The Association Between the Need for and Access to Mental Health Services and the Income Level of a Child's Household Among School-age Children in the United States Between Combined Years 2018-2019 and 2020-2021.

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Overview

Children and adolescents, especially low-income and minority children, have the lowest levels of access to mental health services among all age groups. Additionally, in the United States, the Covid-19 pandemic increased the need for services by 39% among children and adolescents.[1] This study examines need to and the ability to access mental health services before and after the pandemic.

Background

- Annually, an estimated 1 in 5 children and adolescents experience a mental health disorder.[2]
- Children and adolescents faced unprecedented challenges (e.g. online schooling, Covid-19 diagnoses or family deaths, loss of food and medical resources, reduced access to social and mental health services, and parental unemployment) before and during the pandemic, increasing the need for mental health care.[3]
- Barriers to mental health services for children and adolescents include stigma, geographic location, poor mental health literacy, under-resourced services, unfriendly healthcare, lack of trust, confidentiality issues, and financial hardship.[3]

Methods

- The study utilized data from the 2018-2019 and 2020-2021 National Survey of Children's Health (NSCH), a survey completed online or by mail by the child's parent or guardian.
- We included school-age children age 6-17 with valid data for questions about family household income, age, level of difficulty accessing mental health care, and whether there was a need to access mental health services and could not within the last 12 months (Final analytic sample 42,994 (2018-2019) and 60,511 (2020-2021).
- Exposure of interest was income level of a child's household by federal poverty level (FPL) operationalized based on self-reported responses to questions about income and household size (0%-99% FPL, 100%-199% FPL, 200%-399% FPL, and 400% FPL or greater.
- **Access to mental health care within the past 12 months when there was a need** is the outcomes of interest for this study. Access to mental health care was operationalized by using responses to the question, "During the past 12 months, has this child received any treatment or counseling from a mental health professional?", which were "Yes", "No, but needed to see a mental health professional", "No, did not need to see a mental health professional".
- Covariates were sex, race/ethnicity (2018-2019: 69.17% White, non-Hispanic, 11.93% Hispanic, 6.44% Black, non-Hispanic.) (2020-2021: 66.0% White, non-Hispanic, 13.57% Hispanic, 6.64% Black, non-Hispanic.), family structure of the child's household, adverse childhood experiences, adequacy of current insurance coverage because a child's home environment and socioeconomic status does have an effect on both their need for care and the overall level of access to care a child can actually obtain.
- All data analyses will be performed in STATA 17.0. Descriptive statistics, multivariable and bivariate analysis accounted for the weighting and complex sample design of the NSCH.

Results

Figure 1. Children aged 6-17 who had a need to access mental health care but could not by income level, 2018-2019 and 2020-2021

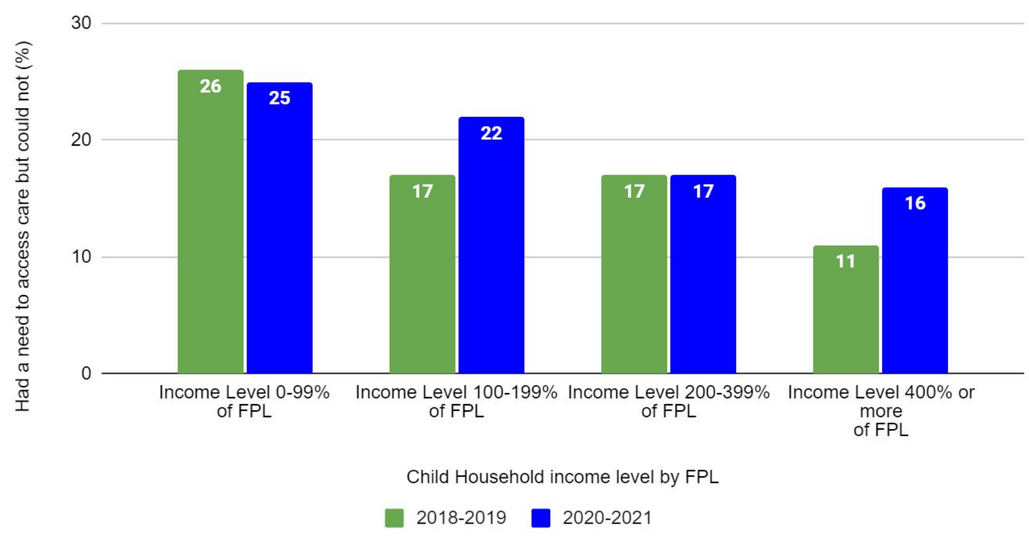


Figure 2. Access to mental health services among children aged 6-17 who needed mental health care by race/ethnicity, 2018-2019 and 2020-2021

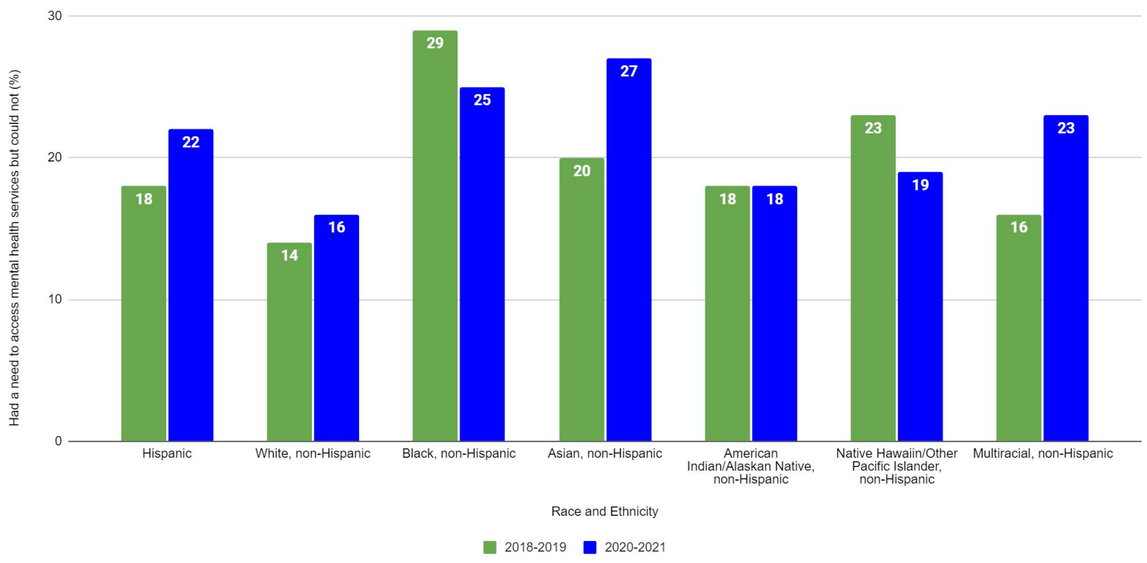


Figure 3. Children in need of mental health care access by age in 2018-2019 and 2020-2021

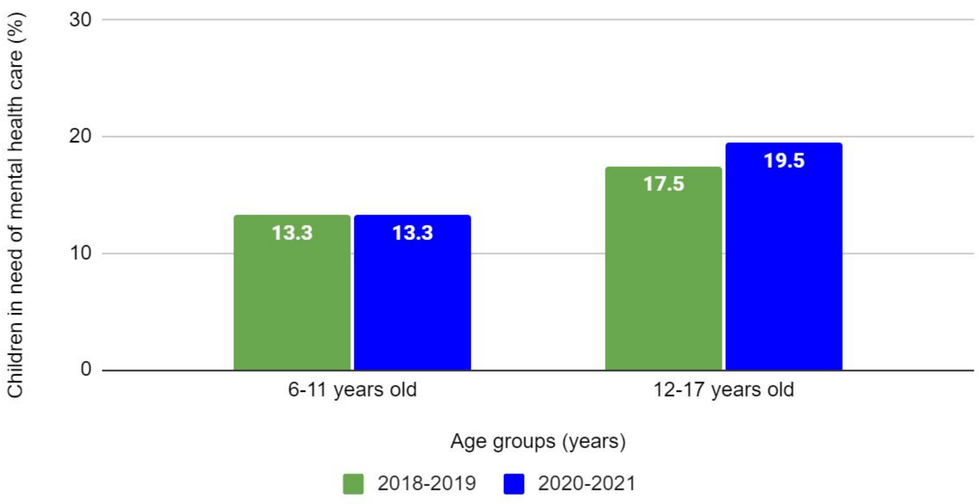
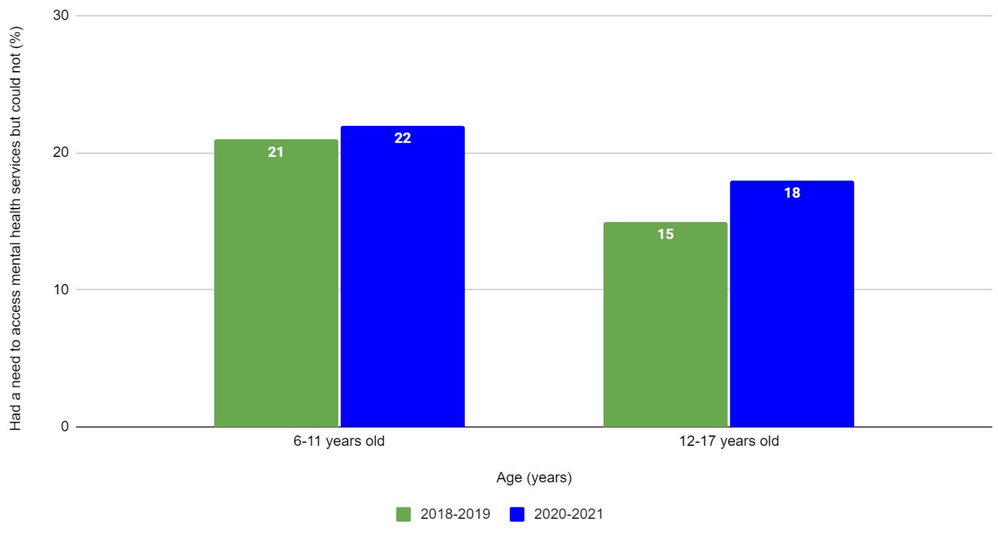


Figure 4. Children who had a need to access mental health services but could not by age, 2018-2019 and 2020-2021



Conclusion

- The pandemic altered the need for and access to mental health care for children and adolescents aged 6-17.
- The proportion of 12-17 year olds that **needed mental health care** increased, while the proportion of 6-11 and 12-17 year olds who **needed care but were unable to access mental health care also increased**.
- Before the pandemic, research demonstrated cost was a major driver of mental health care disparities. During the pandemic, overall access decreased, which may have **made cost less of a factor**.
- While marginalized children had a disproportionate need to access care and could not, potentially as a result of **systemic racism, stigma, and fewer mental health professionals of color**[4], further studies are needed to understand differential access issues.

Key References

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