

# Research & Policy Brief

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## Mental Health Problems Have Considerable Impact on Rural Children and their Families

### Overview

The majority of children with mental health problems go untreated, and the gap between need and service use is assumed to be wider in rural than in urban areas, particularly for children with more severe needs.<sup>1-2</sup> It is also assumed that rural families of children with mental health problems experience a greater financial and emotional burden than urban families. These assumptions reflect the lower availability of mental health specialty care and support services in rural areas. Lower income and more limited economic opportunities may further hamper the ability of rural families to care for children with mental health problems. The current research literature does not describe how well the needs of children with mental health problems are being met in rural areas. Although there are reasons to believe the burden these needs place on families is higher in rural areas, evidence to support this assumption is limited. Using the 2005-06 National Survey of Children with Special Health Care Needs, we examine the prevalence, access to services, problem severity, and family impact of children's mental health in rural and urban areas. These data are linked to the Rural-Urban Continuum Codes to examine populations living in urban areas, rural areas adjacent to urban areas, and rural areas not adjacent to urban areas.

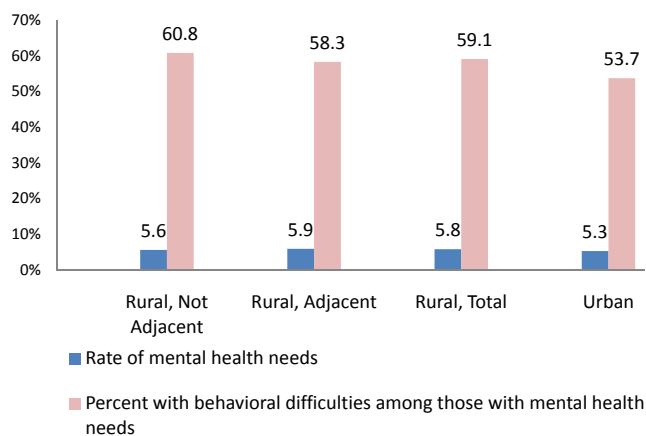
### Rural Children More Likely to Have a Mental Health Problem and Behavioral Difficulty

Among all U.S. children, 5.4 percent have a mental health problem such as depression, anxiety, eating disorder, other emotional problem, attention deficit disorder (ADD), or attention deficit hyperactive disorder (ADHD).

### Fast Facts

- Rural children are more likely to have a mental health problem and a behavioral difficulty compared to urban children.
- Rural children have the same access to **any** mental health services as urban children, but more limited access to **all** needed services.
- Rural families spend more time each week coordinating their child's care than do urban families.

Figure 1: Children with Mental Health Needs and Behavioral Difficulties



Data: National Survey of Children with Special Health Needs  
Rural-urban differences significant at  $p \leq .01$

\* The findings and conclusions in this brief are those of the authors and do not necessarily represent the views of the Research Data Center, the National Center for Health Statistics, or the Centers for Disease Control and Prevention.

A greater proportion of children living in all rural areas, particularly those in adjacent areas, have a mental health problem compared to children living in urban areas (**Figure 1**). Disruptive or problem behaviors are associated with many pediatric mental illnesses. A greater proportion of rural children with mental health problems have behavior difficulties than urban children (**Figure 1**). Rural children with a mental health problem are more likely to have family income below 200 percent of poverty and to have a public source of coverage compared to those living in urban areas ( $p \leq .001$ ).

### Rural Children Have Limited Access to All Needed Services

Access to **any** mental health care in the past year does not differ significantly between rural and urban areas. However, the probability of receiving **all** parent-reported needed mental health care is 20 percent lower among children with mental health problems living in rural areas than urban ( $p \leq .05$ ). Uninsured children are more likely

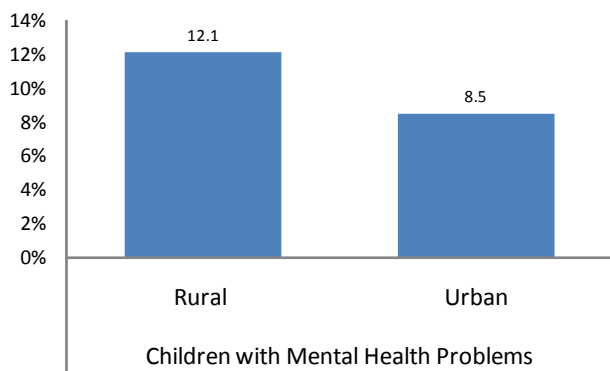
than privately insured children to receive any mental health care, but 60 percent likely to receive all.

Among children with mental health problems, those living in rural areas are more likely to be usually or always affected by their condition than those in urban areas (36 percent compared to 33 percent,  $p \leq .05$ ).

### Rural Families Spend More Time Each Week Coordinating their Child's Care

Children with mental health problems have service needs that often must be coordinated by a parent. Among families of children with mental health problems, a greater proportion of rural families spend 6 or more hours coordinating their child's care each week (12 percent) than do urban families (9 percent) (Figure 2).

Figure 2: Percent of Families Spending 6 or More Hours Per Week Coordinating Care



Data: National Survey of Children with Special Health Needs  
Rural-urban differences significant at  $p \leq .001$

### Conclusions

Rural children have significantly higher rates of mental health problems and are more likely to have behavioral problems than urban children.

Rural children with mental health problems are as likely to receive **any** mental health care as their urban counterparts; however, rural children are 20 percent less likely to receive **all** needed mental health care.

Children with mental health problems who are uninsured are more likely to receive **any** mental health care compared to those who have private health insurance. However, they are 60 percent less likely than their privately-insured counterparts to receive **all** needed services.

This study also confirms prior research that mental health problems represent a greater impact on families than other types of special health care needs.<sup>3-4</sup> We found this pattern in both rural and urban areas.

### Policy Recommendations

Promoting and expanding children's access to Medicaid, the State Children's Health Insurance Program, and to private insurance are important aspects of ensuring children's access to mental health services in rural areas, especially for low-income families. Rural families should be targeted for outreach informing them of Medicaid's case management benefit.

Programs targeting children with mental health problems should consider characteristics of service systems for children with special health care needs that have been shown to improve access to care and reduce family financial impact (e.g., medical home with care coordination, adequate insurance coverage, and organized community-based services) in efforts to address the impact of children's mental health problems on their families.

Health system reforms should support modalities that can enhance ongoing access to mental health for rural children, such as provision of care through telemental health applications and ensuring that primary care providers are prepared to deliver mental health care for common needs.

### References

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