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Are Children Accessing and Using Needed Mental Health Care Services?

The Case of the San Mateo County Healthy Kids Program

Louise Palmer, Brigette Courtot, and Embry Howell

Despite efforts to increase access to quality, affordable services, the county still has Healthy Kids enrollees with unmet mental health needs.

Mental health care services have been shown to prevent juvenile delinquency and improve cognitive, academic, and social outcomes for children (Ramey and Ramey 1998; Zigler, Taussig, and Black 1992). However, for various reasons, not all children with mental health needs access necessary services. While mental health disorders affect one in five children living in the United States, only a fifth of all children who need mental health services receive them (Jellinek et al. 1999; U.S. Department of Health and Human Services [HHS] 1999). This unmet need for mental health services is especially high for Latino children relative to other children.[1]

This brief provides data from San Mateo County, California, which provides subsidized health and mental health insurance to uninsured children in families with incomes below 400 percent of the federal poverty level who are ineligible for Medi-Cal (the federal-state insurance program for low-income children) and Healthy Families (California's SCHIP program) because of family income or documentation status. This coverage is provided through the Healthy Kids program, which falls under the Children's Health Initiative (CHI), an effort to extend health insurance to virtually all children in the county either through Healthy Kids, Medi-Cal, or Healthy Families.

In San Mateo County, Healthy Kids serves predominantly low-income, undocumented, Latino children whose first language is Spanish. The Healthy Kids program offers a comprehensive mental health benefits package (box 1). This brief discusses how many children are accessing mental health services through the program, how they access services, and possible reasons children who need services do not access them.

Methodology

The evaluation of the San Mateo Healthy Kids program relies on multiple data sources (see box 2 for a description of evaluation data and methodology). This extensive evaluation effort analyzes various aspects of access to and use of services among previously uninsured children and provides rich data on the use of mental health services by this population. This brief draws on mental health–related data gathered to date as part of the evaluation, with the exception of the 2006 survey data. More information on the San Mateo Children's Health Initiative and Healthy Kids program is available in three annual reports.[2]

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Box 1. Healthy Kids Mental Health Benefits

The Healthy Kids program offers enrollees generous mental health benefits compared with many private insurance plans. The program covers up to 30 days of inpatient mental health care (no co-payment requirements), as well as hospitalization for substance abuse detoxification. Enrollees can receive up to 20 outpatient mental health and 20 substance abuse service visits per benefit year (a co-payment of $5 per visit is required). Prescription drugs, both brand name and generic, also require a $5 co-payment.

There are no inpatient or outpatient benefit limitations for children with a diagnosis of serious emotional disturbance (SED). The San Mateo County Health Department/Mental Health Services Department (MHS) organizes and manages the delivery of mental health services for Healthy Kids enrollees with SED and some other children with mental health problems; these services are typically provided on a fee-for-service basis through contracts between the MHS and private providers.

Mental Health Conditions and Their Prevalence among Healthy Kids Enrollees

The prevalence rates of mental health conditions among San Mateo Healthy Kids enrollees are similar to those among children nationwide. Data from the 2004 survey of parents reveals that 20 percent of children enrolled in the program have an emotional or behavioral need,[3] similar to the national rate. Of this number, 40 percent of parents with school-age children indicated that their child's emotional and behavioral need limits their ability to do school work (about 8 percent of all children).

The types of mental health conditions that Healthy Kids members have accessed services for (as shown by HPSM claims data) are also similar to national figures (figure 1). HPSM claims with mental health diagnoses relating to mood and anxiety conditions were the most prevalent, followed by attention-deficit and disruptive diagnoses, and developmental diagnoses, including autism as well as milder learning and communication conditions. Serious psychotic illnesses, such as schizophrenia, were very rare, as were conditions related to substance abuse. The remainder of children had various other mental health conditions, such as eating and sleeping difficulties.

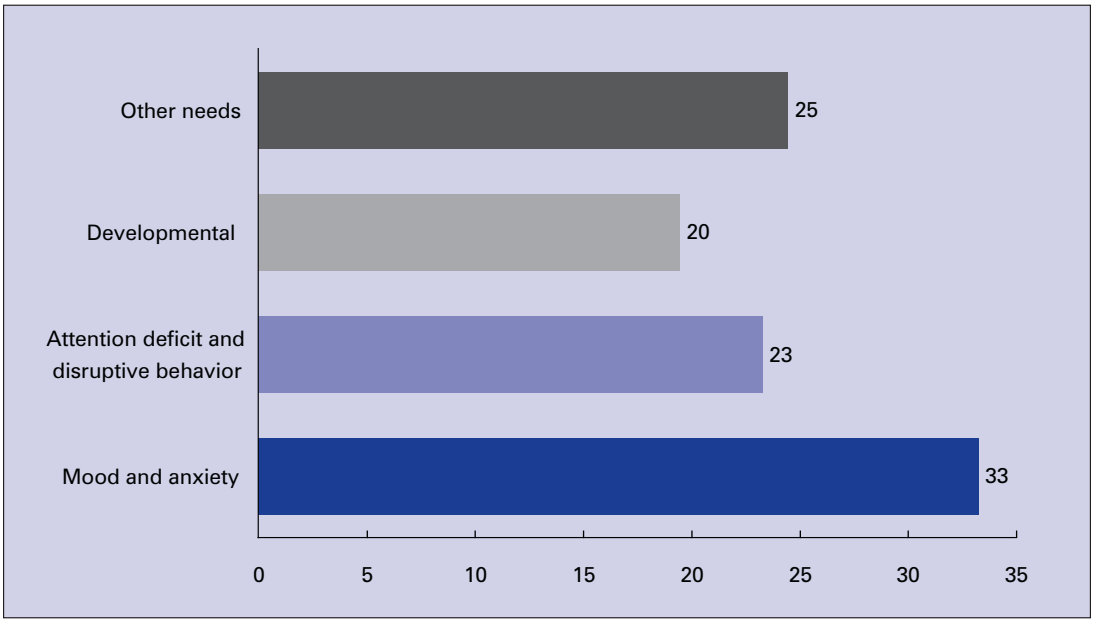
Any number of factors may contribute to the onset of these mental health conditions. Some parents participating in the evaluation focus groups thought their child's recent immigration to the United States may have contributed to the emergence of their child's mental health need.

"I thought it [the mental health condition] was because we left him in Mexico. Then

Box 2. Methodologies Used in the Evaluation of the San Mateo Healthy Kids Program

- **2005 key stakeholder interviews:** Interviews with Healthy Kids administrators, children's mental health services providers, and others knowledgeable about mental health services in the county.
- **HPSM claims data:** To study use and costs of services, we obtained data (July 2004–June 2005) from the HPSM on children with insurance claims that identified a mental health diagnoses.
- **2004 and 2006 surveys of parents of Healthy Kids enrollees:** Two telephone surveys were administered two years apart to independent, randomly sampled groups of parents of enrollees. Questions asked were about their child's health, use of services, and enrollment experiences, among other issues.
- **2007 focus group discussions:** Two focus groups were held in Spanish and one interview in English with parents of children who had insurance claims with mental health diagnoses, as identified by the HPSM.

FIGURE 1. Healthy Kids Enrollees' Mental Health Diagnoses (percent)



Source: HPSM claims data, July 2004–June 2005.

Note: Percents do not add to 100 as child claims could report more than one diagnosis.

we brought him [to the U.S.] and he became aggressive."

"My child suffered a depression after moving countries, because of language and everything."

Findings from the parent focus groups suggest that mental health needs are often initially identified in nonprovider settings, by parents themselves or by the child's teacher.

"I did [first noticed the mental health condition] because he said he felt nervous to go to school."

"For my son, his teacher told me that she noticed that he was very distracted and that she did not know what happened to him."

Access and Use of Mental Health Services

Despite reports in the parent survey that about 20 percent of children had a mental health condition, according to HPSM data, only 5.7 percent of enrollees had service claims with a mental health diagnosis, suggesting most children with mental health needs are not receiving care billed through their Healthy Kids insurance. Adolescents (age 13–18) had more claims with a mental health diagnosis than other age group (table 1).

Most children who sought mental health services were served through the public health system clinics (either the San Mateo Medical Center or the San Mateo County Mental Health Department); only about 10 percent were served by a private provider (HPSM data, not shown).

To access care for their child after recognizing a possible need, many parents who participated in the focus groups first took their child to their primary care physician, who then typically referred the child to a specialty service provider, such as a psychologist. In some instances, parents

TABLE 1. Percent of Healthy Kids Enrollees with Any Mental Health Diagnosis Billed to Healthy Kids, by Age

	Mental health diagnosis
0–5 years	5.1
6–12 years	4.7
13–18 years	7.4
Total	**5.7**
Sample size	159

Source: HPSM claims data, July 2004–June 2005.

asked the HPSM where they could take their child for help, or they picked a provider from the list provided by the HPSM during enrollment in Healthy Kids. Parents typically reported that referral to a mental health provider took between a few days to several weeks, which they perceived to be quick.

> "Immediately after I told the pediatrician that my son could not sleep, [a] few days later they called me at work and gave him an appointment."
>
> "The doctor contacted me with the psychologist [information] and everything was fast."

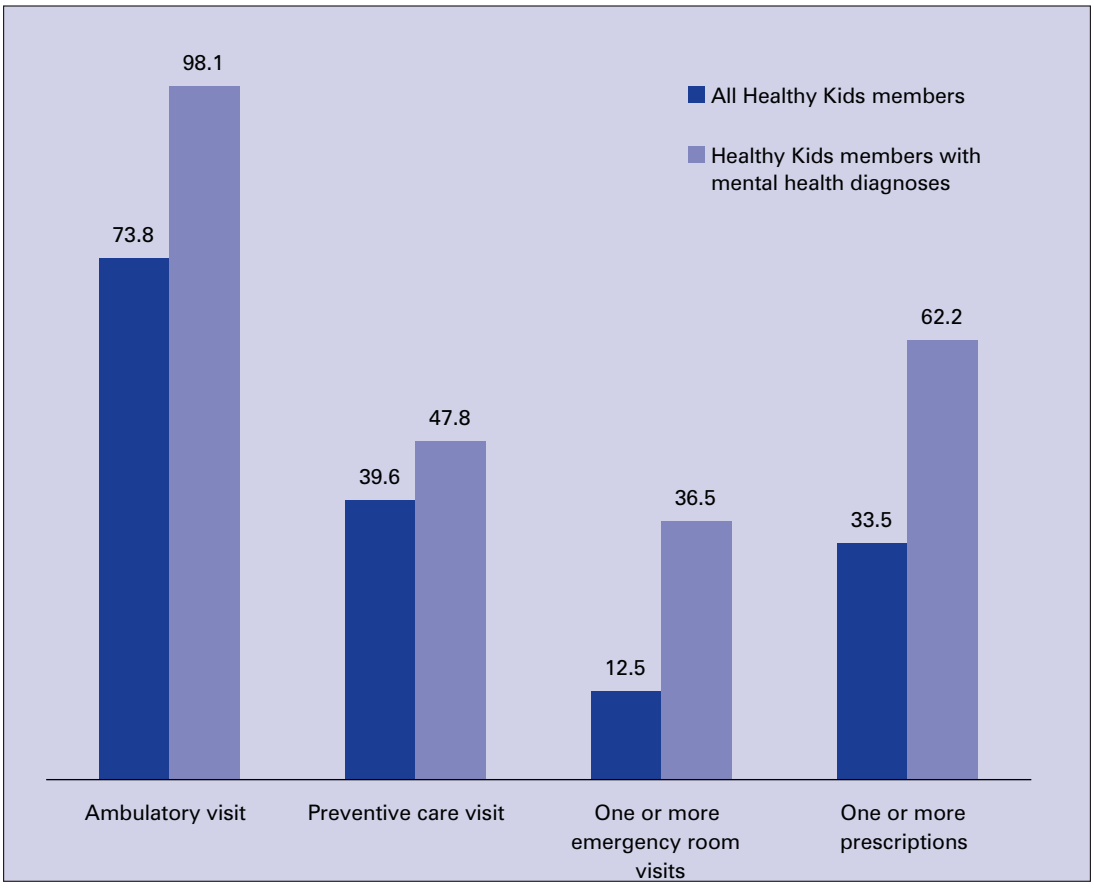
Interestingly, focus group participants overall reported greater satisfaction with their child's mental health care services than with their regular health care services because of better quality of care and shorter wait times.

> "The mental [health services] put me more at ease [than primary health care services], it was more like they were looking out for my kid."
>
> "[Mental health providers] were more reactive to what needed to be done. It wasn't oh, we'll let you wait for three weeks. They wanted her in right then and there."
>
> "I've had problems with the language with the physician. Not with the mental health practitioners."

Use of Other Health Services

Between June 2004 and July 2005, Healthy Kids enrollees with a mental health diagnosis used more health care services than all Healthy Kids members. Healthy Kids enrollees with a mental health diagnosis were more likely to have ambulatory and preventive care visits, and one or more

FIGURE 2. Health Service Use for Children with a Mental Health Diagnosis (percent)



Source: HPSM claims data, July 2004–June 2005.

Note: Ambulatory and preventive care data for members with mental health diagnoses are for the period from July 1, 2004, to June 30, 2005. All other data are for one full year after enrollment for members who became enrolled in 2004.

emergency room visits, than other enrollees (figure 2). The difference in service use is most striking for prescription visits, which show a 30 percentage point difference in the number of enrollees with one or more prescriptions.

Parents' responses at the focus groups appear to confirm these findings from the HPSM. Many parents reported that their child had been to a health care provider more than five times in the past six months. Reasons for the visits included accidents and emergencies (involving visits to the emergency room) and chronic asthma (necessitating 15 to 20 visits in the previous six months), in addition to regular physicals and dental appointments.

Why Don't More Children Use Mental Health Services?

While it is evident that more children need mental health services than are using them (both nationally and among Healthy Kids enrollees in San Mateo County), the reasons for this discrepancy are unclear.

The evaluation's site visit informants suggested that there are barriers to obtaining mental health services for low-income children, which include parents' lack of information about available mental health services or uncertainty about whether their child's behavior requires help. Although the county mental health department has a web site and a toll-free number,[4] the population served by Healthy Kids may not access these resources. A few parents alluded to not knowing enough about available health services during the focus group discussions.

> "It seems that we don't know much of anything. You only look for what you think you need."
>
> "I'll be honest, they gave me a pamphlet and I haven't read all of it. I think there are things in there that I don't know about because I haven't read it."

A significant hurdle to overcome for many parents, and their children, may be stigma about seeking mental health services or feeling that they have failed as parents. Several focus group participants referred specifically to these issues.

> "One of the problems that we as Hispanics have is that in Latin America, there's a stigma about seeing a psychologist."
>
> "The school told me and I had already noticed it [her child's mental health condition] but honestly, I felt I was to blame, I didn't want to come to terms with it."

Additionally, parent's perceptions about what the care will entail may delay them from seeking care, or even prevent them from seeking care at all. Several parents at the focus groups mentioned a fear of their child being medicated as a reason their child had not yet received services for a mental health problem.

> "The medicine makes him really calm and sleepy in class and I will not give it to him. How is he going to school feeling sleepy? For me it is not normal to give him medication."
>
> "The truth is I do not want to take my son [to the doctor] because I do not want to give him medication."

Further, undocumented parents may believe that participation in the county mental health system could lead to identification of their legal status. Data from the focus groups suggest this belief may prevent them from signing up for any service through a publicly funded program.

> "Many people are reluctant [to sign up for public programs] because they say 'Well, if I'm giving my information here…' When I went [to U.S. Immigration Services] they already had my daughter's information."

Site visit interviewees suggest such stigma and fear may be exacerbated by the limited number of Spanish-speaking mental health counselors and therapists in the county. However, focus group participants more often mentioned language as a problem with their regular health care provider, not their child's mental health care provider.

Conclusions and Future Steps

San Mateo County and the CHI recognize the importance of improving access to mental health services and the quality of service offerings, seen not only in their implementation of Healthy Kids with a comprehen-

sive benefits package, but also by their countywide service coordination efforts and implementation of the Mental Health Services Act, passed in 2004.

Despite these efforts to increase access to quality, affordable services, these data show an unmet need for mental health services among Healthy Kids enrollees in the county. Once parents access care for their child, however, they report high levels of satisfaction with the care received.

Several barriers may be influencing parents' decisions to seek mental health services for their child. Stakeholders in San Mateo County made suggestions about how to address some of these barriers, including

- an increased emphasis on screening and early identification of problems;
- partnerships between mental health service providers and schools to identify children needing services; and
- providing access to more school-based mental health services.

As focus group participants frequently reported teachers as the first person who identified their child's problem, an emphasis on provider-school links could be an especially promising strategy.

At a systems level, San Mateo County continues to address the issue of providing high-quality, timely, and accessible mental health services as it plans the expansion of mental health services through the implementation of the Mental Health Services Act, which earmarks $5 million of additional funding for San Mateo County. The Three-Year Program and Expenditure Community Services and Supports Plan is the outcome of extensive stakeholder input and outlines the current vision for improved mental health services for children in the county.[5]

Improving access to mental health services could increase the overall cost to public health insurance programs in the near term. However, it will likely lead to improved health and quality of life for the children who receive services with long-term payoffs in decreased juvenile delinquency and improved academic achievements.

Notes

1. See, for example, Kataoka, Zhang, and Wells (2002).
2. See Howell et al. (2004, 2005, 2006).
3. This need is measured by a series of variables, including questions that asked parents whether their child was often unhappy, sad, or depressed, or did not get along with other children.
4. The web site address is http://www.sanmateo.networkofcare.org.
5. See http://sanmateo.networkofcare.org/mh/home/prop63_sanmateo.cfm.

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About the Authors

Louise Palmer is a research associate with the Urban Institute's Health Policy Center. Ms. Palmer's research interests include analyzing social and economic disparities in health status, access to care, and service utilization, particularly in the area of maternal and child health. She conducts research as part of several program evaluations of children's health initiatives throughout the United States.

Brigette Courtot is a research associate with the Urban Institute's Health Policy Center. Ms. Courtot's research interests focus on maternal and child health policy, with an emphasis on health insurance coverage and access to care for low-income families. She has conducted research on multiple child health initiatives throughout the United States.

Embry Howell is a principal research associate with the Urban Institute's Health Policy Center. Dr. Howell's research interests include maternal and child health policy, the health care safety net, Medicaid, and the role of community-based nonprofits. She is the project director for the Evaluation of the San Mateo County Children's Health Initiative, and she plays a key role in similar evaluations in Los Angeles and Santa Clara counties.

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