Forty percent of children with special health care needs who are enrolled in commercial health insurance plans need treatment for emotional or behavioral disorders. Health plans have been working to ensure that benefit packages cover effective treatments for these conditions, but over 10 percent of the parents of these children remain dissatisfied with the health benefits their children receive. This rate is twice the rate for parents of children with other chronic conditions and disabilities. As health plans continue to develop products that respond to both the marketplace and their members, they may benefit from taking a closer look at children and adolescents with emotional and behavioral disorders.

**Findings**

Emotional and behavioral disorders make up a large share of childhood chronic illnesses. Nearly two in five children with special health care needs have an emotional or behavioral disorder—most often ADHD, depression, and acute mental health disorders. In some children, these disorders co-occur with other chronic conditions (Table 1).

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Child has this disorder only</th>
<th>Child has other co-occurring chronic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>34%</td>
<td>57%</td>
</tr>
<tr>
<td>Depression</td>
<td>7%</td>
<td>25%</td>
</tr>
<tr>
<td>Acute mental health disorder*</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Psychoses</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Disruptive behavior disorders</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td>Acute stress/anxiety</td>
<td>2%</td>
<td>11%</td>
</tr>
</tbody>
</table>

*Includes adjustment, neurotic, and minor psychogenic disorders

**WHO ARE CHILDREN WITH EMOTIONAL AND BEHAVIORAL DISORDERS?**

Twelve percent of all children enrolled in commercial plans have special health care needs. Almost 40 percent of them have an emotional or behavioral disorder. These conditions are in many ways more limiting than chronic physical conditions, more difficult to diagnose and treat, and can more severely compromise a child’s quality of life. For many children, these conditions co-occur with other chronic physical or developmental conditions. Left untreated, they can impede personal, social, and cognitive development.

This data update is the third in a series designed to keep commercial health plans abreast of the critical issues involved in caring for children with special health care needs.

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**TABLE 1. PERCENT OF SELECTED DISORDERS IN CSHCN**

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Source: United HealthGroup

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1 The findings reported in this update come from two sources: (1) administrative and claims data for a sample of 230,000 children enrolled in two UnitedHealth Group plans from 2000 through 2001 (see www.mathematica-mpr.com/publications/PDFs/menhlthchil.pdf for more information) and (2) original tabulations of the 2002 National Survey of Children with Special Health Care Needs, which surveyed 28,489 children covered by private insurance across the U.S.
Chronic emotional and behavioral disorders can be more debilitating than other chronic conditions. Compared with children with other chronic conditions, children with chronic emotional or behavioral disorders have more severe conditions, need more specialist care, and have more unmet needs, according to their parents (Figure 1). Overall, almost three times as many parents of these children report that their children’s needs are severe and that their children are always affected by their condition.

Many parents struggle to find, coordinate, and pay for the mix of services that meet the needs of both the child and the family. However, the number of these children in any single health plan is relatively small, and it may not be appropriate to expand benefit packages to address gaps in their care. Devising systematic ways to address the needs of these families and children on an individual basis might allow plans to better satisfy parents without incurring greater financial risk or establishing unwarranted precedents.

**FIGURE 1. SEVERITY OF CHRONIC CONDITION AMONG CHILDREN WITH AND WITHOUT EMOTIONAL OR BEHAVIORAL DISORDERS, AGE 6 TO 18**

- Requires specialist care: 61%
- Requires more than 1 hour/week care coordination: 59%
- Parent reduced work hours to care for child: 36%
- Condition is severe*: 35%
- Condition always affects child: 32%
- Parent left employment to care for child: 17%
- Child has unmet health needs: 12%
- Provider lacked needed skills: 6%
- Long wait for appointments: 6%
- Care not covered by health plan: 11%
- Denied approval for care: 10%
- Care unavailable in area: 8%
- Care not available in area: 7%
- Parent reduced work: 6%
- Parent left employment: 6%
- Requires more than 1 hour/week care coordination: 6%
- Requires specialist care: 5%

*Chronic condition includes an emotional or behavioral disorder
**Chronic condition does not include an emotional or behavioral disorder

**FIGURE 2. PARENTS’ REASONS FOR UNMET NEEDS IN CHILDREN WITH EMOTIONAL OR BEHAVIORAL DISORDERS, AGE 6 TO 18**

- Lack of funds to pay provider: 62%
- Care not covered by health plan: 49%
- Denied approval for care: 40%
- Care unavailable in area: 21%
- Long wait for appointments: 21%
- Provider lacked needed skills: 20%

Source: 2002 National Survey of Children with Special Health Care Needs

Chronic emotional and behavioral disorders take a toll on family life as well. Compared with parents of children with other chronic conditions, parents of children with emotional or behavioral disorders say they spend more time providing and coordinating care for their children, miss more hours of work, and are more likely to stop working because of their child’s condition (Figure 1).

Parents believe unmet needs reflect plan characteristics. A large share of the 11 percent of families whose children have unmet needs (Figure 1) believes that the gap in care relates to less-than-adequate benefit packages and provider networks. About half of the parents said they delayed or could not obtain health care for their child because the type of care needed was not covered by their health plan (Figure 2).

**Implications**

Many parents struggle to find, coordinate, and pay for the mix of services that meet the needs of both the child and the family. However, the number of these children in any single health plan is relatively small, and it may not be appropriate to expand benefit packages to address gaps in their care. Devising systematic ways to address the needs of these families and children on an individual basis might allow plans to better satisfy parents without incurring greater financial risk or establishing unwarranted precedents.

Plans may wish to consider the following steps to meet the needs of member families with children who have emotional or behavioral disorders:

- Identify children with emotional and behavioral disorders by using the Clinical Risk Group System or other grouping techniques (see, for example, www.mathematica-mpr.com/publications/PDFs/menhlthchil.pdf).
- Use administrative data to examine patterns of denials and complaints for children with emotional and behavioral disorders and to help shape responses that are commensurate with the extent of the problem, such as enhanced care coordination services (see update #4, forthcoming), ensuring continuity of care managers, or benefit exceptions.
- Conduct a targeted survey of member families who have children with emotional and behavioral disorders to learn more about sources of dissatisfaction (see www.ahrq.gov/chtoblx/measure9.htm#mentalinvet for the most widely used measures of mental health care quality for children).
- Stay current on evidence-based treatments for children with emotional and behavioral disorders (see examples of evidence-based treatments at http://coy.state.va.us/Modalities/refchart.htm and a Health Affairs article by Sherry Glied and Allison Cuellar at http://content.healthaffairs.org/).

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For further information on this update, contact Lynda Honberg, Maternal and Child Health Bureau, HRSA, at 301-443-6314 or LHonberg@hrsa.gov, or staff at MPR’s DC and Cambridge offices.

Visit the Mathematica website at: www.mathematica-mpr.com

Princeton Office
PO Box 2393
Princeton, NJ 08543-2393
Phone: (609) 799-3535
Fax: (609) 799-0005

Washington Office
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
Phone: (202) 484-9220
Fax: (202) 863-1763

Cambridge Office
955 Massachusetts Ave., Suite 801
Cambridge, MA 02139
Phone: (617) 491-7900
Fax: (617) 491-8044