U P D A T E

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Latest Findings IN Children's Mental Health

A COLLABORATION OF RUTGERS UNIVERSITY, U.S. DEPT OF HEALTH & HUMAN SERVICES AND THE ANNIE E. CASEY FOUNDATION

More Than 380,000 Children Diagnosed with Multiple Mental Health Problems

Almost a third of the 1.3 million children in the U.S. mental health system (388,635) have been diagnosed with two or more psychiatric disorders, a condition that makes them significantly more difficult and expensive to treat, according to the first study to provide reliable estimates of children's use of mental health services. (See *About This Research* at left.) The older the children, the more likely they were to have co-occurring disorders and the broader their range of problems, the study found. Although diagnostic combinations varied, attention deficit-hyperactivity disorder (ADHD) and mood disorder—conditions often treated with psychotropic medication—were two of the most common diagnoses.

"This analysis shines a spotlight on the most challenging children in the U.S. mental health system—those with multiple psychiatric disorders. The research provides policymakers and child advocates with a compass for action: we know that aggressive outreach and early, effective treatment of these children could help to prevent the onset and persistence of complex and disabling disorders that can last a lifetime."

Ronald C. Kessler
Professor of Health Care Policy
Harvard Medical School

WHY THE FINDINGS ARE IMPORTANT

Children with co-occurring disorders present extraordinary challenges to their families, service providers and communities. Compared to children with only one psychiatric problem, children with co-occurring disorders are more severely impaired and likely to experience negative social consequences, such as problems with family and friends or involvement with the juvenile justice system. As adults they are less likely to finish school, hold a job, or be married. Although many of these children are treated with psychotropic drugs, the safety and effectiveness of such medications are largely unknown because drug treatment studies and clinical trials generally exclude children with multiple diagnoses.

HOW WE SHOULD RESPOND TO THE FINDINGS

Preventing multiple psychiatric problems may be as important as treating them. Prevention means focusing on why co-occurring disorders develop and eliminating the factors that put the children at risk for them. If multiple problems can't be prevented, they should be detected early and treated promptly in order to minimize the substantial burden of psychiatric illness, and encourage positive outcomes.

Parents and other caregivers are in the best position to observe a child's symptoms and describe them in detail to service providers so that diagnoses are accurate. They should advocate vigorously for their child, making sure that assessments are thorough, and that treatment reflects the latest research on co-occurring disorders.

Service providers must stay up-to-date with research on how co-occurring disorders develop and the best ways to treat them. They should also offer support programs for families and caregivers to help them respond to the special needs of these children and to reduce their risk of developing chronic mental illness as adults.

Policymakers should encourage clinical trials that include children with multiple diagnoses and ensure that community-based mental health programs offer child psychiatrists who are expert in co-occurring psychiatric disorders.

Go to **www.ihhcpar.rutgers.edu** for *Latest Findings* online • back issues • glossary • full version of "About this Research"

ABOUT THIS RESEARCH

Latest Findings in Children's Mental Health is a series of short, nonpartisan bulletins for policymakers, advocates, clinicians and the community of all those who care about the well being of children. It is the result of a public-private partnership among the organizations listed below.

The analyses in all issues of ***Latest Findings*** are based on the 1997 Client/Patient Sample Survey conducted by the U.S. Center for Mental Health Services (CMHS), which sampled more than 8,000 youth admitted and under care in approximately 1,600 community mental health facilities, including clinics, hospitals and community centers. This means that ***Latest Findings'*** estimates are conservative; they do not include children who consulted exclusively with private therapists and then paid for that treatment with personal funds or private insurance.

The 1997 survey is the first with a sample size large enough to calculate reliable national estimates of children of different ages receiving mental health services. It is the first ever to include youth in residential care programs. It is also the most recent; there are no comparable data for the years since 1997 and CMHS will not conduct another such survey until 2007.

Kathleen J. Pottick, Principal Investigator
Lynn A. Warner, Co-Investigator
Rutgers University

PROJECT CONTACTS

Kathleen J. Pottick
Professor of Social Work • Rutgers University
Institute for Health, Health Care Policy, and Aging Research
732-932-6582 • pottick@rci.rutgers.edu

Patrick T. McCarthy
Vice President, System and Service Reform
Annie E. Casey Foundation
410-547-6600 • pmccarthy@aecf.org
www.aecf.org

Ronald W. Manderscheid
Chief, Survey and Analysis Branch
Center for Mental Health Services • SAMHSA
U.S. Department of Health and Human Services
301-443-3343 • rmanders@samhsa.gov

A public-private partnership...translating research into action for children's mental health

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Answers to Key Policy Questions

What are the characteristics of children with co-occurring disorders in mental health services?

Older children are more likely to have multiple psychiatric diagnoses than younger ones: nearly a third of adolescents 13 to 17 years old (32%) have co-occurring disorders, compared to about a quarter of children under the age of 13 years (28% six to 12 years; 23% five years and under). Close to 60% of children with co-occurring disorders are male, 67% are white (17% are black and 14% are Hispanic), and most (67%) live with biological, step or adoptive parents—characteristics that are similar to those of youth with a single psychiatric diagnosis.

What are the diagnostic profiles of children with co-occurring disorders?

The patterns of co-occurring diagnoses differ by age. (See Figure 1.) Among children five and younger in mental health services, ADHD co-occurs most often with social conditions, anxiety, and developmental and conduct disorders (41%); it also co-occurs frequently with developmental and conduct disorders among children 6 to 12 years old (49%). By adolescence, however, mood disorders (45%) have replaced ADHD as the most common co-occurring diagnosis.

Figure 1

Most Common Diagnostic Pairs Among Youth with Co-occurring Diagnoses in Mental Health Services in the U.S., by Age

	0–5 years	6–12 years	13–17 years
Adjustment disorder and social conditions	■		
Adjustment disorder and anxiety disorder	■		
ADHD and developmental disorder	■	■	
ADHD and conduct disorder	■	■	
ADHD and adjustment disorder		■	
ADHD and affective disorder		■	■
Mood disorder and anxiety disorder		■	■
Mood disorder and other disorders[1]			■
Conduct disorder and substance use disorder			■

[1] *Other includes conduct, substance use, and developmental disorders.*

***Source**: 1997 CPSS. See "About this Research."*

What role does medication play in the treatment of co-occurring disorders?

One-third (33%) of all children in mental health services are treated with psychotropic medication, but those with two diagnoses are more likely to receive it than those with one (40% vs. 29%). Among youth with co-occurring disorders, medication is prescribed most often for those who are diagnosed with schizophrenia (69%) or ADHD (56%).

How ill are children with co-occurring disorders?

Such children have more problems than those with one diagnosis. For example, they are more likely to have depressive symptoms (47% vs. 36%) in addition to their diagnoses, to have had suicidal thoughts or actions (29% vs. 22%) and to have been abused or neglected (27% vs. 17%). (See Figure 2.)

These children are more likely to receive inpatient (32% vs. 18%) and residential (7% vs. 4%) care, and to have had prior mental health services (72% vs. 56%).

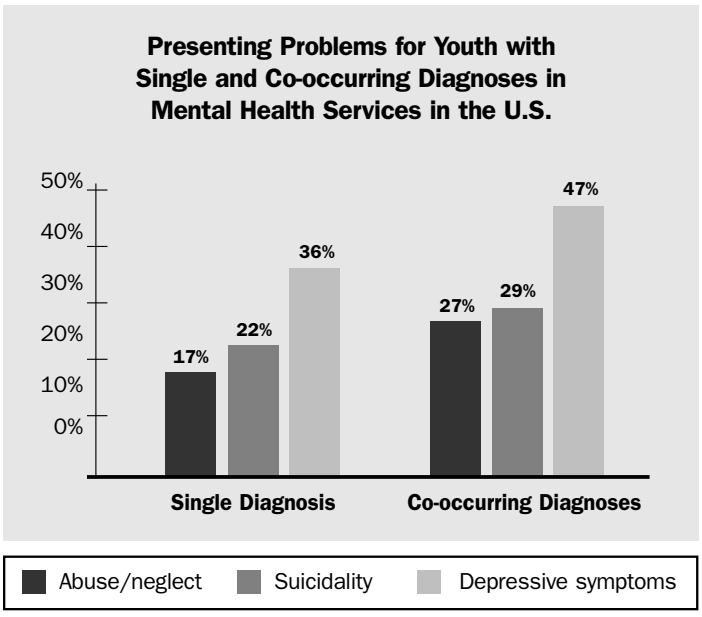
Children with multiple problems are also more severely ill. Half of them score 50 or below on the Global Assessment of Functioning (GAF) scale (See note below.); only 40% of youth with a single diagnosis are that ill. Adolescents with co-occurring disorders also come to mental health services with substance use as a presenting problem more often than their peers who have just one diagnosis (38% vs. 24%).

Given the range and severity of their problems, children with co-occurring disorders need more than psychiatric treatment; they should also receive psychosocial services that will increase their chances of success in school and at home, and support their transition to adulthood.

***Note:** GAF is a standardized diagnostic tool used to determine the severity of emotional disturbances. A score of 50 or below means that such children have a moderate degree of interference in functioning in most social areas, or severe impairment of functioning in one area.*

Figure 2

Presenting Problems for Youth with Single and Co-occurring Diagnoses in Mental Health Services in the U.S.



***Note:** Youth with co-occurring disorders have significantly higher rates of each presenting problem than youth with a single diagnosis.*

***Source**: 1997 CPSS. See "About this Research."*