

Research & Policy Brief

January 2009

Rural Children Don't Receive the Mental Health Care They Need

*Urban Children Also Have Significant Unmet Mental Health Needs
Public Coverage Increases Rural Children's Access to Services*

Overview

Twenty percent of all children have a mental illness; most do not receive care for their illness. It is widely assumed that rural children are more likely than urban children to have unmet mental health needs. However, few national studies have examined rural-urban differences in children's mental health service use, and which factors may mediate or reduce differences. This information is important for policymakers as they decide which approaches and strategies to use to better meet the mental health needs of rural children. Of particular interest may be the role of Medicaid and the State Children's Health Insurance Program (SCHIP) in reducing rural-urban disparities in service use. Medicaid and SCHIP have been found to significantly enhance access to children's mental health services¹ and rural children are more likely to be enrolled in these programs than urban children.²

This study sought to close this knowledge gap by examining rural and urban differences in the use of children's mental health services and the role that family income, health insurance, and mental health status play in explaining these differences. Rural or urban is measured in terms of Metropolitan and Non-Metropolitan Statistical Areas, as defined by the federal Office of Management and Budget (OMB).³ The analysis is based on three years of pooled data (1997, 1999, 2002) from the National Survey of America's Families (NSAF). All information, including mental health problems and care received, is based on parent report. Three research questions, comparing rural and urban areas, were examined: (1) What is the mental health need of children, ages 6 to 17? (2) What percentage of children with an identified mental health need used a mental health service in the past year? (3) What role does family income and type of insurance have on the use of mental health services by children?

Key Findings

Prevalence

The percentage of children with a parent-reported mental health problem is very similar in rural and in urban areas (7.5%), which is consistent with the broader epidemiological literature. Rural children are more likely than urban children to be poor or near-poor and have Medicaid or SCHIP, or to be uninsured. Urban children are more likely to have parents with higher education and to have employer-based health insurance.

Use of Services

Our descriptive analysis reveals that rural children are slightly less likely to have a mental health visit than are urban children (7% of rural children versus 8% of urban). Yet, among children with an identified mental or behavioral health issue, rural-urban rates of mental health visits in the past year are the same (about 36.5%, See Figure 1) as are the number of annual mental health visits (12.4).⁴ However, after controlling for insurance status and other variables known to affect access to mental health services, rural children are 20 percent less likely to have a mental health visit than urban children.

Fast Facts

- Just over one-third of all children with a mental health problem received a mental health visit in the past year.
- Controlling for other characteristics that affect access to care, rural children are 20 percent less likely to have a mental health visit than urban children.
- Having Medicaid or SCHIP increases the likelihood that a child will receive services and this is pronounced in rural areas.

Authors

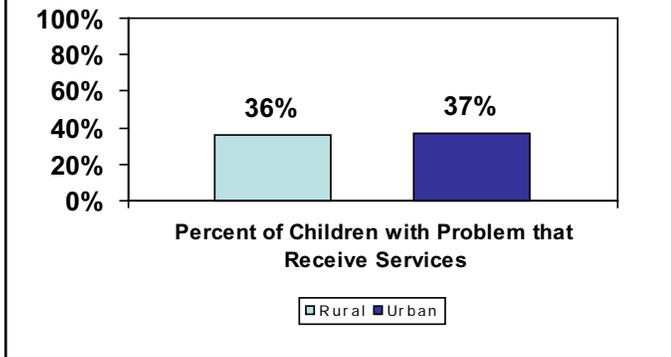
David Lambert, PhD
Erika C. Ziller, MS
Jennifer D. Lenardson, MHS

This brief is based on a longer study by the authors.

For more information about this study, contact David Lambert at (207) 780-4502 or davidl@usm.maine.edu



Figure 1: Just Over One-Third of Children with a Mental Health Problem Receive Services

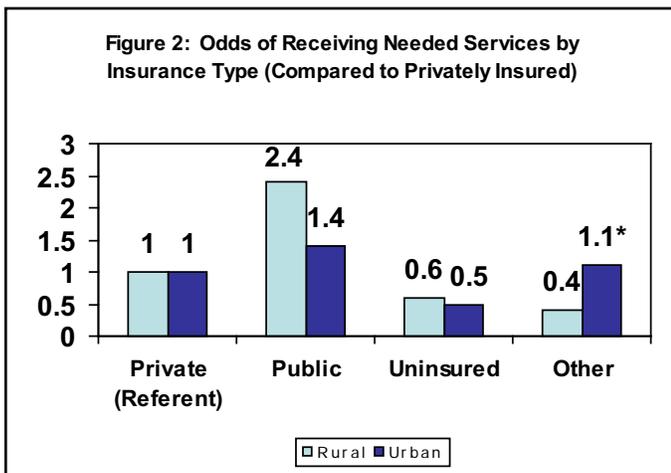


Source: Urban Institute Tabulations of NSAF Data from 1997, 1999, and 2002
Rural-urban difference is not statistically significant.

Role of Family Income and Type of Insurance

Though prevalence of mental health problems is not affected by family income, having Medicaid or SCHIP increases the likelihood that a child will receive services and this is particularly pronounced in rural areas (Figure 2). Private health insurance does not play a significant role in whether a child receives services. This may be, in part, because many children’s mental health services are provided through state and locally financed non-mental health specialty systems, e.g., schools, child welfare agencies. Being uninsured, regardless of residence, cuts the likelihood of receiving mental health care in half.

Figure 2: Odds of Receiving Needed Services by Insurance Type (Compared to Privately Insured)



Source: Urban Institute Tabulations of NSAF Data from 1997, 1999, and 2002
This insurance effect is after controlling for: mental health problems, child age and health status, family income and other sociodemographic characteristics.
* “Other” includes Indian Health Service and military-related insurance. The effect of “other” insurance is not significant in urban areas.

Discussion

The prevalence of mental health problems did not differ between rural and urban children; however, rural children were less likely to use mental health services. It is likely that long-standing barriers to mental health services contribute to this disparity including stigma, cultural differences, and insufficient mental health infrastructure.

Medicaid and SCHIP help all children receive mental health services and are particularly important for rural children. Across all areas of the US, children with private coverage receive fewer mental health services than those with public coverage. Children who are uninsured go without mental health services. Public health insurance programs are important policy vehicles for enhancing and ensuring the access of rural children to mental health care.

Besides providing insurance, policymakers should enhance the service delivery infrastructure. Policymakers may do this by building and funding services and care systems at the community level that have been shown to promote access to mental health care. Such approaches include systems of care models, school-based mental health clinics, and integrated primary care and mental health programs.

Endnotes

- ¹Howell, E. (2004, August). *Access to children’s mental health services under Medicaid and SCHIP*. (Series B, No B-60). Washington, DC: The Urban Institute.
- ²Ziller, E.C., Coburn, A.F., Loux, S.L., Hoffman, C., & McBride, T.D. (2003). *Health insurance coverage in rural America*. (No. 4093). Washington, DC: The Kaiser Commission on Medicaid and the Uninsured; University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy.
- ³The OMB divides U.S. counties into those containing a Metropolitan Statistical Area (MSAs, or urban counties) and counties that are non-metropolitan (non-MSAs, or rural counties). We recognize that this definition may mask important intra-rural variation in mental health need and use of services, but were limited by small subsamples of rural children with mental health needs that used services.
- ⁴It may be that this variable is not precise since it is based on parent self-report. The distribution frequency of annual mental health visits shows a number of high “outliers” and variability of rural-urban differences depending on the cut-offs used to eliminate outliers.