

Health Policy Brief

Mental Health Status, Access to Care, and Service Utilization in Ohio: Trends Related to Insurance, Income, Demographic Characteristics and Physical Health

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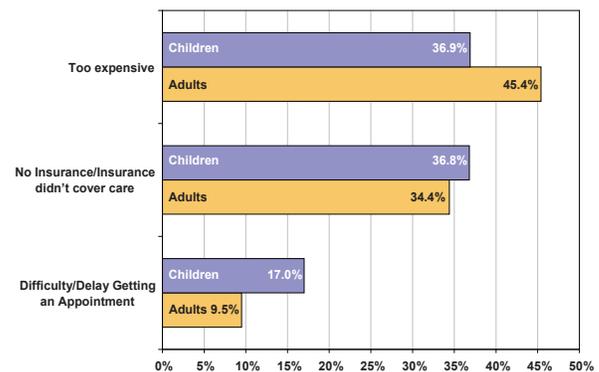
The cost of untreated mental illness in Ohio is approximately \$3.5 billion per year due to loss of productivity, loss of employment and use of the emergency room for mental health problems. A first step to decreasing costs and improving mental health in Ohio is to understand risk factors associated with mental health status and to identify gaps in access and utilization related to insurance, income, race and other demographic factors. This policy brief examines mental health status, trends and barriers to care among children and adults in Ohio using data from the 2008 Ohio Family Health Survey (OFHS). The OFHS is a comprehensive state-level health and insurance survey administered to 51,000 Ohio residents across the state.

Mental Health Status and Barriers to Treatment among Ohio Residents

Approximately 10% of children and adults completing the OFHS reported having social, emotional, behavioral or substance abuse problems that require counseling. For approximately 4% of adults, these mental health problems are so severe that they had resulted in at least 30 days of missed normal activities within the past year. Also, 8.7% of children and 16.7% of adults did not have mental health coverage. Furthermore, 23% of adults and 18% of parents were

High Prevalence Categories	Children	Adults
	Does your child have any kind of emotional, developmental or behavioral problem for which the child needs treatment or counseling?	Do you need or get treatment or counseling for any kind of mental health, substance abuse or emotional problem?
Gender	Male (12.3%)	Female (8.4%)
Age	13-17 years old (13.0%)	18-24 years old (9.2%)
Race/Ethnicity	African-American (14.1%); Other Multiracial (18.2%)	African-American (10.3%); Other Multiracial (14.6%)
Income	100% FPL or below (15.7%)	100% FPL or below (15.4%)
Health	Obese (9.4%)	Obese (9.4%); Diabetes (9.5%); Smoking (10.9%)
Education	---	High School or Less (11.1%)
Marital Status	---	Separated (19.3%)

Graph 1. Barriers to Receiving Mental Health Care in Ohio



unsure of whether their insurance plans included mental health coverage. Demographic risk factors for children and adults are summarized in the Table 1 below. The most common barriers to mental health treatment are summarized in Graph 1.

Parent-Child Mental Health Trends

- Children of parents who reported needing or getting treatment for mental health, substance abuse or emotional problems were more likely to also need or receive treatment (26.4%), compared to children of parents who did not need or receive treatment (8.4%).
- Parents that reported needing or getting treatment for mental health, substance abuse, or emotional problems were also more likely to rate their child’s mental health as fair or poor (14.1%), compared to parents not receiving or needing treatment (4.2%).
- Step-parents, foster parents and/or legal guardians were most likely to need or get treatment or counseling as well as miss 30 more days of usual activity due to mental health needs.

Mental Health Status of Children and Adults on Medicaid

Analyses were conducted to understand the unique needs and risk factors of children and adults on Medicaid relative to the general population. In summary, 16.2% of children in Ohio who are on Medicaid were described by their parents as having an emotional, developmental or behavioral problem for which they seek treatment or counseling (compared to 6.7% in children who were not on Medicaid). Males (20.8%), children between the ages of 13-17 (21.9%), and children with poor physical health (54%) reported the highest treatment or counseling needs. For adults, 21.7% receiving Medicaid reported they had a mental health, substance abuse, or emotional problem for which they needed counseling (compared to 5.9% of adults who were non-Medicaid). The Medicaid groups most at-risk for mental health problems are summarized in Table 2. Service and treatment needs decreased as education increased. It is well documented that socioeconomic, vocational and disability challenges are reported at higher rates in the Medicaid population compared to the normative population. These factors should be considered when interpreting the data and may account for some of the mental health disparities reported. Given these factors, it is critical that mental health supports be accessible for patients on Medicaid and that mental health and medical services are integrated, particularly for Ohio residents with disabilities.

Policy Recommendations to Improve Mental Health among Ohio Residents

Employers should clearly document mental health benefits included in plans so that residents of all demographic and educational backgrounds understand their benefits as Ohio residents report not knowing whether their insurance covers mental health care (23% of adults), and parents report not knowing whether their child is covered (18% of parents). Mental health benefits need to be offered as part of a comprehensive insurance plan to all employees given that 63% of individuals who did not have mental health care coverage were employed.

Mental Health and other Health Care

Providers will need to collaborate to identify patient needs and develop treatment plans according to the patient's age, gender, individual needs and risk factors. Providers will also integrate mental health care into primary health care and other health care settings in order to facilitate assessment/

		Percent Yes	
Does the child have any kind of emotional, developmental or behavioral problem for which the child needs treatment or counseling?	Children on Medicaid 16.2%	Ages 13-17	21.9%
		Other Multiracial	33.3%
		Male	20.8%
		300% FPL or above	18.1%
		Underweight	45.4%
Do you need or get treatment or counseling for any kind of mental health, substance abuse or emotional problem?	Adults on Medicaid 21.7%	Ages 45-54	32.1%
		Other Multiracial	27.4%
		100% FPL or below	24.2%
		Obese	24.5%

screening, early detection, coordination of referrals and the co-morbidities associated with physical and mental health. Similarly, interventions have to be developmentally appropriate and behaviorally and culturally targeted to address youths' specific needs. Given that health care providers are often the first point of contact, providers will need to make necessary referrals as mental and physical health conditions were co-morbid in children and adults.

Schools often serve as the first point of contact for students and properly screen and address the mental health needs of students so that they can function optimally at school. All schools should have a mental health referral resource bank, which should consist of Medicaid providers and private insurers. Schools should also be trained in classroom behavioral management strategies and should have classroom level or school-wide level Prevention and Intervention Programs that could be easily implemented. Parents need to follow up on referrals that are made for their children by primary care physicians, schools and teachers.

Residents should be proactive in understanding their health care plans so that they can make informed choices about benefits and treatment options. Seeking mental health care is important because mental health disorders such as depression, anxiety, alcoholism and drug abuse do not go away on their own. Without treatment, a mild problem may become severe, requiring a longer and more intensive treatment regimen once treatment is sought. Untreated mental illness may also cause disruption to one's work and personal life if treatment is not sought.

Finally, **Ohio Policy Makers** should focus on addressing the mental health needs of Ohio residents by providing mental health education and care, identifying the gaps in mental health insurance coverage, targeting high-risk and vulnerable child and adult populations, and ensuring parity in mental health and mental health coverage for high-risk and high-poverty Ohio residents.