

SPEECH AND LANGUAGE DISORDERS IN CHILDREN AND MENTAL DISORDERS AND DISABILITIES AMONG LOW-INCOME CHILDREN

The Social Security Administration's Office of Disability Policy requested that the Institute of Medicine of the National Academies of Sciences, Engineering, and Medicine conduct two studies to examine trends in the prevalence of (1) mental disorders and (2) speech and language disorders among U.S. children and to compare those trends to changes observed in the population of children who receive Supplemental Security Income.

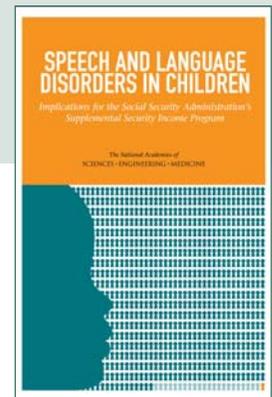
Although the two studies had related statements of task and were both sponsored by the Social Security Administration, the work was conducted by two distinct committees, which held separate meetings and underwent independent report review processes.

The Committee on the Evaluation of the Supplemental Security Income (SSI) Disability Program for Children with Speech Disorders and Language Disorders released its report, *Speech and Language Disorders in Children: Implications for the Social Security Administration's Supplemental Security Income Program*, in January 2016.

The Committee on the Evaluation of the Supplemental Security Income (SSI) Disability Program for Children with Mental Disorders released its report, *Mental Disorders and Disabilities Among Low-Income Children*, in September 2015.

Key messages from both of these reports are summarized here.

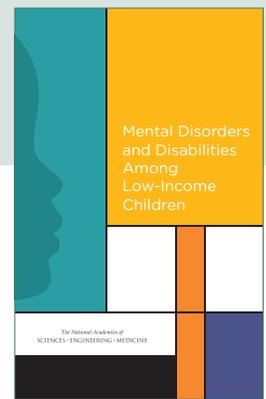
Speech and Language Disorders in Children: Implications for the Social Security Administration's Supplemental Security Income Program



1. Severe speech and language disorders in children are conditions that interfere with communication and learning and represent serious lifelong threats to social, emotional, educational, and employment outcomes.
2. Speech and language disorders affect between 3 and 16 percent of U.S. children. Approximately 40 percent of children with speech and language disorders in nationally representative studies have serious comorbidities such as intellectual disabilities, autism spectrum disorder, and other neurodevelopmental and behavioral disorders.
3. Families with low incomes are more likely than the general population to have children with disabilities, including speech and language disorders. The Supplemental Security Income program is designed to award benefits to the most severely impaired children from low-income, resource-limited families. Currently, 0.31 percent of U.S. children receive Supplemental Security Income benefits for speech and language disorders.
4. The best available evidence shows an increase in the prevalence of speech and language disorders over the past decade in the U.S. child population. Trends in annual Supplemental Security Income allowances parallel this overall increase.
5. To determine the severity of speech and language disorders in children, the Social Security Administration employs the results of professionally administered assessments, and also takes into account other clinical evidence that would be consistent with severe speech and language disorders.
6. Children with mild to moderate speech and language disorders will benefit from a variety of treatments. For children with severe speech and language disorders, treatment improves function; with few exceptions, however, substantial functional limitations will persist.
7. The total number of children receiving Supplemental Security Income for speech and language disorders more than tripled in the past decade. In addition to an increase in prevalence of these disorders in the general population, this growth is explained primarily by two factors:
 - the introduction of a new impairment code for speech and language disorders in 1994, and
 - the continuing eligibility of children whose severe speech and language disorders persist throughout childhood.

To download the full report and to find additional resources, visit nas.edu/SSIspeechandlanguage

Mental Disorders and Disabilities Among Low-Income Children



- 1.** Information about trends in the rates of mental disorders, and the disability associated with mental disorders, among children in the United States is limited. In addition, it is difficult to directly compare these trends to trends in the number of allowances and recipients¹ of SSI benefits for child mental disorders. Information about the severity, comorbidities, treatment, outcomes, and other characteristics (including race and ethnicity) of children who are SSI recipients is also limited.
- 2.** While the number of children allowed (that is, new beneficiaries of) SSI benefits for mental disorders has fluctuated from year to year between 2004 to 2013, over the 10-year period, the percentage of poor children who are allowed SSI benefits for mental disorders has decreased.
- 3.** After taking child poverty into account, the increase in the percentage of poor children receiving SSI benefits for mental disorders (from 1.88 percent in 2004 to 2.09 percent in 2013) is consistent with and proportionate to trends in prevalence of mental disorders among children in the general population.
- 4.** The trend in child poverty was a major factor affecting trends observed in the SSI program for children with mental disorders during the study period. Increases in numbers of children applying for and receiving SSI benefits on the basis of mental health diagnoses are strongly tied to increasing rates of childhood poverty because more children with mental health disorders become financially eligible for the program when poverty rates increase.
- 5.** Better data about diagnoses, comorbidities, severity of impairment, and treatment, with a focus on trends in these characteristics, is necessary to inform improvements to the SSI program for children. The expansion of data collection and analytical capacities to obtain critical information about SSI allowances for, and recipients with, mental disorders should be given consideration by the SSA and related stakeholders.
- 6.** Important policy issues identified during this study, but outside of the scope of this committee's statement of task, include improving methods for the evaluation of impairment and disability in children, effects of SSI benefits for children on family income and work, and state-to-state variation within the SSI program. Further investigation of these topics, building on the findings and conclusions of this report, could provide expert policy advice on how to improve the SSI program for children.

¹ An allowance is determination by the disability determination service, an administrative law judge, or the Appeals Council that an applicant meets the medical definition of disability under the law. A recipient is an individual who receives SSI benefits.

To download the full report and to find additional resources, visit nas.edu/SSIChildrenMentalDisability