

Mental Health Risk Factors, Unmet Needs, and Provider Availability for Rural Children



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September, 2005

Funding acknowledgement:

This report was prepared under Grant No. 6 U I C RH 00045-04 with the Federal Office of Rural Health Policy, Health Resources and Services Administration
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Executive Summary

Rural children are not protected from biologic and environmental factors that can cause mental health problems. However, few studies report specifically on mental health needs and the receipt of services by rural children. The study reported here uses the 2001 National Health Interview Survey, a nationally representative survey of the US population, to assess the prevalence of sub-clinical mental health problems among children, the degree to which children with potential problems use mental health and general providers for these problems, and the degree of unmet need. Possible mental health problems are identified based on the Strengths and Difficulties Questionnaire (SDQ), rather than reports of diagnosed problems, to control for potential differences in use of services and thus receipt of a clinical diagnosis. “Rural” is defined as living in a county outside a metropolitan statistical area. Because the proportion of children with potential mental health problems is small, leading to small sample sizes in the NHIS data set, mental health issues could not be studied across levels of rurality.

Key Findings

Prevalence of mental health difficulties and mental health care utilization

- Nearly 1 of every 4 rural children has a potential mental health problem as derived from the Strengths and Difficulties Questionnaire. 36% of rural African-American children were found have at least one potential mental health problem.
- Rural African-American children had the highest prevalence of conduct problems (22.7%) and hyperactive behavior (15.5%) among rural children. No other race/ethnicity differences were detected based on scores for the total SDQ, emotional symptoms, peer relationship problems, or social behavior.
- Three percent of rural children, significantly more than urban children, had a parent who reported limitations in activities due to depression, anxiety or emotional problems.
- Age, sex, family income, parental education, living situation, health insurance status, and previously diagnosed developmental disorder were all associated with subclinical mental health problems in children.
- Less than 1 out of 5 parents of rural or urban children with sub-clinical mental health problems had seen or talked to a mental health professional about the child in the past 12 months.
- Characteristics associated with mental health care utilization were race/ethnicity, insurance status, level of education in the child’s family, living situation, and previous diagnosis of a developmental disorder.

Availability of services

- Among roughly 2.9 million rural children with a potential mental health problem as defined by the SDQ score, two thirds (68.1%) are living in a HPSA-mental health designated area. This translates to over 1.9 million children with mental health problems but living in areas where very minimal to no resources are available for their care.
- Four of every five (80%) rural children with potential mental health problems live in counties that do not have community mental health centers. However, in bivariate analysis, children living in counties with a community mental health center did not have significantly higher mental health care utilization than other children.
- The presence of mental health resources affects utilization. The proportion of rural children with a potential mental health problem who report a mental health visit in the past year is significantly higher in counties that have a psychiatrist (29.9%) than in counties that do not (17%; $p = 0.0039$). Similarly, children with potential mental health problems who live in counties with a hospital that has an alcohol and substance abuse treatment unit are more likely to report a visit in the past year than those that do not (41.1% v 21.5%, $p=0.107$), as are children in counties with a hospital that has child psychiatry services (37.1% with versus 21.5% in counties with no unit; $p = 0.0149$).

Policy Recommendations

Support for Practitioner Education and Training

- To enhance the number of mental health practitioners, states should consider including non-physician mental health specialists in efforts, such as loan repayment programs, that direct practitioners to underserved areas. Such specialists could include psychologists, clinical social workers, and mid-level providers.
- To ensure that all potential practitioners are able to contribute effectively to mental health care in rural areas, states should examine licensing laws to ascertain whether these create unique barriers to rural practice. Requirements for supervision, for example, may need to be more creatively addressed for rural mid-level practitioners.
- To improve the ability of general medical providers to assess and treat children with mental health difficulties, Area Health Education Centers serving rural communities should incorporate behavioral health into training and continuing education opportunities provided for medical and nursing professionals.

Improving Access to Care

- Community Mental Health Centers, in cooperation with schools, primary care systems, and other community-based organizations, should assess the degree to which their services effectively screen, assess and treat children. Where gaps are

identified, collaborative means of pooling local resources to ensure that all children are reached should be designed and tested.

- Parent education is needed to raise awareness of the long-term implications of children's mental health problems and to reduce perceived stigma associated with treatment for children. As recommended by the Subcommittee on Rural Issues to the President's New Freedom Commission on Mental Health, the Substance Abuse and Mental Health Services Administration, working with other relevant entities within the US Department of Health and Human Services, is encouraged to form a public education collaborative that can inform rural parents of the importance of early intervention for children with potential mental health problems.

Research Recommendations

- Methods for identifying rural children in need of mental health services. Too little is known about how best to conduct screening and diagnosis in the rural setting. Universal screening approaches, implemented through schools, can minimize differences in access to clinical services associated with lack of insurance, low parental education, or cultural barriers. Research into the reliability, validity and acceptability of youth screening instruments is needed.
- Methods for providing services with restricted practitioner availability. Effective means of providing high quality, integrated mental health interventions using primary care practitioners, school based personnel, and other sources of care must be identified.
- Methods for insuring quality of care and effective outcomes. Both process and outcome measures appropriate to children's mental health care in rural settings must be developed.