



Evidence of system-based stigma in treatment of somatic and biomedical disorders in children with mental disorder: A population-based health utilization study

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Abstract

In this study we examine, across physician billing, ambulatory and inpatient/emergency datasets, the health care utilization of individuals under the age of 18 years for somatic disorders in relationship to the existence of a physician assigned psychiatric disorder¹. Visit data for all cases receiving specialized ambulatory, emergency or inpatient (tertiary) mental health services was constructed and subsequently matched on age and sex with comparisons in a final ratio of 1:8. Comparisons were health care users who did not receive treatment in the specialized tertiary public mental health system. Based on approximately 10 million billing records, we compared the average number of visits per unique individual for "physical diagnoses" (non-psychiatric) and psychiatric diagnoses over the 16 year comparison groups. We report among those with and without psychiatric disorders that physical disorders are significantly greater for with any psychiatric disorder over the 16 year study period in both physician billing and ambulatory datasets. This result differs in the inpatient/emergency dataset in that cases have about 1/3 the number of admissions for physical diagnoses. It was unexpected that cases with a psychiatric diagnosis in the physician billing dataset had fewer physical disorder inpatient and emergency admissions. We suggest that this finding represents a form of system-based stigma². System-Based stigma or treatment bias is a very serious issue that marginalizes the treatment of the biomedical disorders of children identified with Mental Disorder.

References

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2. D. Cawthorpe (submitted) Population, Policy and Stigma: A Novel Health Index. *J Epidemiol Community Health*, 2012.