



Behavioral Health Services for Children in
the DC Health Benefit Exchange

Top Behavioral Health Diagnoses at Children's National Hospital Fiscal Year 2022

Mental Health Primary Diagnosis Data Top Categories by MRN Count at Children's National Hospital FY'22, Percentages of DC non-Medicaid Patients by Race and Ethnicity

Condition	Total Cases	White Only	Black Only	All Other Racial Categories	Hispanic, Latino, or Spanish
Anxiety and Adjustment Disorders	314	48.4%	24.8%	26.8%	13%
ADHD	221	49.8%	32.6%	17.6%	13.6%
Unspecified Behavioral Disorders	102	48%	24.5%	27.5%	8.8%
Major Depressive Disorder / Depression	85	48.2%	34.1%	17.7%	12.9%
Autism	67	37.3%	32.8%	29.9%	14.9%
Gender Identity Disorders	60	67%	10%	23%	11.7%
Disruptive Behavioral Disorders	36	55.6%	16.7%	27.8%	#
Newborn & Infant Related Disorders	#	#	#	#	#
Trauma-Related Disorders	#	#	#	#	#

Top Diagnosis Categories in Order of Quantity in FY'22 DC non-Medicaid patients at Children's National Hospital by MRN Count

	All Children	Black Children	Hispanic Children
1	Anxiety and Adjustment Disorders	Anxiety and Adjustment Disorders	Anxiety and Adjustment Disorders
2	ADHD	ADHD	ADHD
3	Unspecified Behavioral Disorders	Major Depressive Disorders / Depression	Major Depressive Disorder / Depression
4	Major Depressive Disorders / Depression	Unspecified Behavioral Disorders	Autism
5	Autism	Autism	Unspecified Behavioral Disorders
6	Gender Identity Disorders	Gender Identity Disorders	Gender Identity Disorders
7	Disruptive Behavioral Disorders	Disruptive Behavioral Disorders	Disruptive Behavioral Disorders
8	Newborn & Infant Related Disorders	Newborn & Infant Related Disorders	Newborn & Infant Related Disorders
9	Trauma-Related Disorders	Trauma-Related Disorders	Trauma-Related Disorders

Disparities in Pediatric Mental and Behavioral Health Conditions – Nationally, pre-pandemic

TABLE 1 Weighted Prevalence Estimates of Mental Health Conditions and Treatment Among Children and Adolescents by Race and Ethnicity and Geography, United States, 2016 to 2019

Mental Health Condition, Age Group	Race and Ethnicity			Geographic Classification		
	Hispanic	Black, Non-Hispanic	White, Non-Hispanic	Asian, Non-Hispanic	Urban or Suburban	Rural
ADHD, 3–17 y, % (95% CI) ^a	6.6 (5.9–7.5)	10.5 (9.4–11.8)	9.9 (9.5–10.3)	2.2 (1.7–2.9)	8.4 (8.0–8.8)	10.7 (9.9–11.6)
Behavioral or conduct problems, 3–17 y, % (95% CI) ^a	5.6 (4.9–6.4)	10.1 (9.0–11.4)	7.0 (6.7–7.4)	2.5 (1.9–3.3)	6.6 (6.2–7.0)	8.6 (7.9–9.4)
Depression, 3–17 y, % (95% CI) ^a	2.7 (2.2–3.2)	3.7 (3.1–4.4)	3.8 (3.6–4.1)	1.3 (0.8–2.0)	3.2 (3.0–3.5)	4.4 (3.8–5.0)
Anxiety problems, 3–17 y, % (95% CI) ^a	6.1 (5.3–6.9)	5.3 (4.6–6.1)	9.7 (9.4–10.1)	2.2 (1.7–2.9)	7.4 (7.1–7.8)	8.7 (7.9–9.4)
Autism spectrum disorder, 3–17 y, % (95% CI) ^a	3.4 (2.7–4.3)	3.1 (2.6–3.8)	2.7 (2.5–2.9)	1.9 (1.4–2.6)	2.9 (2.6–3.2)	2.6 (2.2–3.0)
Attempted suicide, 14–18 y, % (95% CI) ^b	8.9 (7.1–11.1)	11.8 (8.7–15.9)	7.9 (6.9–9.1)	7.7 (4.8–12.3)	8.9 (7.7–10.2)	9.1 (7.3–11.3)
Suicide, 10–19 y, rate per 100 000 (95% CI) ^c	4.7 (4.4–5.0)	5.0 (4.6–5.4)	8.1 (7.9–8.4)	5.5 (4.8–6.1)	6.3 (6.1–6.5)	10.2 (9.6–10.7)
Professional mental health treatment, % (95% CI) ^d	8.7 (7.8–9.6)	9.8 (8.8–10.9)	11.4 (11.0–11.8)	4.3 (3.5–5.4)	9.9 (9.5–10.4)	10.2 (9.4–11.1)
Medication for mental health problems, % (95% CI) ^e	5.3 (4.6–6.0)	8.7 (7.7–9.8)	9.2 (8.9–9.6)	1.9 (1.4–2.5)	7.4 (7.1–7.8)	10.3 (9.4–11.1)

Table adapted from Bitsko RH, Claussen AH, Lichstein J, et al, Mental Health Surveillance Among Children, United States, 2013–2019. *MMWR Suppl* 2022;71(Suppl-2):1–42.

^a National Survey of Children's Health, 2016–2019. Current mental health condition based on parent report of diagnosis by a health care provider.

^b National Youth Risk Behavior Survey, 2019. During the 12 mo before the survey, actually attempted suicide ≥ 1 time. Survey participants were public and private high school students in grades 9–12 (i.e., primarily aged 14–18 y). Attempted suicide among American Indian or Alaska Native, non-Hispanic youth: 25.5% (95% CI: 12.6–44.6); Native Hawaiian or other Pacific Islander, non-Hispanic: 8.8% (95% CI: 2.4–27.2).

^c National Vital Statistics System, 2018 to 2019. Suicides per 100 000 American Indian or Alaska Native, non-Hispanic youth: 24.0 (95% CI: 20.7–27.4).

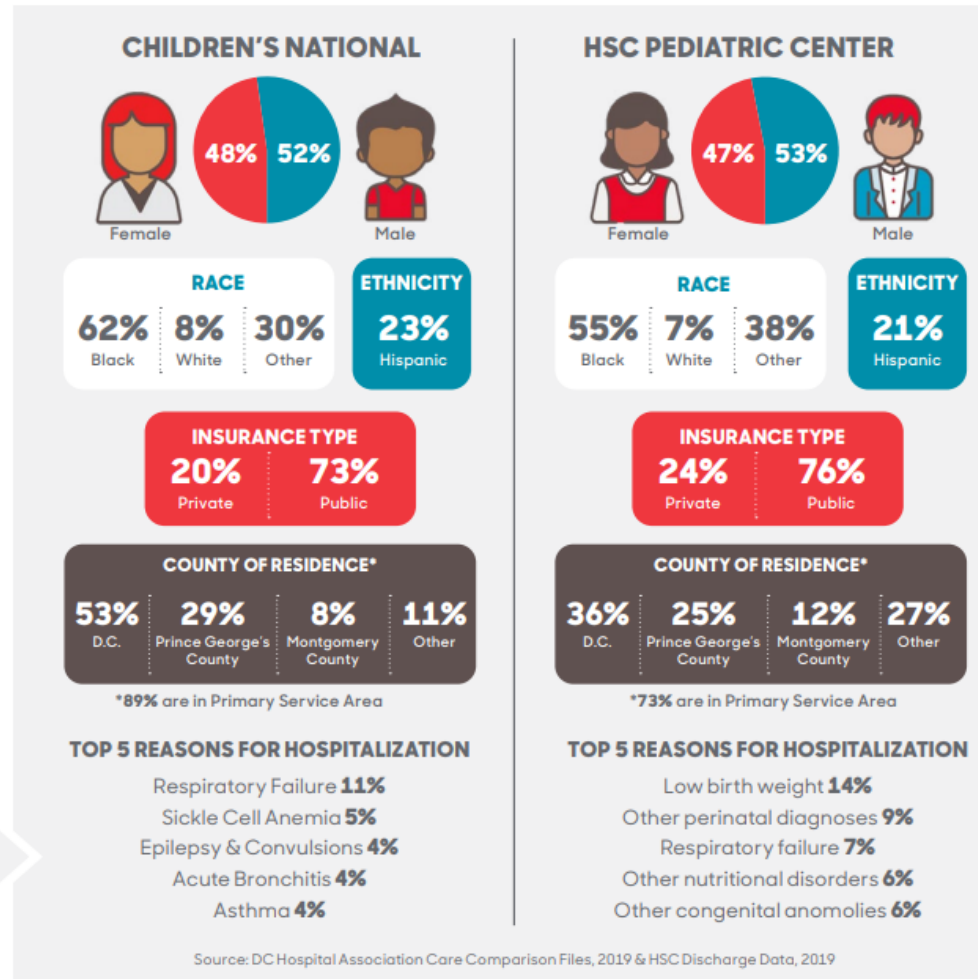
^d National Survey of Children's Health, 2016–2019. Received treatment or counseling from a mental health professional in the past 12 mo.

^e National Survey of Children's Health, 2016–2019. Took medication because of difficulties with emotions, concentration, or behavior in the past 12 mo.

Source: Hoffman et al, “Disparities in Pediatric Mental and Behavioral Health Conditions,” *Pediatrics*, October 2022.

Community Health Needs Assessment 2022 Children's National Hospital & The HSC Health Care System

FIGURE 3-A Hospitalizations for Kids at the Hospital, 2019



Cost-Sharing and Financial Burdens as Barriers to Children's Mental Health Care Access in the District of Columbia

Cost Sharing as a Barrier to Access

A review of research literature identified:

- Increased cost-sharing has led families to reduce service utilization for their children
- Children with private insurance were 40% more likely to have unmet prescription needs and about 70% more likely to have unmet mental health counseling needs, specifying that “costs too much” as a frequent reason for these disparities.
- Among states that incorporated low cost-sharing parity policies, the likelihood of a family spending over \$1000 on their child’s healthcare needs was significantly lower.
- The incidence of suicidality among non-white middle school and high school students is significantly higher than that of their white counterparts.