

# Teen birth, mental health lead child hospitalizations in Texas

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From 2004 to 2010 in Texas, mental illness was the most common reason for the hospitalization of children ages 10-14 while pregnancy/birth was the most common reason for the hospitalization of adolescents ages 15-17, according to researchers at The University of Texas Health Science Center at Houston (UTHealth) Medical School.

The results were published in the July issue of *Hospital Pediatrics*, a journal of the American Academy of Pediatrics.

"We were surprised by those two findings and the related costs in millions of dollars," said Bethanie Van Horne, Dr.P.H., first author and assistant director of state initiatives at UTHealth's Children's Learning Institute.

"These aren't estimates but real children and real expenses," said Christopher Greeley, M.D., M.S., senior author and professor of pediatrics at UTHealth Medical School. "The costs are staggering."

Thirty percent of the hospitalizations of children ages 10-14 were due to mental diseases and disorders at a cost of \$51 million per year, according to the paper. The 39 percent of hospitalization of adolescents ages 15-17 due to pregnancy/childbirth cost \$72 million a year.

Mental illness was the second most common reason for the hospitalization of adolescents ages 15-17, accounting for 21 percent and \$44 million.

Greeley said the [mental health](#) hospitalizations, which increased during the study's time period while all other diagnoses remained flat, could be due to several reasons. "It could be that we're doing a better job at recognizing the signs and admitting people," he said. "It could also be that we're not doing a good enough job with outpatient care and it gets to a critical point for the child, who then must be hospitalized."

Van Horne pointed to a [mental health care](#) provider shortage across the state, noting that many providers don't accept Medicaid and some don't accept private insurance.

According to a 2013 report from the Mental Health Needs Council, Inc., approximately 19,300 children and adolescents with serious emotional disturbance needed services from the public mental health system in 2012. But 74 percent of those children (14,335) received none. The report also stated that nearly 69 percent of the 9,100 children referred to the Harris County Juvenile Probation Department have a diagnosable [mental illness](#).

"Even for youth with insurance, wait times for a new patient appointment can be from weeks to months," said R. Andrew Harper, M.D., professor of psychiatry and behavioral sciences at UTHealth Medical School and medical director of The University of Texas Harris County Psychiatric Center. "Low reimbursement rates have resulted in some [mental health professionals](#) moving to cash-only practices, further restricting access. In addition to resulting in more hospitalizations, lack of access also increases the risk that this population becomes involved in the juvenile justice system instead of getting the mental health care they truly need."

Texas has one of the highest rates of teen pregnancy in the country, according to the U.S. Department of Health and Human Services. In 2011, Texas had a rate of births per 1,000 teens ages 15-17 of 25.6 while the national average is 15.4. The paper reported that the absence of a coordinated approach to teen pregnancy prevention within the state has been proposed as an underlying reason for the increased rate.

"Teen pregnancy is a winnable battle. By preventing [teen pregnancy](#), we can lower hospital costs and at the same time support our children to become healthy, productive adults," said Susan Tortolero Emery, Ph.D., the Allan King Professor in

Public Health and director of the Center for Health Promotion and Prevention Research at UTHealth School of Public Health.

The researchers used information from the Texas Hospital Inpatient Discharge Public Use Data File, which includes both medical and psychiatric hospitals. Hospitalization is the largest source of spending in medical care in the country, according to the Centers for Medicare and Medicaid Services.

Medicaid paid for 51.7 percent of pediatric hospitalizations while private insurance covered 37.7 percent. Self-pay accounted for 7.5 percent and other public funds accounted for 3.1 percent.

Overall, birth was the most common reason for all hospitalization of children, representing 64 percent. Respiratory illness was the most common discharge diagnosis for children ages 1 month to 9 years.

Healthy newborns represented an average of 88 percent of all neonatal hospitalizations but only 40 percent of the costs. Neonates and infants with complications from delivery or prematurity, or who are low-birth weight or have congenital defects or genetic conditions, account for 11 percent of all newborns. But they are responsible for 56 percent of costs of neonatal hospitalization and 38 percent of costs for all pediatric hospitalizations. The costs per year are \$740 million.

Developing management strategies to limit even a small number of these hospitalizations would result in significant cost savings, the authors said. They cited research by Jon Tyson, M.D., M.P.H., and Ricardo A. Mosquera, M.D., at UTHealth Medical School that showed comprehensive care, also called an enhanced medical home, reduced total hospital and clinic costs \$10,000 a year.

Comprehensive care also reduced the number of children with a serious illness by 55 percent and the rate of emergency department visits by 48 to 69 percent. Tyson is the Michelle Bain Distinguished Professor of Medicine and Public Health and vice dean for Clinical Research & Healthcare Quality at UTHealth. Mosquera is an assistant professor of pediatrics and director of the High Risk Children's

Clinic, part of UT Physicians, the clinical practice of UTHealth Medical School. That paper was published in a December 2014 issue of the journal *JAMA*.

Greeley and Van Horne also noted in their paper that 1 in every 10 children in the United States resides in Texas and the health and well-being of Texas [children](#) consistently ranks within the bottom 10 states.

**More information:** "The Scope and Trends of Pediatric Hospitalizations in Texas, 2004-2010," *Hospital Pediatrics*, 2015.

Provided by University of Texas Health Science Center at Houston

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