

# Mental Health Treatment Among Children Aged 5–17 Years: United States, 2019

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## Key findings

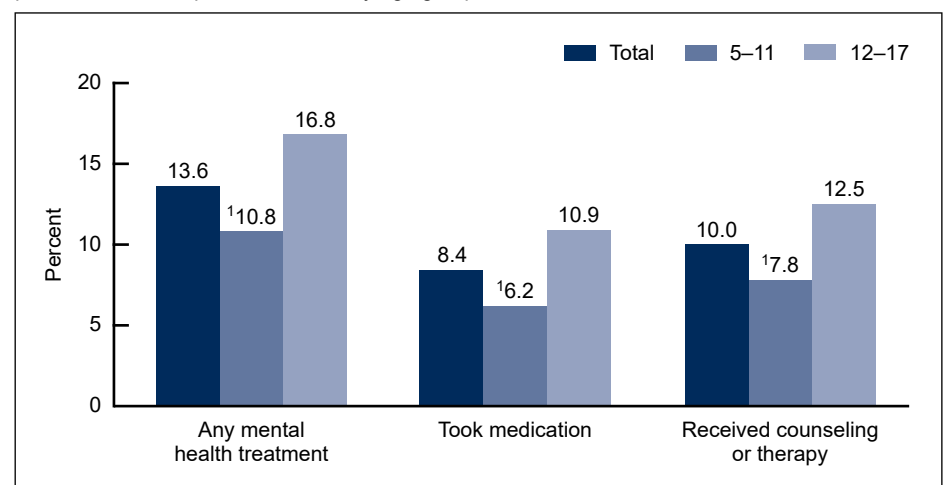
### Data from the National Health Interview Survey

- Children aged 12–17 years were more likely to have received any mental health treatment (including having taken prescription medication and received counseling or therapy from a mental health professional) in the past 12 months (16.8%) compared with children aged 5–11 years (10.8%).
- Boys (9.8%) were more likely than girls (7.0%) to have taken medication for their mental health in the past 12 months.
- Non-Hispanic white children were more likely than Hispanic or non-Hispanic black children to have received any mental health treatment in the past 12 months.
- As the level of urbanization decreased, the percentage of children who received any mental health treatment or had taken medication for their mental health increased.

About 16.5% of school-aged children had been diagnosed with a mental health disorder in the United States in 2016 (1). The most common mental health disorders among children include attention-deficit/hyperactivity disorder, anxiety, and behavioral disorders (2). This report describes the percentage of U.S. children aged 5–17 years who have taken prescription medication for mental health or have received counseling or therapy from a mental health professional in the past 12 months by select characteristics, based on data from the 2019 National Health Interview Survey (NHIS). Estimates are also presented for any mental health treatment, defined as having taken medication for mental health, received counseling or therapy, or both in the past 12 months.

## Older children were more likely to have received any mental health treatment.

Figure 1. Percentage of children aged 5–17 years who had received any mental health treatment, taken medication for their mental health, or received counseling or therapy from a mental health professional in the past 12 months, by age group: United States, 2019



<sup>1</sup>Significantly different from children aged 12–17 years ( $p < 0.05$ ).

NOTES: Children were considered to have received any mental health treatment if they were reported to have taken medication for their mental health, received counseling or therapy from a mental health professional, or both in the past 12 months. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db381-tables-508.pdf#1>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.



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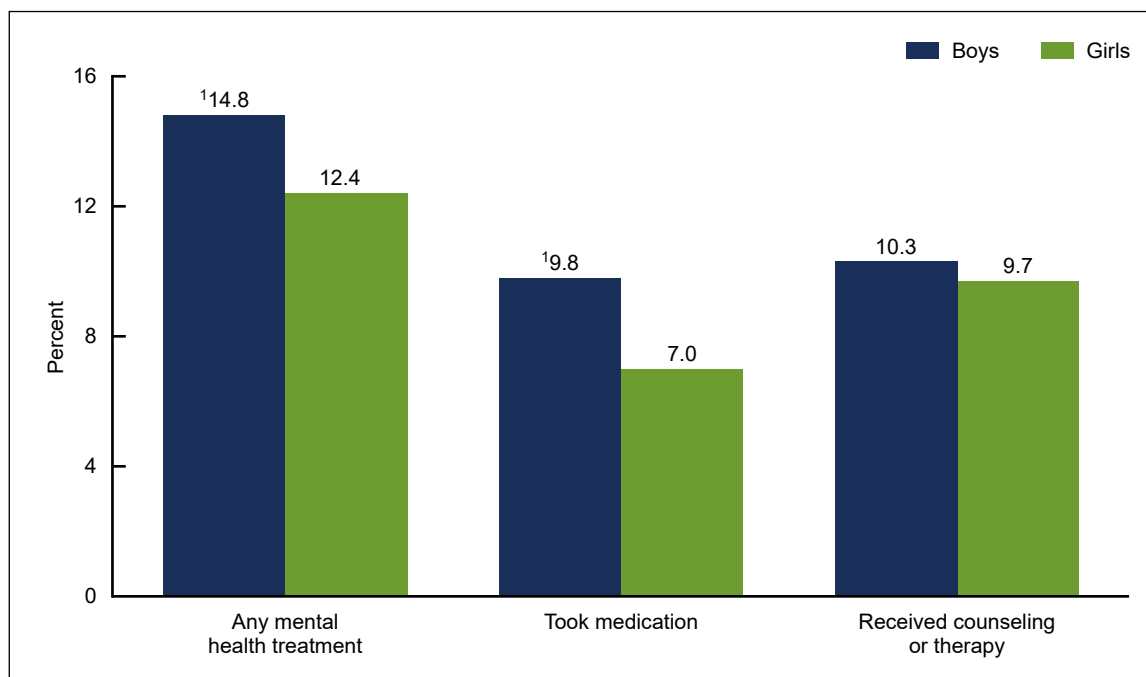
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- In 2019, 13.6% of children aged 5–17 years had received any mental health treatment in the past 12 months, including 8.4% who had taken medication for their mental health and 10.0% who received counseling or therapy from a mental health professional (Figure 1).
- Older children (aged 12–17 years) were more likely than younger children (aged 5–11 years) to have received any mental health treatment in the past 12 months (16.8% and 10.8%, respectively).
- Older children were more likely than younger children to have taken medication for their mental health (10.9% and 6.2%, respectively) and to have received counseling or therapy from a mental health professional (12.5% and 7.8%) in the past 12 months.

### Boys were more likely than girls to have received any mental health treatment.

- Boys (14.8%) were more likely than girls (12.4%) to have received any mental health treatment in the past 12 months (Figure 2).
- Boys (9.8%) were also more likely than girls (7.0%) to have taken medication for their mental health in the past 12 months, but no significant difference was seen by sex in the receipt of counseling or therapy by a mental health professional in the past 12 months.

Figure 2. Percentage of children aged 5–17 years who had received any mental health treatment, taken medication for their mental health, or received counseling or therapy from a mental health professional in the past 12 months, by sex: United States, 2019



<sup>1</sup>Significantly different from girls ( $p < 0.05$ ).

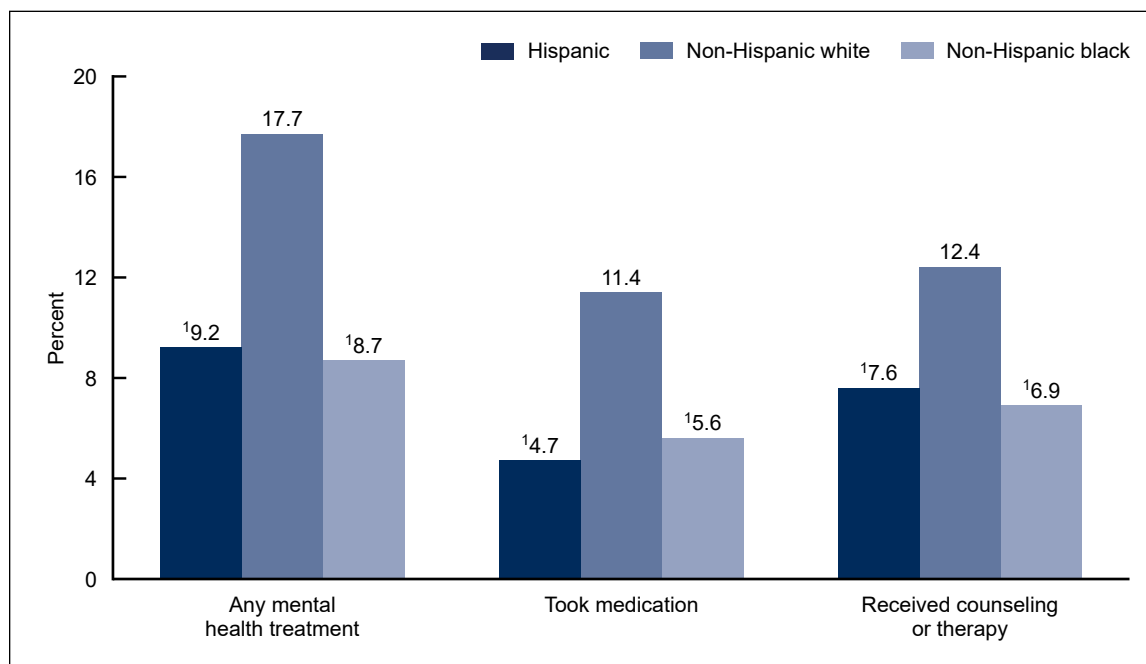
NOTES: Children were considered to have received any mental health treatment if they were reported to have taken medication for their mental health, received counseling or therapy from a mental health professional, or both in the past 12 months. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 2 at: <https://www.cdc.gov/nchs/data/databriefs/db381-tables-508.pdf#2>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.

**The percentage who had received any mental health treatment was highest among non-Hispanic white children.**

- Non-Hispanic white children (17.7%) were more likely than Hispanic (9.2%) or non-Hispanic black (8.7%) children to have received any mental health treatment in the past 12 months (Figure 3).
- Non-Hispanic white children (11.4%) were more than twice as likely as non-Hispanic black (5.6%) or Hispanic children (4.7%) to have taken medication for their mental health in the past 12 months.
- Non-Hispanic white children (12.4%) were more likely than Hispanic (7.6%) or non-Hispanic black (6.9%) children to have received counseling or therapy from a mental health professional in the past 12 months.

Figure 3. Percentage of children aged 5–17 years who had received any mental health treatment, taken medication for their mental health, or received counseling or therapy from a mental health professional in the past 12 months, by race and Hispanic origin: United States, 2019



<sup>1</sup>Significantly different from non-Hispanic white children ( $p < 0.05$ ).

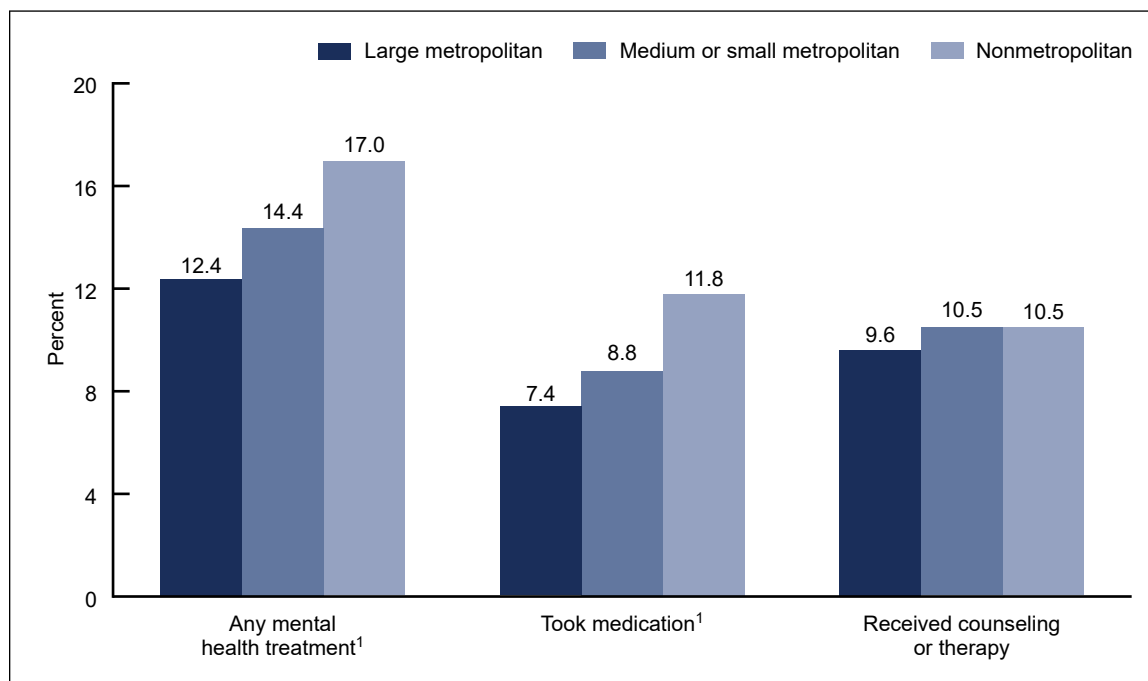
NOTES: Children were considered to have received any mental health treatment if they were reported to have taken medication for their mental health, received counseling or therapy from a mental health professional, or both in the past 12 months. Children categorized as Hispanic may be of any race or combination of races. Children categorized as non-Hispanic white and non-Hispanic black indicated one race only. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 3 at: <https://www.cdc.gov/nchs/data/databriefs/db381-tables-508.pdf#3>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.

## The percentage of children who had received any mental health treatment varied by urbanization level.

- The percentage of children who had received any mental health treatment in the past 12 months increased as the place of residence became less urban, from 12.4% in large metropolitan areas to 17.0% in nonmetropolitan areas (Figure 4).
- Children were more likely to have taken medication for their mental health in the past 12 months as the place of residence became less urban, from 7.4% among children living in large metropolitan areas to 11.8% among children living in nonmetropolitan areas.
- The receipt of counseling or therapy from a mental health professional in the past 12 months did not significantly differ by urbanization level.

Figure 4. Percentage of children aged 5–17 years who had received any mental health treatment, taken medication for their mental health, or received counseling or therapy from a mental health professional in the past 12 months, by urbanization level: United States, 2019



<sup>1</sup>Significant linear trend by urbanization level ( $p < 0.05$ ).

NOTES: Children were considered to have received any mental health treatment if they were reported to have taken medication for their mental health, received counseling or therapy from a mental health professional, or both in the past 12 months. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db381-tables-508.pdf#4>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.

## Summary

In 2019, 13.6% of U.S. children between the ages of 5 and 17 years had received mental health treatment in the past 12 months. In total, 10.0% of children had received counseling or therapy from a mental health professional, and 8.4% had taken prescription medication for their mental health.

Differences in the prevalence of mental health treatment among school-aged children were identified by age, sex, race and Hispanic origin, as well as urbanization level. Older children were more likely to have both taken medication for their mental health and received counseling or therapy from a mental health professional in the past 12 months, which is consistent with a higher prevalence of mental health conditions seen among older children (1). Differences by sex were consistent with other studies, with boys being more likely than girls to have taken medication for their mental health (3). Non-Hispanic white children were most likely to have received both medication for their mental health as well as counseling and therapy, similar to previous studies of mental health service utilization (4,5).

The percentage of children who had taken medication for their mental health increased as the level of urbanization decreased, although the receipt of therapy and counseling did not differ by urbanization level. This is consistent with findings of higher psychotropic prescription usage seen among children with mental health disorders living in rural areas compared with urban areas (6).

## Definitions

Any mental health treatment: A composite measure of children who were reported to have taken medication for their mental health, received counseling or therapy from a mental health professional, or both in the past 12 months.

Race and Hispanic origin: Children categorized as Hispanic may be of any race or combination of races. Children categorized as non-Hispanic white or non-Hispanic black indicated one race only.

Received therapy or counseling, past 12 months: Based on a positive response to the question, “During the past 12 months, did [child’s name] receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?”

Taking medication for mental health, past 12 months: Based on a positive response to the question, “During the past 12 months, did [child’s name] take any prescription medication to help with [his/her] emotions, concentration, behavior, or mental health?”

Urbanization level: Metropolitan size and status was determined using the 2013 NCHS urban–rural classification scheme for counties (7), by merging the geographic federal information processing standard (FIPS) codes for the county of household residence with the county-level FIPS codes from the classification scheme’s data set. Large metropolitan includes large central and large fringe metropolitan counties. Medium or small metropolitan includes medium and small metropolitan counties. Nonmetropolitan includes micropolitan and noncore counties.

## Data source and methods

Data from the 2019 NHIS were used for this analysis. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). Interviews are conducted in respondents' homes, but follow-ups to complete interviews may be conducted over the telephone. For more information about NHIS, visit <https://www.cdc.gov/nchs/nhis.htm>.

Point estimates and the corresponding confidence intervals for this analysis were calculated using SUDAAN software (8) to account for the complex sample design of NHIS. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Trends by urbanization level were evaluated using orthogonal polynomials in logistic regression. All estimates are based on parent or guardian report and meet NCHS data presentation standards for proportions (9).

## About the authors

Benjamin Zablotsky and Emily P. Terlizzi are with the National Center for Health Statistics, Division of Health Interview Statistics.

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