

TRENDS IN MENTAL HEALTH IMPAIRMENT AND TREATMENT IN CHILDREN AND ADOLESCENTS

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The Problem



- Between 1995 and 2010, there was a doubling of number of mental health visits by youth in the United States
- During those years, there was a five-fold increase in the number of children under 18 on psychostimulants

MMWR 2013; 62 (Suppl 2) 1-35

National Center for Health Statistics. Health, United States, 2013

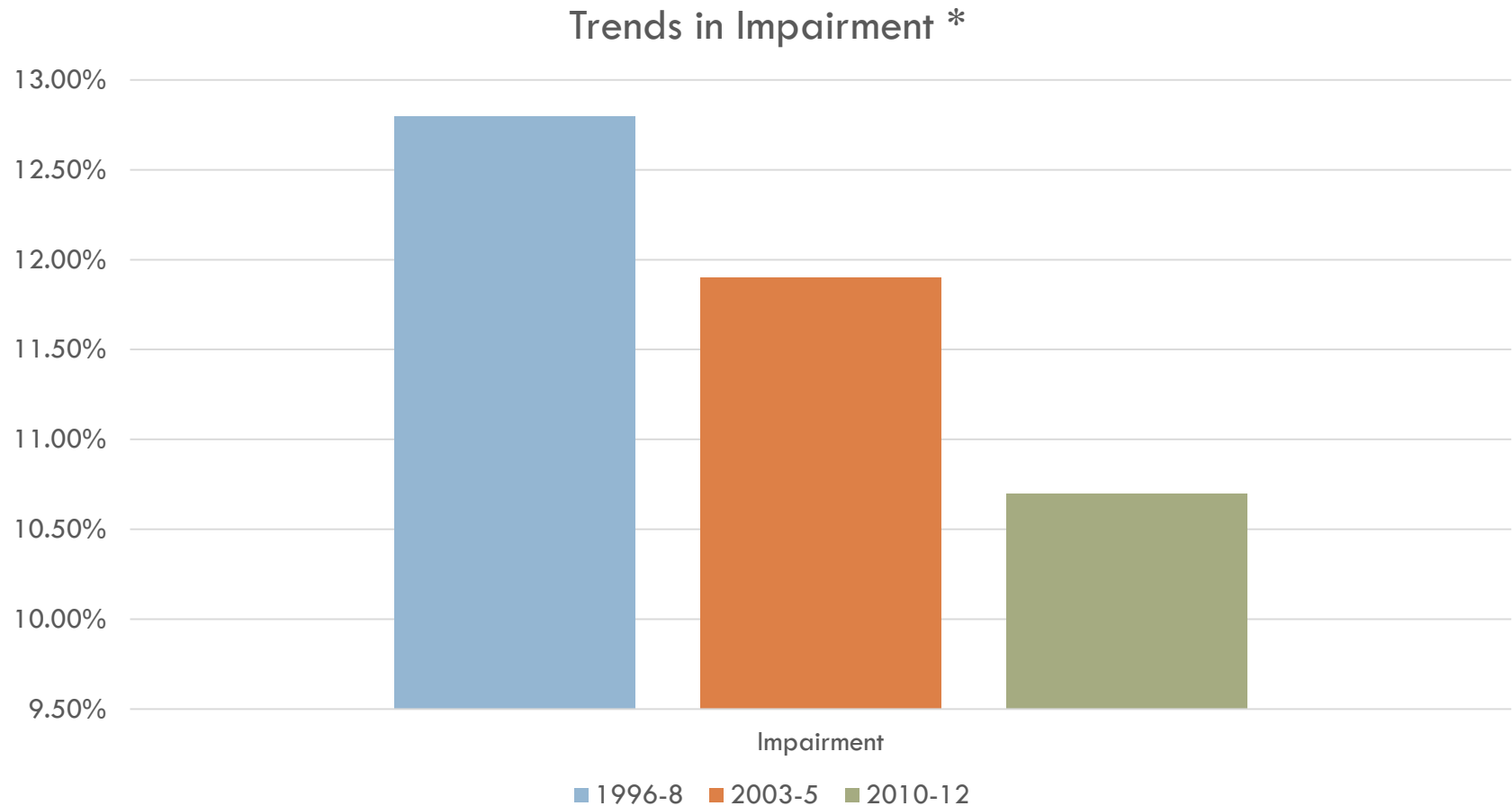
The Question

- Most treatments for both adults and children have only been tested in children with diagnosed conditions
- Do rising treatment rates represent a growth in treatment among those with a demonstrated treatment need or a growth “on the margins” among children with less serious conditions?

Study Design

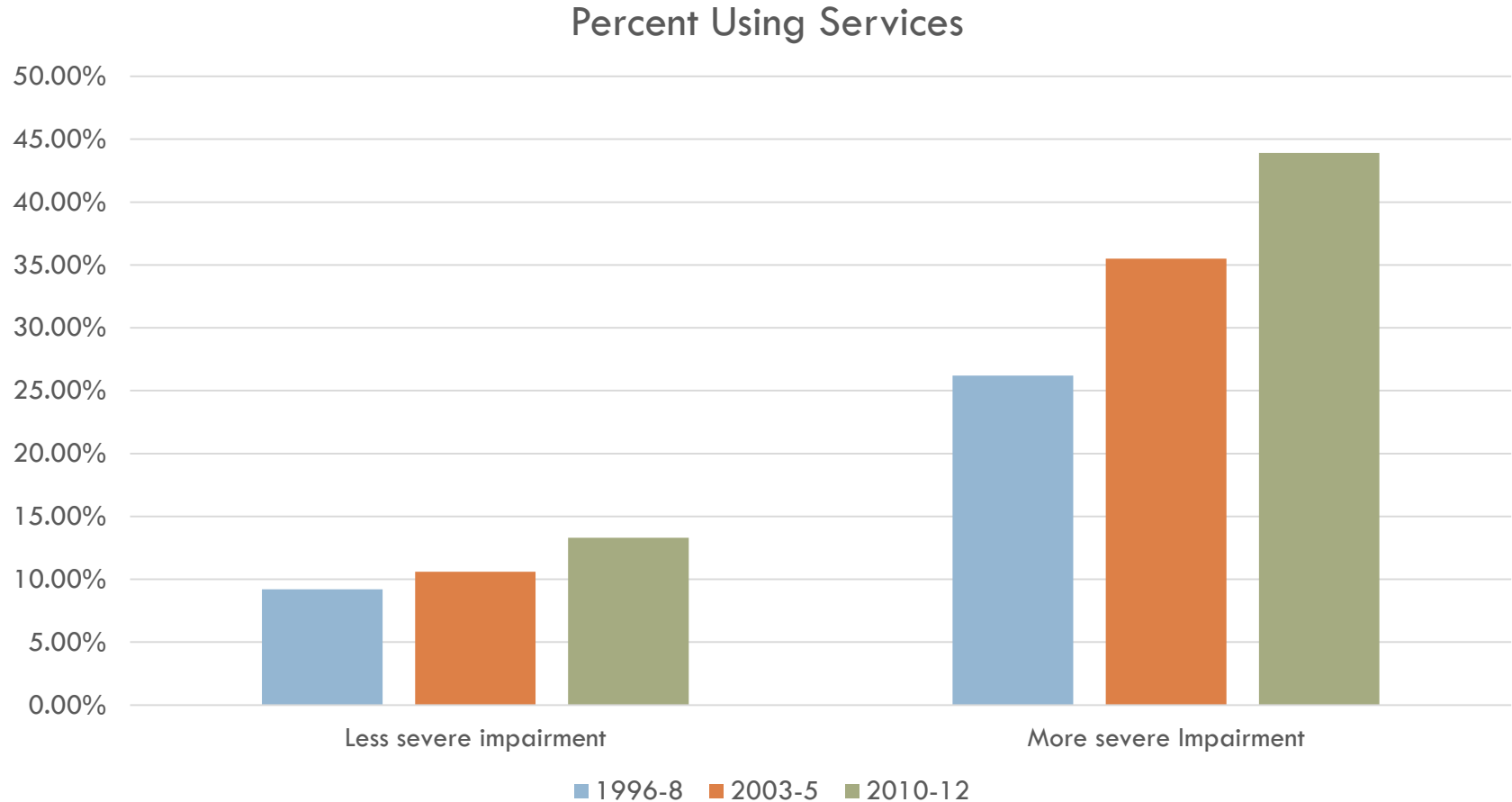
- Medical Expenditure Panel Survey: Compared 1996-8, 2003-5 and 2010-12
- Columbia Impairment Scale: 13-item measure of child and adolescent interpersonal relations, symptoms, functioning in school, and use of leisure time

Trends in Impairment



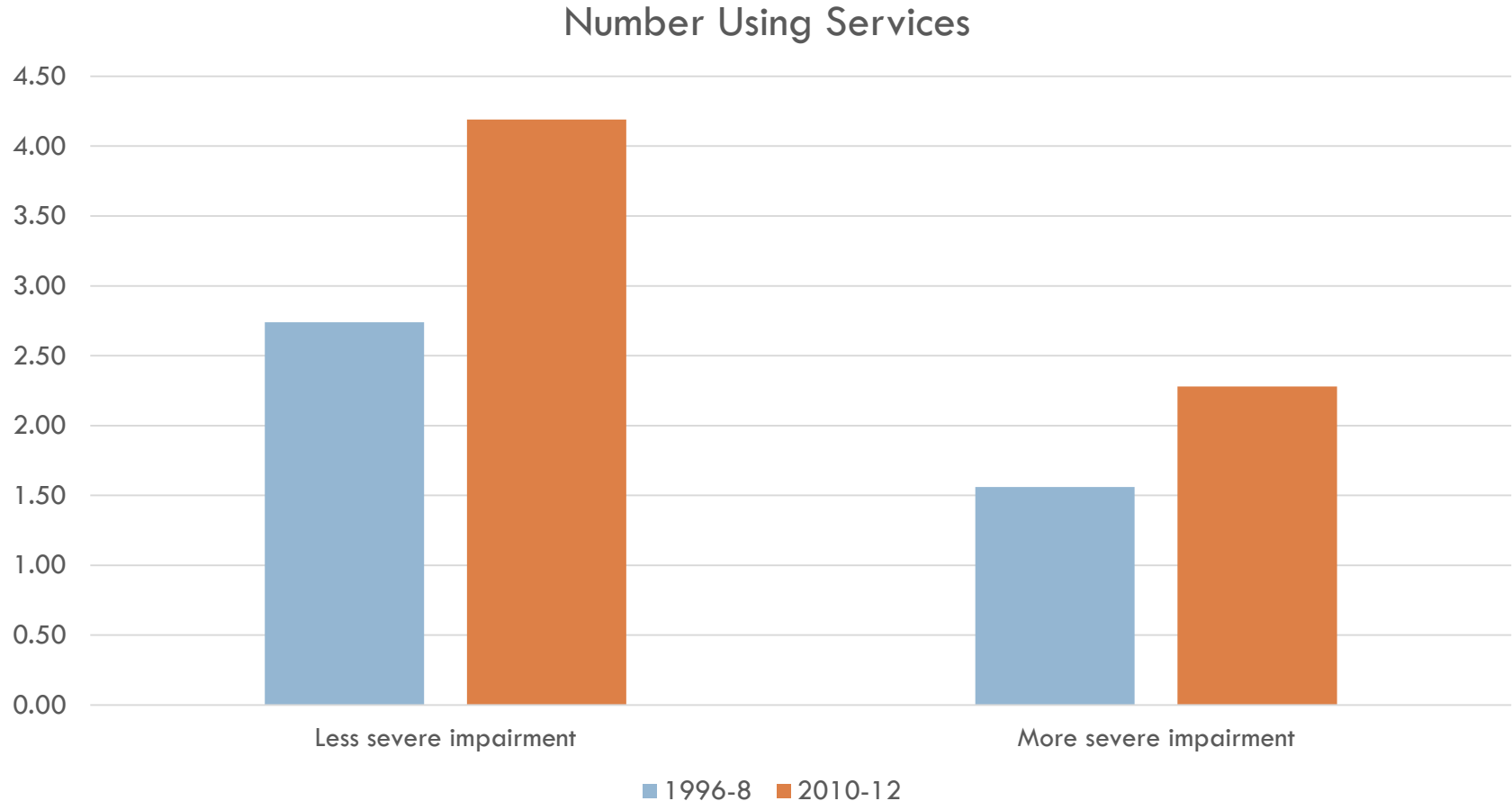
Impairment=CIS Score >16
Adjusted odds ratio 0.81 (0.72-0.92)

Use of Any Mental Health Service by Impairment: Relative Rates



More severe: OR=2.2 (1.76-2.75)
Less severe: OR=1.51 (1.35-1.72)

Use of Any Mental Health Service by Impairment: Absolute Rates



1.45 million increase in users with less severe impairment

0.72 million increase in users with more severe impairment

Summary



- Impairment can be used as a denominator of need for services in children and adolescents
- Relative growth in treatment is greater among children with more severe impairment
- Absolute growth has been concentrated in those with less severe impairment

Implications for NSDUH



- Overall impairment may be a useful construct to include and may be a proxy for treatment need
- Measuring disease burden alongside service use data can provide stronger policy relevance than either used alone.