



# QUALITY CARE FOR SPECIAL KIDS

## Profiles of Children with Chronic Conditions and Disabilities

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### Treating Emotional and Behavioral Disorders in Children and Adolescents

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**F**orty 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.

#### 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.

#### Findings<sup>1</sup>

**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).

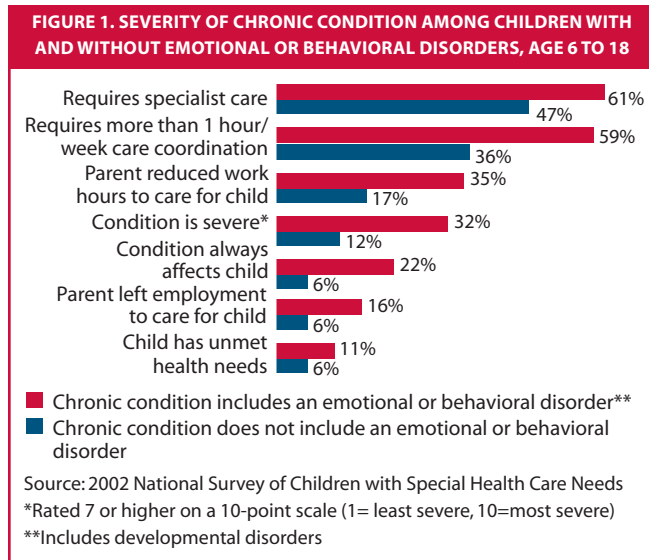
TABLE 1. PERCENT OF SELECTED DISORDERS IN CSHCN

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

Source: United HealthGroup  
\* Includes adjustment, neurotic, and minor psychogenic disorders

<sup>1</sup>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](http://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.



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).

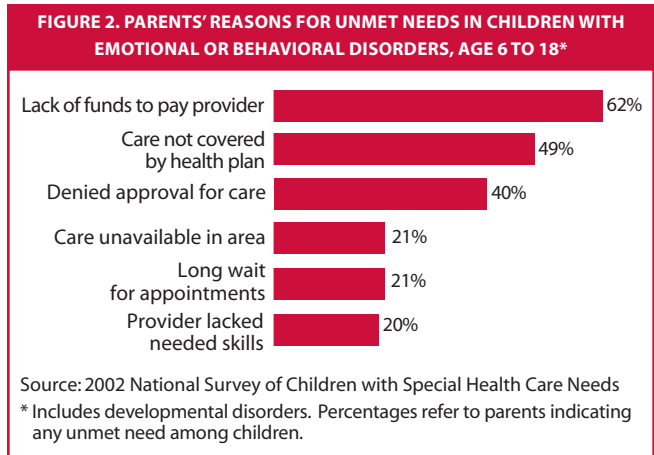
**Parents believe unmet needs reflect plan characteristics.**

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](http://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/chtolbx/measure9.htm#mentalinvent](http://www.ahrq.gov/chtolbx/measure9.htm#mentalinvent) 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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