

## Health Data That May Leave You of Two Minds

A report last week that mental-health disorders are on the rise among American children may reflect gaps in detection of disease more than a troubling of the national psyche.

Scientists at the U.S. Centers for Disease Control and Prevention found that 13% to 20% of American children age 3 to 17 experience mental disorders each year, and that rates have been increasing.

The study also showed there are no standard ways of counting afflictions, but a hodgepodge including parental reports or reports directly from children. Some disorders, such as bipolar disease and anxiety disorders, weren't included in the overall rates for lack of data. The disorders that were included span a wide range, including hyperactivity and severe autism.

"This is a very heterogeneous group of disorders with vastly different levels of impairment and disability," said Darrel A. Regier, director of research at the American Psychiatric Association and vice chairman of a task force that drew up new diagnostic standards for mental illness in the recently released fifth edition of the APA's Diagnostic and Statistical Manual of Mental Disorders. "It's much more helpful to talk about the type of disorder than one overarching lumping of disorders."

This was the CDC's first comprehensive report on rates of mental-health disorders in children, said lead author Ruth Perou, a developmental psychologist and team leader for child development studies at the CDC. Its use of many different kinds of studies was unavoidable, Dr. Perou said: "We don't have one dedicated comprehensive system around children's mental health. We have multiple surveillance systems, or targeted studies." She added, "We were able to pull together all these different data sources to really understand children's mental-health disorders."

Among the sources is the National Health Interview Survey, an annual phone survey by the CDC. Since 1997, adult respondents have been asked whether a randomly selected child in the household has autism or attention-deficit/hyperactivity disorder. Dr. Perou notes that estimates for ADHD prevalence from this survey and from others with different methods yield similar results: between 7% and 9%.

But statistical experts who reviewed the study are skeptical of that rate. Jessica Utts, a statistician at the University of California, Irvine, noted ADHD was more common among children in families with health insurance than among those without it, by two to four percentage points. This, she said, suggests rates of disorders may say more about whether families can afford to seek diagnoses than whether children really have the condition.

Other troubling signals include wide variation between regions. In the two-year period through 2010, the health interview survey found a rate of ADHD among children in the South of 10%, twice that in the West. Dr. Perou said it is unclear if this reflects environmental differences or different approaches to diagnosis.

In some European countries, rates of mental disorders have been flat. The second of two studies of random samples of children in the United Kingdom, in 2004, found no change in rates from 1999, said Terry Brugha, professor in psychiatry at the University of Leicester in England. A 2011 meta-analysis of mental disorders among all ages in Europe in 2010 found no change from 2005 and lower rates of ADHD among children than in the U.S., around 5%.

"Overdiagnosis might be higher in the U.S. just because the pharmaceutical industry has more possibilities, like direct advertising, for example," said Frank Jacobi, a clinical psychologist at the Technical University of Dresden in Germany and co-author of the 2011 study.

"Our report doesn't address this issue directly," Dr. Perou said. "Comparisons can be challenging if data are collected differently."

Dr. Regier thinks autism spectrum disorder, in particular, is likely to be overestimated in interviews with parents. "We insist on direct examination of a child, and that is what I think is needed," he said, adding that autism can be conflated with less-severe communications disorders.

Another challenge is combining estimates for a range of conditions when some children may have more than one. For European countries, Prof. Jacobi and his co-authors had to make certain assumptions about overlap, such as that 50% of people with sleeping disorders are already counted in the rates for other disorders.

The possibility of overlap—and the double counting of conditions—is one reason the CDC cites a range of estimates, from 13% to 20%, Dr. Perou said. "We were not able to generate one estimate for bringing all of these together," she said. "We can't tease that apart."

Despite possible overdiagnosis of some conditions, Dr. Perou said the 13%-to-20% finding is likely an underestimate as it excludes some conditions for which there aren't reliable estimates, such as eating disorders and schizophrenia. There aren't mechanisms for compiling national data on mental illness as there are for, say, some infectious diseases. "We don't have something parallel with mental health," she said. "The hopes are in the future we will get there."

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