



# Children's Mental Health Data in Minnesota

Summer 2004

A special report from Minnesota KIDS COUNT,  
a project of Children's Defense Fund Minnesota

This special report consolidates and presents the relatively small amount of available data about children's mental health in Minnesota. Although concern about children's mental health is growing, there is a shortage of data to inform policy making and planning. Unlike some childhood health conditions such as cancer, there are no telethons, high profile fund raisers, or other large-scale public awareness efforts to help the many children affected by mental health problems. Prevention activities are minimal; systems designed to help children, youth and their families remain fragmented, and fail to reach many children who need help. The available state-level data are quite limited, and often raise more questions than they answer. None the less, by highlighting the available data, it will be more accessible to policy makers, service providers, and community members and be available to inform decision-making about policy and service delivery.

## How Many Minnesota Children and Youth Experience Mental Health Problems?

Knowing the prevalence of mental health problems in children and youth can help determine if existing services are adequate for the need. It should be noted that definitions of what constitutes a mental health disorder are not necessarily culturally specific or appropriate for all racial and ethnic communities.

### *1. Estimate from National Institute of Mental Health*

Nationally, the National Institute of Mental Health estimates that almost 21% of US children and youth ages 9 to 17 had a diagnosable mental or additive disorder that caused at least minimum impairment. They further estimate that 11% suffer severe functional impairment as a result.<sup>1</sup> In Minnesota, that would mean an estimated 145,000 children ages 9-17 have a diagnosable disorder, and approximately 69,000 have a functional impairment due to a mental illness.

Of children with mental disorders, it is estimated that 13% are anxiety disorders, 10% are disruptive disorders, 6% are mood disorders, and 2% are addictive disorders.<sup>2</sup>

### *2. Children With High Levels of Behavioral and Emotional Problems in the National Survey of America's Families*

The National Survey of America's Families is a representative survey of families across the country, with additional data available for thirteen states, including Minnesota. In 1999, the survey asked respondents (usually the mother) a series of questions to possibly identify children and youth with high levels of behavioral and emotional problems. The questions asked how often the child doesn't get along

with other kids; can't concentrate or pay attention; has been unhappy, sad, or depressed; feels worthless or inferior; has been nervous, high-strung or tense; acts too young for his/her age; has trouble sleeping; lies or cheats; and does poorly at schoolwork. Children and youth experiencing high levels of these problems might also have an underlying mental health disorder.

Levels of behavioral and emotion problems are lower in Minnesota than for the United States as a whole for younger children, but higher for older youth. Children below 200% of poverty, especially adolescents, were reported to have higher levels of problems than higher income children and youth.

<b>Percent with high levels of behavioral and emotional problems, 1999</b>		
	Minnesota	United States
<b>All Incomes</b>		
Age 6 – 11	3.7%	6.3%
Age 12 – 17	10.6%	7.4%
<b>Below 200% of poverty level</b>		
Age 6 – 11	4.6%	9.3%
Age 12 – 17	19.3%	10.3%
<b>Above 200% of poverty level</b>		
Age 6 – 11	3.4%	4.2%
Age 12 – 17	8.3%	5.9%

*Source: Snapshots of America's Families II, Urban Institute, October 2000.  
<http://www.urban.org/Content/Research/NewFederalism/NSAF/Overview/NSAFOverview.htm>*

### *3. Percent of students experiencing emotional distress in the Minnesota Student Survey*

The Minnesota Student Survey asks a series of questions to measure students' emotional well-being and distress. The questions are, "During the last 30 days, have you felt you were under any stress or pressure? Have you felt sad? Have you felt so discouraged or helpless that you wondered if anything was worthwhile? Have you felt nervous, worried, or upset?" Students are asked to indicate how frequently or how intensely they have experienced these feelings. A cumulative score of students who indicated high amounts of these states can be combined into an emotional distress score which might point to potential mental health problems among students.

A majority of students (71%) reported no high levels of distress, but a significant minority, 10%, reported high levels of distress for three or four of the questions.

<b>Emotional Distress Score</b> (0 – 5, with 0 reporting high levels of none of these states and 4 reporting all)	<b>Percent of 9<sup>th</sup> Graders, 2001</b>
0	71%
1	13%
2	7%
3	5%
4	5%

*Source: Minnesota Department of Health, Minnesota Student Survey.*

#### 4. *Suicidal Thoughts and Attempts*

Not all suicide attempts reflect deep-seated mental health issues, but suicidal behavior does often reflect other serious mental health-related problems. According to data from the Minnesota Student Survey, children and youth who consider or attempt suicide are more likely to experience emotional distress and lack of self-esteem, be involved in high-risk behaviors such as chemical use, violent behavior and sexual activity, are more likely to be victims of physical or sexual abuse, and report less positive relationships and support from family, friends, school and community.

The number of hospital and emergency room visits far outweigh the number of completed suicides. Young women are much more likely than young men to have an emergency room visit or hospitalization for self-inflicted injuries, but are less likely to complete a suicide.

<b>Age 10 – 17</b>	<b>Emergency Room for self-inflicted injuries, 2002</b>	<b>Hospitalizations for self-inflicted injuries, 2002</b>	<b>Completed Suicides, 2002</b>
Male	297	269	17
Female	719	693	5

*Source: Minnesota Department of Health.  
<http://www.health.state.mn.us/divs/chs/data/popassess.htm>*

### How Many Children and Youth Receive Treatment for Mental Health Problems?

Mental health treatment and services for children and youth occur in an extremely fragmented system. It is impossible to accurately measure all treatment in all possible settings with all possible sources of payment.

**1. Number of children receiving county-administered mental health services for children and youth**

Some children and youth in Minnesota with mental health problems receive county-administered mental health services. These services include emergency, outpatient, day treatment, residential treatment and hospital inpatient services; case management; and professional home-based family treatment. Additional data about these services will be available in the fall of 2004.

<b>Year</b>	<b>Number of Children Receiving Services</b>
2000	22,992
2001	20,314
2002	20,583

*Source: Minnesota Department of Human Services  
<http://www.dhs.state.mn.us/CFS/programs/childmentalhealth/default.htm>*

**2. Percent of children in managed health care plans receiving in-patient or ambulatory treatment for mental health.**

Children and youth enrolled in HMOs may receive mental health services through these providers, including inpatient and outpatient services. The HEDIS reporting system keeps track of the number and percent of enrollees in each health plan that receive any mental health services, the type of service received, and inpatient discharges and average length of stay.

About 4.5% of enrollees under age 12 received mental health services in 2003. eleven percent of 13-17 year olds received services. There was little variation between health plans. For the small number of children receiving inpatient services (less than 2%) the average length of stay was twelve days. The range was wider between health plans, from seven days to sixteen days on average.

	<b>Any Mental Health Services, Age 0-12</b>	<b>Any Mental Health Services, Age 13-17</b>	<b>Average Length of stay, Inpatient, age 13-17</b>
<b>2003 Average Among Five Largest Health Plans</b>	4.5%	11.3%	12.4 days
<b>Range</b>	4.2-5.0%	10.9-11.5%	6.7-16 days

*Source: HEDIS 2003, Minnesota Department of Health.  
<http://www.health.state.mn.us/divs/hpsc/mcs/hedishome.htm>*

### *3. Number of children and youth treated in emergency rooms and/or hospitalized for mental disorders*

In 2001, mental disorders were the sixth leading cause of emergency department treatment in Minnesota for 15 to 19 year olds, and the tenth leading cause for 5 – 14 year olds. Mental disorders were the number one cause of hospitalization for 5-14 year olds, and the second leading cause for 15-19 year olds, surpassing respiratory system diseases, diseases of the digestive system, and injuries.

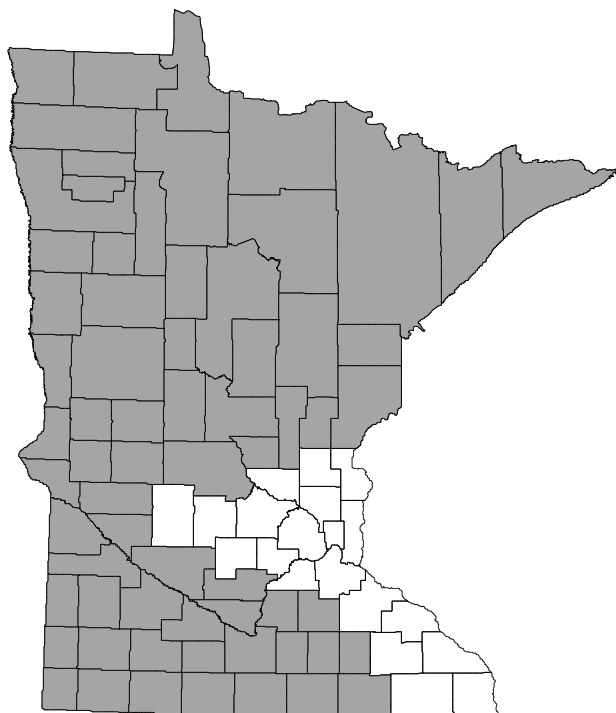
<b>Age</b>	<b>Emergency Department Treatment, 2001</b>	<b>Hospitalization, 2001</b>
5-14	2,051	2,172
15-19	4,507	4,705

*Source: Minnesota Department of Health, Injury and Violence Prevention Unit  
<http://www.health.state.mn.us/injury/pub/index.cfm>*

### *4. Number of Minnesota counties underserved by mental health providers*

Most non-metro counties in Minnesota are designated by the federal government as Health Professional Shortage Areas for Mental Health. This means that there are not enough mental health professionals per capita to meet the estimated need for services in the shaded counties (see map below.)

#### **Health Professional Shortage Areas, August 2003 Mental Health Designations**



*Source: Minnesota Department of Health,  
Office of Rural Health and Primary Care*

Specifically, Minnesota has a shortage of child psychiatrists. The state has 4.6 child psychiatrists for every 100,000 children, compared to 6.73 for the United States as a whole. There are only 31 doctors listing their specialty as child psychiatry on the Minnesota Medical Association roster. The Minnesota Society of Child and Adolescent Psychiatry lists only 93 members.<sup>3</sup>

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<sup>1</sup> National Institute of Mental Health. *Blueprint for Change: Research on Child and Adolescent Mental Health: Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment*. August 2001. See also Clowes, Nelba, et al. *Report of the Surgeon General on Mental Health*. 1999.

<sup>2</sup> Ibid.

<sup>3</sup> Minnesota Psychiatric Society Task Force. *The Shortage of Psychiatrist and of Inpatient Psychiatry Bed Capacity*. September 2002.

The mission of the Children's Defense Fund (CDF) is to Leave No Child Behind<sup>®</sup> and to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong effective voice for all the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school, or suffer family breakdown.

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