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Research Brief

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Children's Mental Health: A Profile of Six North Texas Counties

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CHILDREN'S MENTAL HEALTH: A PROFILE OF SIX NORTH TEXAS COUNTIES

BACKGROUND

According to the National Survey of Children's Health, 3% to 12% of U.S. children suffer from some kind of emotional, developmental, or behavioral health problem, including developmental delays, learning disabilities, and hyperactivity disorder.¹ The National Research Council estimates that almost 20% of children, youth and young adults experience a mental, emotional and/or behavioral disorder at any given point in time.² According to a SAMHSA report, about 1 in 8 adolescents, ages 12-17, received treatment or counseling for mental, emotional and/or behavioral disorders in 2007.³ Indeed, a recent study concluded that the prevalence of mental disorders has increased during the few past decades.⁴

These mental, emotional and behavioral disorders create high costs to the individuals who experience them, to the families who try to manage them, and to the communities in which individuals live. According to one study, families with a child with a behavioral disorder spent, on average, more money per year on health care (\$1,492) than families with a child with a physical condition (\$1,245) or families with a child without a behavioral or physical disorder (\$834). But spending was not uniform within families with a child with a behavioral disorder. Families with a child with an emotional disorder (such as affective psychoses, anxiety, or depression) spent nearly twice as much on health care (\$2,237) compared to families with a child with a disruptive disorder (such as conduct disorder, oppositional-defiant disorder, or ADHD) (\$1,167).⁵ But perhaps the greatest cost of these disorders is associated with their long-term effects on quality of life. More than 20% of the burden of disability-adjusted life years in the developed world are related to mental disorders.⁶ Many adult psychiatric disorders such as substance abuse, panic disorders, and anxiety disorders also begin at early age.^{7, 8} Children's mental health status is a risk factor for adult mental and behavioral disorders, functional disabilities and chronic health conditions.⁹⁻¹²

The purpose of this research brief is to provide a cross-sectional snapshot of the mental health of children residing in the six-county region in North Texas served by the Cook Children's Community-wide Health and Planning Survey (CCHAPS). This information is intended to inform program and policy discussions regarding the availability and accessibility of high-quality, comprehensive mental health service delivery in this region.

METHODS

A detailed description of the methods used in the 2008 Cook Children's Community-wide Health and Planning Survey (CCHAPS) has been given elsewhere.¹³ Briefly, CCHAPS randomly sampled parents of children ages 0-14 living in Denton, Hood, Johnson, Parker, Tarrant and Wise counties, regarding their children's health. Two versions of the survey with slightly different questions were disseminated. Each version of the survey took an average of 25

minutes to complete. The survey was administered by a combination of mail, phone, and the Internet. A total of 7,439 parents completed the survey. Surveys were administered in both English (6,547) and Spanish (892).

RESULTS

Distribution of Mental Health Problems/Disorders

For the purposes of these analyses, “mental health problems/disorders” are defined as the parents’ response of ‘yes’ to either of the following questions in the questionnaires:

- In your opinion, does this child you selected in Question #4 have any behavioral, emotional, or developmental problems outside of what you would consider typical for a child his or her age?
- Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?”

The Prevalence of Mental Health Issues

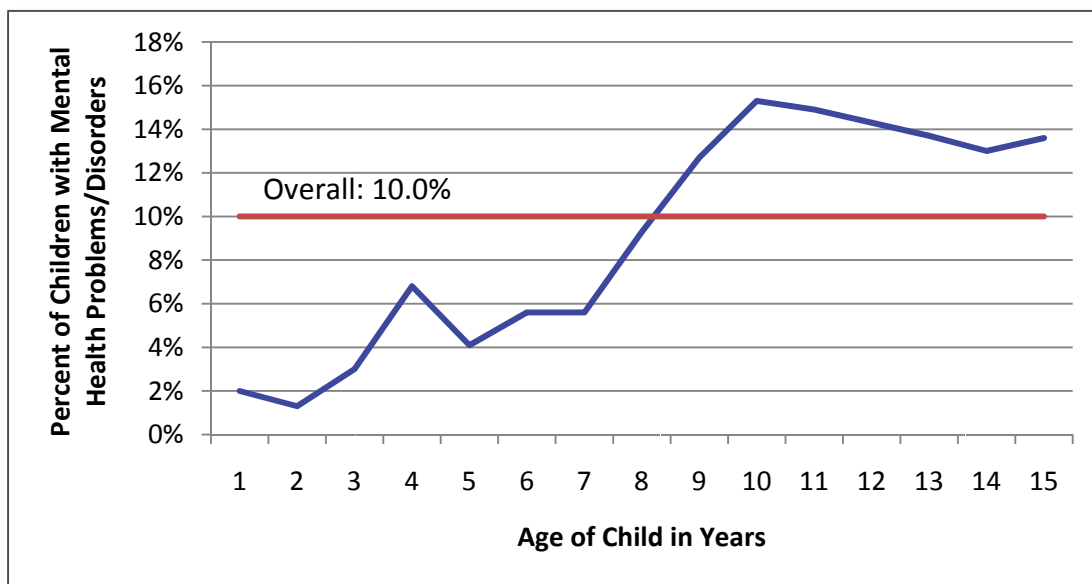
Overall, 10% of children in the North Texas region suffered from mental health problems and disorders. Of the disorders that had been diagnosed by a healthcare professional, the most common were ADD/ADHD (5.9%) and developmental delays (5.2%), followed by learning disorders (1.8%), anxiety disorder (1.3%), and autism/Asperger’s syndrome (0.9%). Other mental health disorders reported include: conduct disorders, bipolar disorder, major or severe depression, dyslexia/disgraphia, mood disorder, post-traumatic stress disorder, eating disorders, and alcohol or drug abuse.

Table 1 compares the prevalence of all mental health problems/disorders by the children’s gender, age, county of residence, and race/ethnicity. As shown in the table, mental health problems/disorders varied with all of these demographic traits. Boys were more likely than girls to suffer from mental health problems/disorders. Within racial/ethnic categories, Non-Hispanic Whites had the highest prevalence of mental health problems/disorders (10.7%), followed by Hispanics (9.1%) and Non-Hispanic Blacks (8.5%). Furthermore, the prevalence of mental health problems/disorders seemed to increase with age. This may be due to increased psychosocial stressors on the child and/or to increased diagnosis/recognition of the problems as the children get older. Figure 1 shows the distribution of mental health problems/disorders by smaller age groups. In this figure, we can see that there was a significant spike in mental health problems/disorders between ages 7 and 10 years. Within the six-county region served by CCHAPS, the prevalence of mental health problems/disorders ranged from 7.4% in Denton and Hood Counties to 12.3% in Johnson County. Further study is needed to determine the causes of the differences in mental health problems/disorders, locally.

Table 1. Distribution of Mental Health Problems/Disorders by Gender, Race/Ethnicity, Age Group, and County, North Texas, 2008

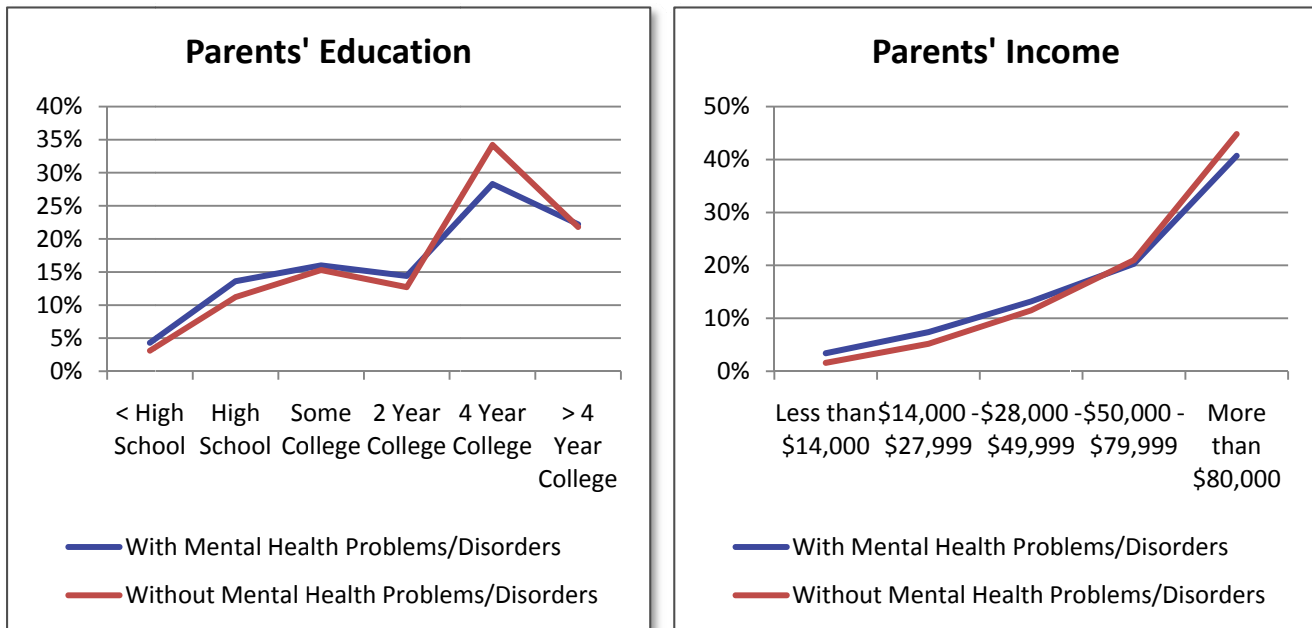
| | | With Mental Health Problems/Disorders (%) | Without Mental Health Problems/Disorders (%) |
|---------------------|-------------|---|--|
| | Total | 742 (10.0%) | 6697 (90.0%) |
| Sex | Male | 481 (12.3%) | 3427 (87.7%) |
| | Female | 255 (7.3%) | 3238 (92.7%) |
| Race/ Ethnicity | White | 530 (10.7%) | 4419 (89.3%) |
| | Black | 36 (8.5%) | 387 (91.5%) |
| | Hispanic | 135 (9.1%) | 1351 (90.9%) |
| | Other | 33 (6.7%) | 461 (93.3%) |
| Age Group | 0-6 years | 127 (4.5%) | 2,716 (95.5%) |
| | 7-10 years | 268 (13.2%) | 1,760 (86.8%) |
| | 11-14 years | 336 (13.6%) | 2,133 (86.4%) |
| County of Residence | Denton | 124 (7.4%) | 1,564 (92.7%) |
| | Hood | 10 (7.4%) | 125 (92.6%) |
| | Johnson | 50 (12.3%) | 358 (87.8%) |
| | Parker | 37 (11.8%) | 276 (88.2%) |
| | Tarrant | 499 (10.7%) | 4,155 (89.3%) |
| | Wise | 14 (9.1%) | 140 (90.9%) |

Figure 1. Distribution of Mental Health Problems/Disorders by Age, North Texas, 2008



Although prevalence of mental health problems/disorders did vary by children’s demographic traits, it did not vary much with parents’ demographic traits. As shown in Figure 2, neither parental education nor parental income significantly affected the prevalence of these conditions. Thus it is clear that mental health problems impact all sectors of society.

Figure 2. Distribution of Mental Health Problems/Disorders by Parents’ Education, North Texas, 2008



Relationship between Mental and Physical Health

Locally, children with mental health problems/disorders had poorer physical health than children without mental health problems. While 57% of parents whose children did not have mental health issues reported that their children were in excellent health, only 26% of parents whose children did have mental health issues could say the same. But despite having poorer health, children with mental health issues were three times more likely to not get needed medical care compared to children without mental health issues.

Co-occurring Academic, Behavioral, and Emotional Problems

In North Texas, children with mental health problems/disorders were more likely to experience or have a history of experiencing other academic, behavioral, or emotional problems and traumatic events compared to children without mental health problems/disorders. (See Figures 3-5 below.) Children with mental health problems/disorders were significantly more likely than their peers without mental health problems/disorders to have academic problems, to have behavioral problems at school, to have been arrested or in trouble with the police, to have been suspended, to have bullied other children, to have been in more than one fight in the last year, and to have been cruel to animals. These children were also significantly more likely to have ever attempted suicide, to have self-esteem problems, to have ever had eating

problems, to have frequently wet the bed after age 5, to have cut or hurt themselves, to have had sleep problems, and to have negative obsessive thoughts. Finally, they were more likely to have experienced a traumatic event, to have been bullied, to have been physically, sexually, or psychologically abused or neglected, to have been through a CPS investigation, and to have been in foster care.

Figure 3. Distribution of Academic and Behavioral Problems in Children with and without Mental Health Problems/Disorders, North Texas, 2008

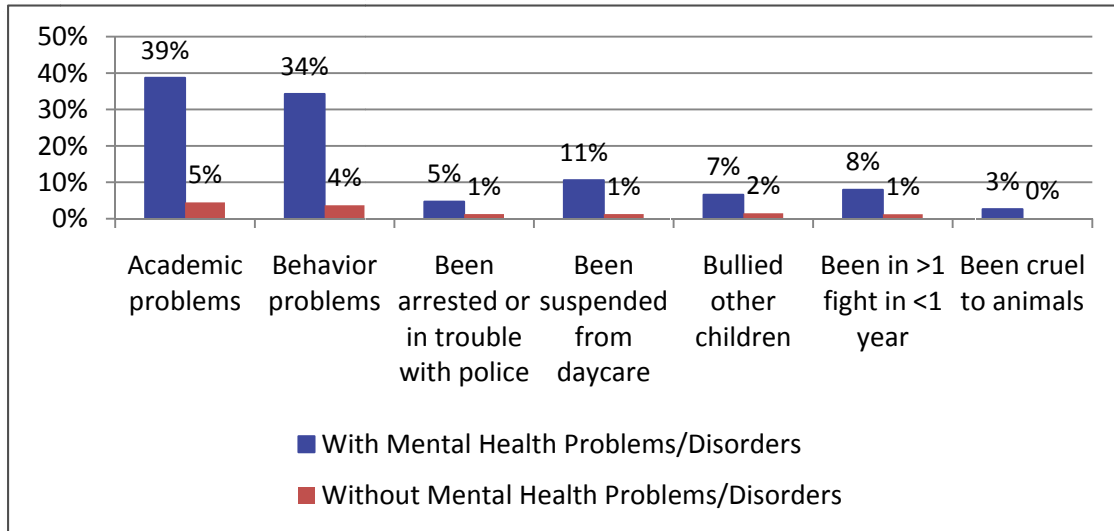


Figure 4. Distribution of Emotional Problems in Children with and without Mental Health Problems/Disorders, North Texas, 2008

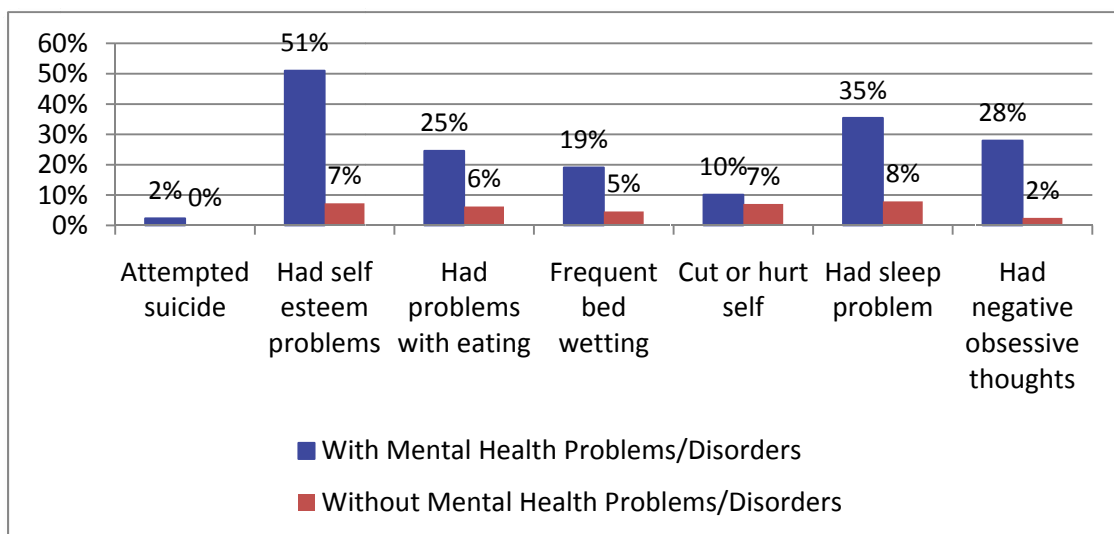
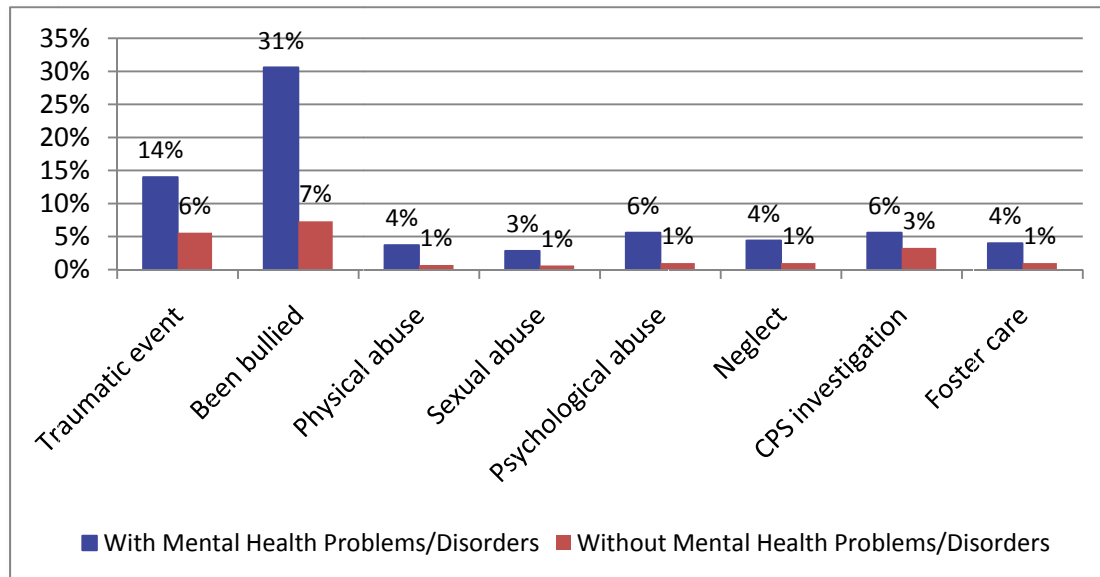


Figure 5. Distribution of Traumatic Events in Children with and without Mental Health Problems/Disorders, North Texas, 2008



Awareness and Accessibility of Mental Health Services in the Community

Parents' Awareness of Mental Health Services

CCHAPS survey respondents were asked to rate their level of familiarity with the types of mental health services that are available in their community. Only about 50% of these respondents reported being 'very familiar,' 'familiar,' or 'somewhat familiar' with the mental health services in the community. The other half reported being 'not very familiar' or 'not familiar at all' with local mental health services.

Availability and Accessibility of Mental Health Services

All CCHAPS survey respondents were asked to rate how well they agreed with the following statement: "Mental health services are available for children in my community." About 26% of respondents agreed or strongly agreed with that statement while 9% disagreed or strongly disagreed, and nearly 50% did not know whether or not the statement was true. This response distribution corresponds well with the high proportion of respondents who reported not being familiar with mental health services in their community.

As shown in Table 2, parents of children with mental health problems/disorders were less likely to feel that there were adequate mental health services available for children in their community than parents of children without mental health problems/disorders. Similarly, parents whose children had a mental health issue were more likely to report thinking it was difficult to access mental health care (35%) compared to parents whose children did not have mental health issues (14%). This indicates that those in most need of the services feel that the services are difficult to access.

**Table 2. “Mental Health Services Are Available for Children in My Community,”
Comparison of Responses for Children with and without Mental Health Problems/Disorders,
North Texas, 2008**

| | With Mental Health Problems/Disorders (%) | Without Mental Health Problems/Disorders (%) |
|-----------------|--|---|
| Agree | 245 (44.5%) | 1669 (52.2%) |
| Neutral | 123 (22.3%) | 978 (30.6%) |
| Disagree | 183 (33.2%) | 548 (17.2%) |

Seeking Mental Health Services

About 12% of parents reported that their child had received assistance for a mental illness or behavioral, emotional, or developmental delay. This is higher than the state (5%) and national (8%) reports of receipt of mental health care. Of the children locally who received assistance, 63% received counseling, 45% received medication, 42% received special services, 35% received support, 9% were hospitalized, and 6% received case management services.

In addition, about 2% of all parents (20% of parents who had a child with a mental health issue) reported that their child needed mental health care but was unable to receive it. This is similar to state and national reports that about 1% of children needing mental health care are unable to receive it. Table 3 lists the reasons that mental health care could not be received and the frequency of each response.

Table 3. Distribution of Reasons Mental Health Care Was Not Received among Children with Mental Health Issues, North Texas, 2008

| Reason | Frequency of Response* |
|--|-------------------------------|
| Could not afford | 51.6% |
| Not covered by insurance | 45.2% |
| Couldn't get in to see a doctor | 29.0% |
| Didn't know where to get help | 17.7% |
| Not available | 14.5% |
| Couldn't find provider who accepts Medicaid/CHIP | 6.5% |
| Did not want others to know about problem | 6.5% |
| Afraid services might not be confidential | 4.8% |
| Caregiver didn't think the child really needed | 4.8% |
| Lack of transportation | 4.8% |
| Child is afraid | 3.2% |
| Other | 24.2% |

* Note: Respondents were allowed to choose more than one reason, so responses do not add up to 100%.

Perceived Importance of Mental Health Issues

Parents and local leaders were asked to rank a number of health issues based on their importance in the community and those that are the greatest concern. While 41% of community leaders said that mental health was one of the top five most important issues in the area and 53% said it was one of the top five issues of greatest concern, mental health care did not rank in parents' top four most important health issues. This may suggest that local leaders were more knowledgeable about the prevalence of mental health issues and relative unavailability/inaccessibility of mental health services in the region than parents were.

RECOMMENDATIONS

Based on the local, state, and national data on mental health prevalence and the availability of mental health care, the following recommendations are proposed to improve the quality of life for children in North Texas:

- **Focus on prevention.** Many mental health disorders can be prevented with adequate access to resources, social support, and healthy relationships. The World Health Organization provides a number of specific recommendations on how to prevent mental disorders in children, such as improving nutrition, housing, and access to education; strengthening community networks; promoting a healthy start in life; reducing child abuse and neglect; and enhancing resilience and reducing risk behaviors in school.¹⁴
- **Provide screening and early interventions.** Just as it is important to catch and treat medical problems, such as diabetes or high blood pressure, early to reduce the negative impact of the disease/condition, it is critical that providers catch and intervene in mental health problems/disorders as early as possible. Simple questionnaires can be used to routinely screen children and teens for mental disorders, such as depression, autism, and ADHD.
- **Integrate medical and mental health services.** Integrating mental health screenings into primary care services can help to increase access to mental health care and reduce the stigma associated with mental health problems/disorders.
- **Provide community-wide education programs about mental health.** Locally, most parents do not understand the impact of mental health problems on the quality of life of their children. Because of this, many children may remain undiagnosed for mental health disorders and may go without needed care. Community-wide education programs can promote mental health of ALL members of the community.
- **Use evidence-based practices to prevent and treat mental health disorders.** In order to best promote the mental health of children and to make optimal use of limited resources, priority should be given to the implementation of policies and practices that have been proven effective. However, in order to do this, evidence-based policies and practices must be made widely available to the public, and more resources must be made available to test the effectiveness of existing programs.

LOCAL RESOURCES

The North Texas region has a number of mental health service providers, covering a variety of services, from community mental illness prevention to clinical psychiatric services. Some providers work with the general population to link clients to needed mental health services, while other focus specifically on families with serious emotional or behavioral issues. Hospitals make up the majority of the mental health providers in North Texas. In addition, the mental health associations in several counties also offer multi-disciplinary assessments, psychiatric evaluations, medication management, medication training and support, counseling, parenting support groups and family partner peer services. Below is a table, listing some of the major mental health service providers in North Texas.

Table 7. Mental Health Services Providers in the CCHAPS Service Area

| County | Mental Health Service Provider | Phone Number |
|--|---|--------------|
| Tarrant | Cook Children’s Medical Center, Psychiatric Intake | 682-885-3917 |
| | JPS Health Network, Psychiatric Emergency Center | 817-927-1088 |
| | Mental Health Association of Tarrant County | 817-335-5405 |
| | Mental Health Connection, Hand-in-Hand | 817-569-5729 |
| | Mental Health Mental Retardation of Tarrant County | 817-335-3022 |
| | Millwood Hospital | 817-261-3121 |
| Denton | Child Protective Services (Denton Office) | 972-221-3910 |
| | Cook Children’s Primary Care | 972-691-2388 |
| | Counseling Center of Denton-Family Tree | 940-382-5328 |
| | Denton Community Hospital | 940-898-7000 |
| | Denton County Children’s Advocacy Center | 972-317-2818 |
| | Denton County Health Department | 940-349-2900 |
| | Denton County Mental Health Mental Retardation Center | 940-381-5000 |
| | Denton Family Resource Center | 940-566-1800 |
| | Denton Regional Medical Center of Denton | 940-384-3535 |
| | Friday’s Kids, Respite Program | 940-382-5478 |
| | Kiwanis Club Children’s Clinic | 940-387-6323 |
| | Medical Center of Lewisville | 972-420-1000 |
| | Nexus, Inc. | 214-321-0156 |
| | Pediplace | 972-436-7962 |
| | Ready Start Infant and ECI Outreach Program | 940-536-1192 |
| TWU Counseling and Family Development Clinic | 940-898-2600 | |
| UNT Child and Family Resource Clinic | 940-565-2066 | |
| Johnson | Children’s Advocacy Center | 817-558-1599 |
| | Cook Children’s Primary Care | 817-447-0445 |
| Parker | Cook Children’s Primary Care | 817-441-5412 |
| Wise | Helen Farbee Regional MHMR Center | 940-397-3143 |

CONCLUSIONS

Similar to the U.S. as a whole, about 7-12% of North Texas children suffer from some kind of mental health problem/disorder, and many of these children deal with other emotional, behavioral, or academic problems, as well. Despite this relatively high prevalence of mental health problems, however, only 50% of parents in North Texas are familiar with community mental health services and only 26% of parents report that children's mental health services are readily available in their communities.

While necessarily somewhat limited and descriptive in nature, this research brief clearly demonstrates that mental health is a pressing issue for North Texas Children and their families. It shows that there are several areas to further develop and explore in order to improve the mental health of these children:

1. There is a clear opportunity to educate parents whose children do not have mental health issues about:
 - The non-discriminatory nature of children's mental health issues,
 - The relationship between mental and general health, and
 - The barriers to access mental health care once a mental health issue has been identified.
2. There is work to be done to better understand the specific needs and barriers to accessing mental health while finding ways to make current services more widely known and accessible.
3. The types of mental health issues reported and services sought by parents of children with mental health issues needs to be further examined for its use in assuring current services meet needs and in designing future children's mental health services.
4. The list of co-occurring conditions suggests that mental health may play a larger role in other children's health issues that needs to be better defined and understood.

This research brief, then, describes the wide impact of children's mental health issues and identifies opportunities for action to improve the health of children.

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The Center for Community Health was established in 2007 at the University of North Texas Health Science Center. The vision of the Center is to foster healthy, vibrant communities. In

partnership with the community, the Center conducts policy-relevant health research and enhances community capacity to promote health. The Center endeavors to translate research into practice and policy, eliminate health disparities in the North Texas area, and create replicable models of change to improve population health in our nation. At the heart of every Center for Community Health project is the concept of health equity through community empowerment.

The Center for Community Health routinely works with faculty, graduate students, and community members from a diverse range of fields. Please contact us if you are interested in joining our team. www.centerforcommunityhealth.org



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