Title:

Does Unmet Need for Healthcare Services Among Children with Anxiety Affect Family Time Burden?

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ACCEPTED

Session Title:

Rising Stars of Research and Scholarship Invited Student Posters

Slot:

RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

Applicable Category:

Clinical, Students, Researchers

Keywords:

Caregiver Burden, Health care Utilization and Mental Health

References:

N/A

Abstract Summary:

Family members of children with chronic conditions spend considerable time caring for their child. We assessed whether unmet need for recommended healthcare services for anxiety is associated with increased family time burden. We also explore what factors influence a caregiver's report of need and unmet need for these services.

Content Outline:

1. Introduction

    1. Anxiety disorders are the most common mental health problem for children and adolescents (Norman 2015)

    2. Anxiety disorders impair functioning of youth and burden families (Keller et al 1992)

    3. Recommended treatments for Anxiety in Children (Anxiety and Depression Association of America)

        1. Cognitive Behavioral Therapy and SSRIs are used for Childhood Anxiety

    4. Unmet Need for Healthcare services

        1. Only 31% of Children with anxiety receive adequate treatment

        2. Unmet need is associated with

            1. Worse mental health

            2. Lower quality of Life

- Family Burden is related to

    1. Long gaps in mental health treatment

    2. Poor service utilization

    3. Treatment dropout

1. This study

    1. Explores what predicts a parent's report need for mental health care and prescription medication for their child with anxiety

    2. Explores what predicts a parent's report unmet need for mental health care and prescription medication for their child with anxiety

    3. Examine the relationship between unmet need for these healthcare services and family time burden

2. Results

    1. Poor health status, low SES and lack of health insurance predict lack of parental awareness of recommended health care services for children with anxiety.

    2. Severe anxiety, presence of comorbid health conditions, lack of health insurance or medical home are associated with increased risk for unmet need for recommended services.

3. Unmet need for **both medication and therapy** services was associated with the largest increase in family time burden (34 extra minutes / day providing care, 17 extra minutes/ business day arranging or coordinating care).

4. Unmet need for mental health care was a stronger predictor of increased family time burden than unmet need for prescription medication.

5. Unmet need increased time spent providing care more than time spent arranging care

3. Conclusion

1. Quality care guidelines recommend prescription medication only when coupled with counseling or therapy.

2. If parents are unaware of recommended services for anxiety, they are unlikely to seek them for their child.

3. Health care practitioners can use these findings to recognize potential risk factors that would prevent a family from seeking and/or receiving appropriate care for their child's condition.

4. Health policymakers can use these findings to recognize the importance of a child's access to care and its impact on their families

5. By increasing access to medical homes à decrease unmet needs à decrease family time burden.

Topic Selection:

Rising Stars of Research and Scholarship Invited Student Posters (25201)

Abstract Text:

Research Objective: Family members spend considerable time providing health care and arranging and coordinating health care for children with chronic health conditions. We assess whether unmet need for recommended treatments for anxiety (mental health services and prescription medication) is associated with increased family time burden.

Study Design: We used data from the 2009-2010 National Survey of Children with Special Health Care Needs to study the association between several health system, health status and demographic factors and parent's report of need and unmet need for healthcare services. We used multinomial logistic regression to conduct this analysis. We then assessed the relationship between unmet need and time spent by family members (1) providing health care at home and (2) arranging/coordinating health care for children with anxiety. We used ordinary least squares regression to control for need (severity of anxiety and comorbidity), enabling (family income, health insurance, and medical home), and predisposing (demographic) factors.

Population Studied: Of the 5,587 children with anxiety for whom information was available on these variables, we analyzed the 3,760 children whose parent/guardian reported that they needed both mental health services and prescription medication.

Principal Findings:

We classified unmet need into four categories:

1. Both mental health care (MHC) and prescription medication (Rx) needs <u>met</u>; (76%)

2. MHC but <u>not</u> Rx needs met (4%)

3. Rx but <u>not</u> MHC needs met (17%)

4. Both MHC and Rx needs <u>unmet</u> (3%)

- Odds of having both needs unmet was higher among children with more severe anxiety, those lacking a medical home, and among the uninsured compared to those with private insurance.

- Unmet need for <u>both</u> mental health care and prescription medication was associated with an additional 4 hours/week providing health care and 2 hours/week arranging/coordinating health care.

- Unmet need for <u>either</u> mental health care <u>or</u> prescription medication was associated with modest increases in both types of family time burden, with a larger increase providing health care than arranging/coordinating care. Unmet need for mental health care alone was associated with greater time burden than unmet need for just prescription medication.

Conclusions:

Compared to families of children with anxiety who received both types of recommended treatments for that condition, those with unmet needs for mental health services and prescription medication spent on average an extra 34 minutes per <u>day</u> providing health care at home, and an extra 17 minutes per business <u>day</u> arranging or coordinating their health care. This association persists even when other important predictors of time burden such as illness severity, comorbidity, and access to care are taken into account.

Implications for Policy or Practice:

The amount of time family members spend providing health care and arranging/coordinating care is an often-overlooked aspect of family burden of chronic illness. Enabling factors such as type of insurance and presence of a medical home and need factors such as severity of anxiety are associated with whether parents believe their child needs counseling and medication to treat their anxiety– an important precursor to seeking those types of care. Healthcare providers and policymakers can reduce this burden on families by being aware of the importance of these types of informal care, and by improving access to health insurance and patient-centered medical homes.