



## Mental Health Services

Mental health screening and treatment services, including behavioral therapies, talk therapy, and medications, can be essential in helping children with emotional and behavioral problems to lead productive lives. This section examines children's health insurance coverage and access to needed services and to the medical homes that can help to assure that their care is coordinated and that specialty care is accessible.

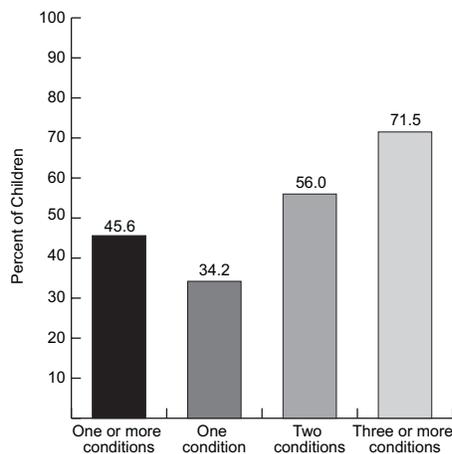


## Use of Mental Health Services

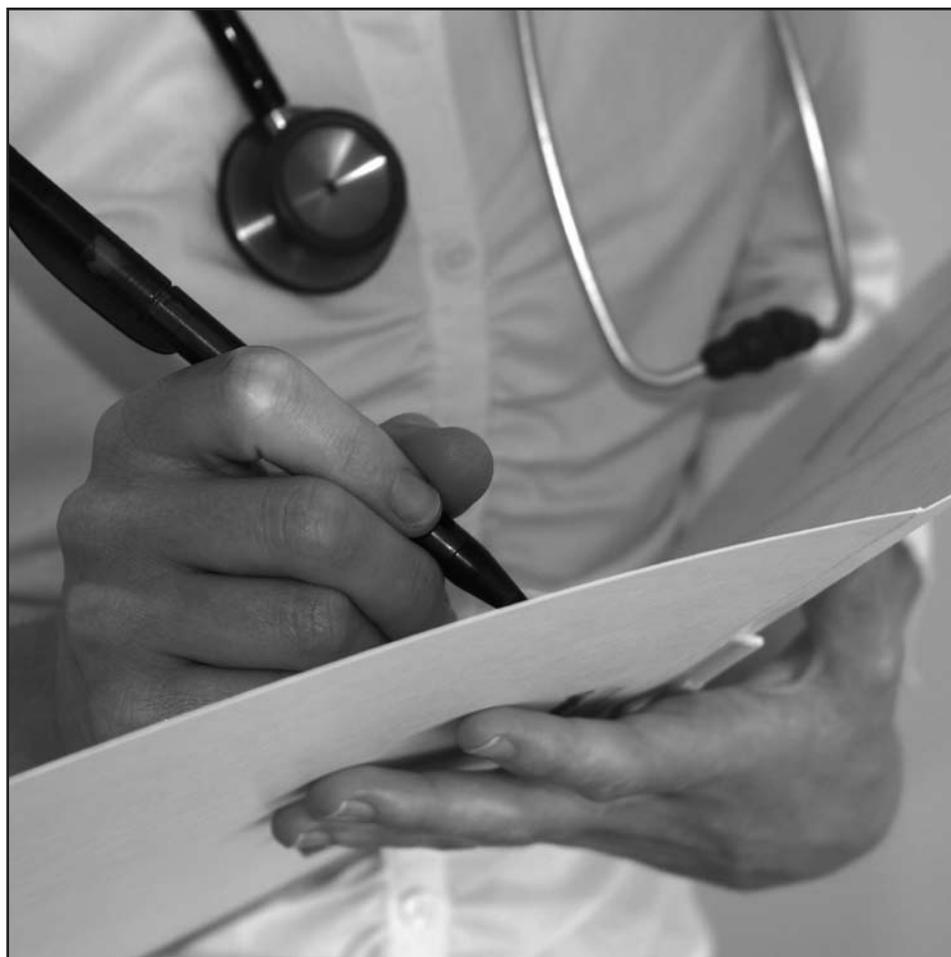
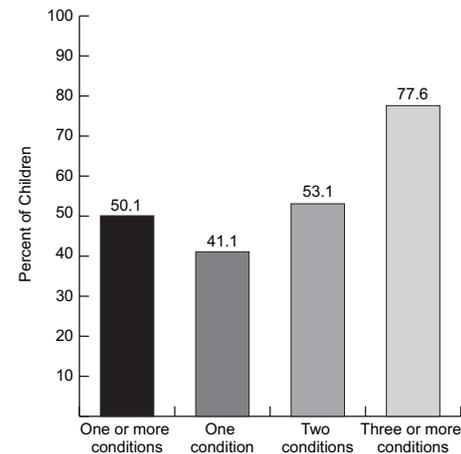
A range of services, including counseling, therapies, and medications, can help children with emotional, behavioral, or developmental conditions. However, not all children who have these conditions receive treatment for them. Overall, of children with one or more emotional, behavioral, or developmental conditions, 45.6 percent received treatment or counseling from a mental health professional. This percentage was higher for children with more than one condition, but even among children with three or more conditions, more than one quarter (28.5 percent) did not receive any mental health services.

Medications can be particularly helpful in stabilizing emotions, improving concentration, and regulating behavior in children with emotional, behavioral, or developmental conditions. A substantial percentage of children with these conditions took medications for their conditions in the past year, with percentages ranging from 41.1 percent of children with one condition to 77.6 percent of children with three or more conditions.

Children with Emotional, Developmental, or Behavioral Conditions Receiving Needed Mental Health Services, by Number of Conditions



Children with Emotional, Developmental, or Behavioral Conditions Taking Medications, by Number of Conditions

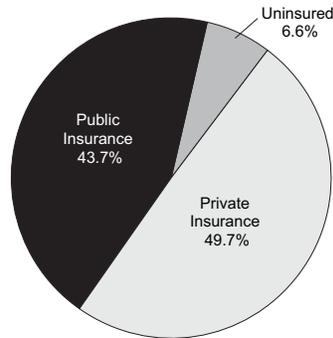




## Health Insurance Coverage

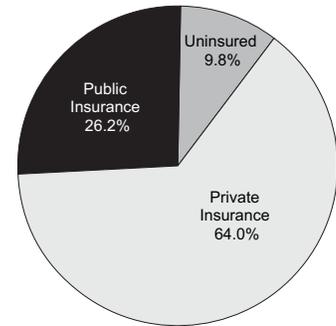
Overall, children with emotional, behavioral, or developmental conditions are slightly more likely than the general population of children to have current health insurance. However, children with these conditions are more likely than children without them to have public insurance, including Medicaid and the Children's Health Insurance Program (CHIP). Among children with emotional, behavioral, or developmental conditions, 43.7 percent have public insurance, compared to 26.2 percent of children without these conditions, while 49.7 percent had private insurance, compared to 64.0 percent of children without these conditions.

Current Health Insurance Coverage Among Children with Emotional, Behavioral, or Developmental Conditions, by Type of Coverage

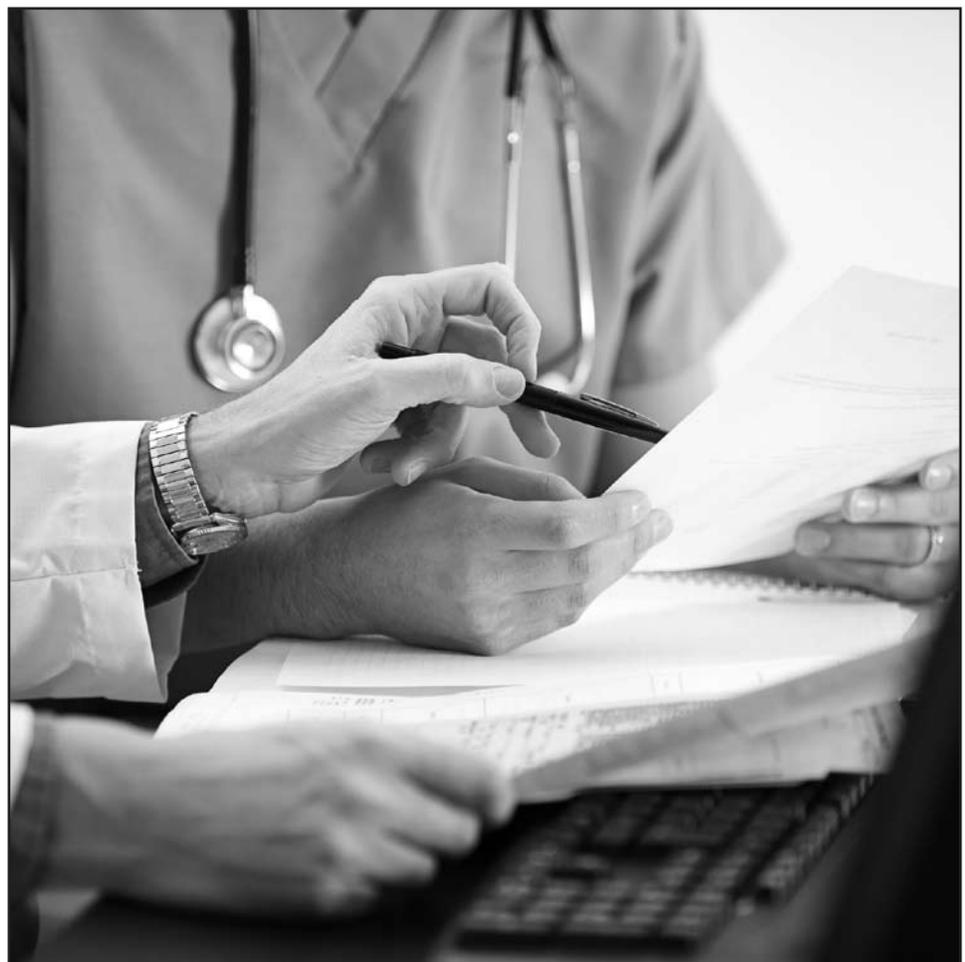


\*Percentages may not add to 100 due to rounding.

Current Health Insurance Coverage Among Children without Emotional, Behavioral, or Developmental Conditions, by Type of Coverage



\*Percentages may not add to 100 due to rounding.



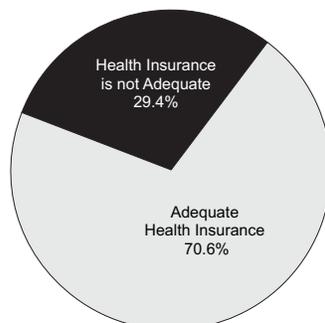


## Adequacy of Health Insurance Coverage

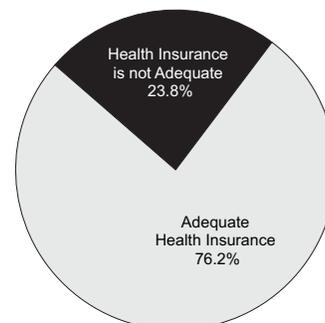
Insurance coverage may not always be adequate to meet children's needs. Parents whose children were currently insured were asked three questions regarding the services and costs associated with their child's health insurance. Of insured children aged 2-17 years without emotional, behavioral, or developmental conditions, the parents of 18.8 percent reported that the out-of-pocket costs were never or sometimes reasonable; 7.0 percent were reported to have health insurance that never or sometimes offers benefits or covers services that meet their needs; and 4.8 percent were reported to have health insurance that never or sometimes allows them to see the health care providers they need (data not shown).

Children were considered to have adequate health insurance coverage if their parent answered "usually" or "always" to each of the three questions. Overall, 29.4 percent of children with emotional or behavioral problems lacked adequate insurance, compared to 23.8 percent of children without these conditions. Moreover, the more such conditions a child has, the lower the likelihood that his or her insurance is adequate. Among children with three or more

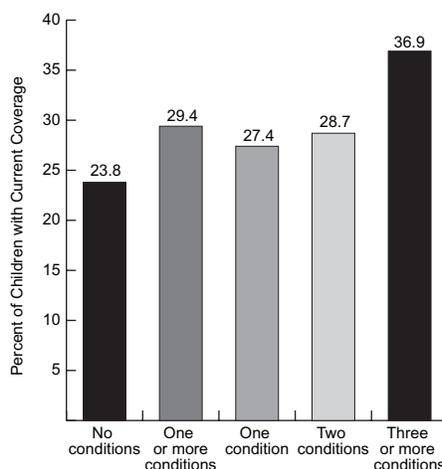
Adequacy of Health Insurance Coverage Among Currently Insured Children: Children with Emotional, Behavioral, or Developmental Conditions



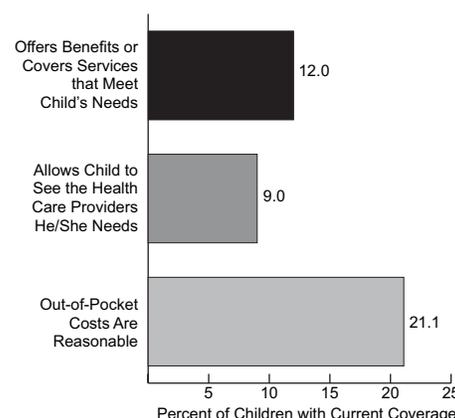
Adequacy of Health Insurance Coverage Among Currently Insured Children: Children without Emotional, Behavioral, or Developmental Conditions



Children Lacking Adequate Health Insurance Coverage, by Number of Emotional, Developmental, or Behavioral Conditions



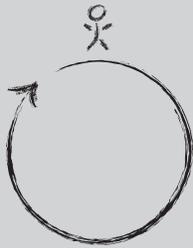
Children Aged 2-17 Years with Emotional, Behavioral, or Developmental Conditions with Health Insurance Never or Sometimes Meeting Adequacy Criteria



emotional, developmental, or behavioral conditions who had insurance, 36.9 percent did not have adequate coverage.

Of the three criteria for adequacy, reasonable costs seem to present the most substantial barrier to families of children with emotional, behavioral, or developmental conditions. Of children with at least one condition, the parents of 21.1 percent reported that the out-of-pocket costs for their chil-

dren's care were never or sometimes reasonable; 12.0 percent reported that their child's plan never or sometimes offered benefits and covered services that met their child's needs; and 9.0 percent reported that their child's insurance never or sometimes offered access to the providers they needed. These figures are not mutually exclusive and the parents of some children may have reported more than one of these problems with their child's coverage.

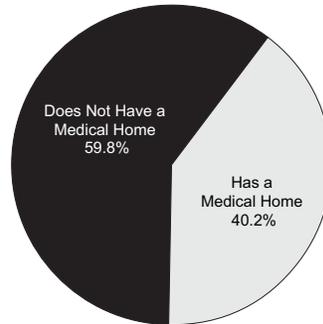


## Medical Home

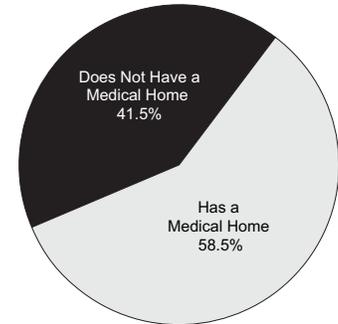
A number of aspects of high-quality health care for children are combined into the concept of the medical home. As defined by the American Academy of Pediatrics, children's medical care should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. The survey included several questions that sought to measure whether a child's health care met this standard:

- Whether the child has at least one personal doctor or nurse who knows him or her well and a usual source of sick care
- Whether the child has no problems gaining referrals to specialty care and access to therapies or other services or equipment
- Whether the family is very satisfied with the level of communication among their child's doctors and other programs
- Whether the family usually or always gets sufficient help coordinating care when needed and receives effective care coordination
- Whether the child's doctors usually or always spend enough time with the family, listen carefully to their concerns, are sensitive to their values and customs, provide any information they need, and make the family feel like a partner

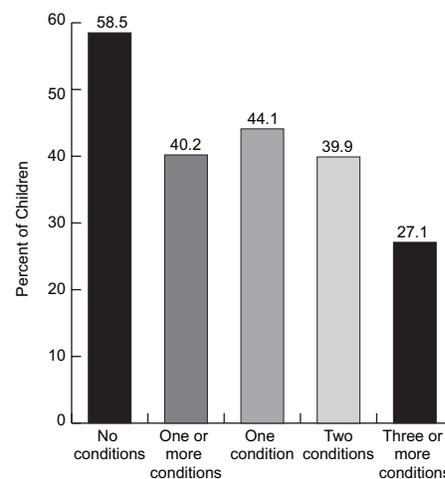
Presence of a Medical Home:  
Children Aged 2-17 Years  
with Emotional, Behavioral,  
or Developmental Conditions



Presence of a Medical Home:  
Children Aged 2-17 Years  
without Emotional, Behavioral,  
or Developmental Conditions



Children With a Medical Home,  
by Number of Emotional,  
Developmental, or Behavioral Conditions



in their child's care

- Whether an interpreter is usually or always available when needed.

A child was defined as having a medical home if his or her care is reported to meet all of these criteria.

Among children aged 2-17 years without emotional, behavioral, or developmental conditions, the care of 58.5 percent of children met this

standard. Of children in the same age group with emotional, behavioral, or developmental conditions, 40.2 percent received care through a medical home. For children with one condition, this proportion was 44.1 percent; for children with two conditions, 39.9 percent, and for those with three or more conditions, 27.1 percent.