Data Trends
Summaries of research on mental health services for children and adolescents and their families
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Results of this study suggest that disparities in children's mental health service use are more likely to be influenced by state policies and health care markets than by the socioeconomic or racial/ethnic characteristics of the population served.

The authors of this epidemiological study explored the rates of children's mental health service utilization by *use, need*, *unmet need,* and *need among users* in 13 states, along with a sample of youth from the remaining states (N = 45, 247). Data were from the 1997 and 1999 waves of the National Survey of America's Families (NSAF), and reflected service use and need among children ages 6-17. The NSAF database is large enough to investigate the role played by state of residence in addressing health care inequities among a nationally representative sample. Collectively, the 13 states (listed in Table 1) account for more than half of the U.S. population, and represent a variety of geographic locations, demographics, size, and political traditions.

Table 1. Use of Mental Health Services and Need, by State and by Race/Ethnicity

	No. Obs[1].	Use of Services	No. Visits by Users	Need	Unmet Need	Need Among Users
By State						
Alabama	2554	6.47*	9.02	8.26*	69.34	47.07*
California	2432	5.13**	11.68	6.34	80.57**	31.28
Colorado	3012	10.06**	14.92*	6.65	55.23**	32.13
Florida	2601	6.47*	12.27	8.09	73.73**	38.33
Massachusetts	3139	11.55**	15.71**	7.05	51.27**	31.78
Michigan	2799	7.65	11.85	7.14	66.67	40.43
Minnesota	3179	9.27**	13.51	7.50	54.83**	36.06
Mississippi	2424	6.58	14.19	9.43**	70.37	50.07*
New Jersey	3538	6.87	11.99	5.58**	62.17	30.34
New York	2852	8.07	13.56*	6.69	57.29*	40.96
Texas	2786	5.69**	10.14	7.92	76.39**	37.58
Washington	3153	7.97	10.89	5.92**	64.74	35.74
Wisconsin	5643	7.96	10.33	7.93*	64.53	40.14
Rest of U.S.	5135	8.05	10.18	7.09	59.67	37.52
By Race/Ethnicity						
Caucasian	31,240	7.77	11.34	6.09**	59.18**	35.66
African American	6371	8.44	10.22	10.59**	69.23	42.79
Hispanic	6022	5.29**	12.77	7.82	77.16*	38.83
Other	1614	6.19	7.72*	7.14	67.07	35.27
National average[2]		7.45	11.15	7.09	64.71	37.11
Sample size	45,247	45,247	3,777	45,247	3,470	2,642

[1] Observations; [2] National averages derived by NSAF team through estimation weights. * Significantly different from National average at $p < .10$; ** Significantly different from National average at $p < .05$.

Use of mental health services was affirmed for children who had received services for a mental health problem (but not for substance abuse or tobacco) from a mental health representative or medical doctor at least once, within the last 12 months. *Need for mental health services* within the last month were determined with six parent-reported, age-appropriate questions from the Child Behavior Checklist. *Unmet need,* defined as the percentage of children whose symptoms "warrant at least a psychological evaluation" (p. 310) but have not received any mental health services within the last 12 months, was calculated by combining the indicators of *use* and *need*. *Need among users* was identified when a child had received services at least three times within the last 12 months.

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Relative to the national average, there were large differences in service *use* across states (see Table 1). Yet analysis revealed that these discrepancies were not related to age, race/ethnicity, insurance status or family income. With regard to the *need* for services, large statistical differences emerged between rates of need for African American and Caucasian children; however, these differences became insignificant after adjusting for income, residence, and insurance status. Although the highest levels of need and severity of symptoms were found among lower income families, these characteristics were not related to race/ethnicity.

The fifth column in Table 1 presents rates of *unmet need*. Hispanic children had significantly higher rates of unmet need in comparison to the national average. This need was not related to income or racial/ethnic group. However, analysis of *need among users* showed a strong income effect with children of high-income families receiving services for less substantial symptoms than children from low-income families. The findings from this study suggest that some states may not be as adept as others in delivering services to children with severe mental health problems. (p. 313). The most surprising state-level finding concerned a comparison of the high rates of *need,* low rates of *service use,* and near-average rates of *unmet need* (relative to the national average) in Mississippi and Alabama; these states appear to be effectively targeting their limited resources toward "children who are more symptomatic than in other states" (p. 313).

Race/ethnicity and income do not appear to be related to whether families *use* services, although low-income families have more severe problems and higher *need* for services. Among racial/ethnic groups, Hispanic children are the least likely to receive services when compared to Caucasian children. Among all children, those from higher income families are more likely to receive services (on more than three occasions) for less symptomatic disturbances than children from low-income families. According to the authors, "the most disconcerting finding is that the differences in use across states are not paralleled by differences in need. Overall, there is no apparent relationship between levels of need and use of services across states" (p. 314). They conclude that the differences and disparities they have uncovered are "more likely to be a consequence of state policies and health care

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