

# Rise in disability benefits for children with mental disorders consistent with population trends

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The percentage of poor children who received federal disability benefits for at least one of 10 major mental disorders increased from 1.88 percent in 2004 to 2.09 percent in 2013, and such growth is consistent with and proportionate to trends in the prevalence of diagnosed mental disorders among children in the general U.S. population, says a new report of the National Academies of Sciences, Engineering, and Medicine. The increase also is not unexpected. This is because a sizeable number of low-income children with disabling mental disorders do not receive federal benefits, and their number consistently exceeds the amount of children who receive benefits each year. Therefore, large numbers of children who are eligible for such benefits may not be receiving them.

The federal Supplemental Security Income (SSI) program provides stipends to disabled individuals with limited income and resources. In 2012, approximately \$9.9 billion, or about 20 percent of all payments made to SSI beneficiaries, were to [children](#). Approximately 1.3 million children received SSI disability [benefits](#) in 2013, and 50 percent of those recipients had a disability primarily due to a mental disorder. There has been considerable and reoccurring interest in the growth of the SSI program, partially leading to the request for this report to identify trends in the prevalence of mental disorders among children in the U.S. and compare those trends with changes observed in the SSI disability program.

The committee that carried out the study and wrote the report reviewed trends from 2004 to 2013 in the population of U.S. children who applied for benefits and were allowed to start receiving payments, as well as among existing SSI child benefit recipients. Trends in childhood disability attributed to 10 major mental disorders including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, intellectual disability, and depression and bipolar disorder were also examined.

The committee found that from 2004 to 2013, the number of children who received SSI [disability benefits](#) increased from 993,127 to 1,321,681, and the percentage of children who received SSI disability benefits increased from 1.35 percent to 1.8 percent. However, as these numbers increased, the proportion of all children who were recipients of SSI benefits due to the 10 major mental disorders gradually decreased, from 54.38 percent in 2004 to 49.51 percent in 2013. Essentially, from 2004 to 2013 the increase in both the number and percent of children who were recipients of SSI disability benefits for the 10 major mental disorders was surpassed by the increase in the number and percent of recipients for all other disorders. Growth in SSI for children, therefore, was not due primarily or disproportionately to mental illness, the committee concluded.

The committee found evidence that children living in poverty are more likely than other children to have mental health problems, and these conditions are more likely to be severe. Access to Medicaid and income supports via SSI may improve long-term outcomes for both children with disabilities and their families, the committee said.

"When poverty rates increase, more children with mental health disorders become financially eligible for the SSI program," said Thomas Boat, committee chair and professor, department of pediatrics, University of Cincinnati and Cincinnati Children's Hospital Medical

Center. "Consequently, increases in the number of children applying for and receiving SSI benefits for mental disorders are strongly tied to increasing rates of childhood poverty."

While the number of low-income children who applied and were allowed to receive SSI benefits for mental disorders fluctuated year to year between 2004 and 2013, the annual percentage of children from low-income households who were allowed SSI benefits for mental disorders decreased over the same time period from 0.32 percent to 0.27 percent. Neither the total number of allowances of SSI benefits for a child mental disorder, nor the rate of allowances among children in poverty increased during the 2004-2013 decade. The total number of allowances was approximately 10 percent lower in 2013 than in 2004. However, despite the decrease in allowances, the overall number of SSI benefit recipients increased steadily during the 2004-2013 decade.

The committee drew several conclusions from these results. While total numbers of benefit recipients steadily increased, the likelihood that a child's application for benefits was allowed on the basis of a mental disorder decreased from 2004 to 2013. This can be explained by the findings that more children were entering the SSI program than leaving and that the duration of time a child was a recipient of benefits increased. A closely related point and explanation is that the number of terminations from the program for loss of poverty status or improvement of the disability varied from year to year, but overall, new allowances into the benefit program lagged during the period from 2004 to 2013.

The committee also found that trends varied by type of mental disorder. Some diagnoses, such as autism, showed substantial increases over the period examined, while others, such as intellectual disability, showed considerable decreases. For each year from 2004 to 2013, the ADHD category was the largest in terms of the numbers and proportions of child SSI disability allowances and recipients.

The data examined by the committee also included the numbers of SSI child disability benefit allowances and recipients for mental disorders within each state. Although SSI is a federal program, it is administered at the state level. The committee concluded that there is considerable variation among states in the rate at which children receive SSI for [mental disorders](#), and such variation indicates that the likelihood of a child with a disability becoming a recipient of SSI benefits depends on the state of residence.

**More information:** [www.nap.edu/catalog/21780/ment...-low-income-children](http://www.nap.edu/catalog/21780/ment...-low-income-children)

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