but they were not paid by insurance.
- Total expenditures on psychotropic medications for children in 1998 are estimated to be \$1.1 billion. The largest proportion of expenditures was for stimulants, which accounted for slightly over 40 percent of the total. Antidepressant costs were the second largest category, accounting for 33 percent of the total.