

Children's SSI: Enrollment Trends in Perspective

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The federal Supplemental Security Income (SSI) program provides a monthly benefit for low-income children with severe mental and/or physical disabilities. This helps low-income families offset some of the extraordinary costs of caring for a child with a severe disability. The findings in this issue brief indicate:

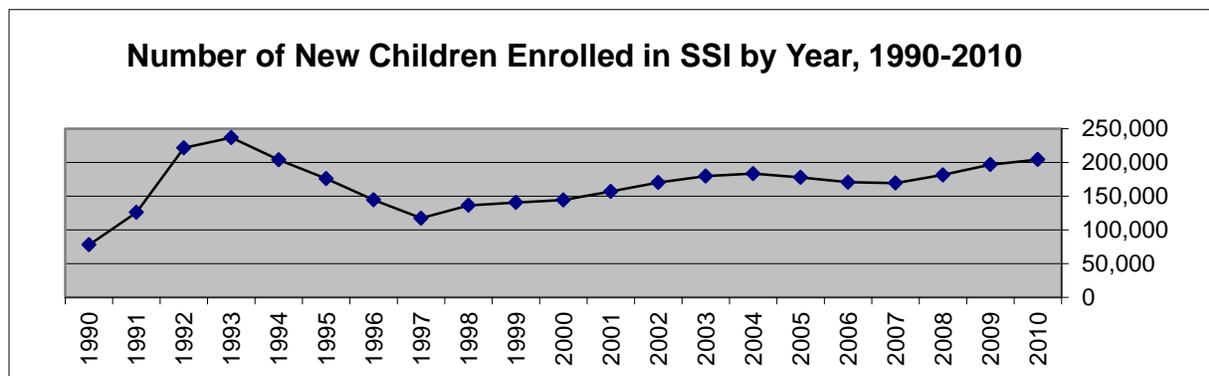
- children's SSI has had very modest growth that is consistent with demographic trends; and
- the rates of disability awards (i.e., SSI enrollment) due to mental disorders are in line with research about all children with mental impairments.

Original Legislative Rationale for Providing SSI for Children with Disabilities

“Disabled children living in low-income households are among the most disadvantaged of all Americans and are deserving of special assistance in order to help them become self-supporting members of our society...[P]oor children with disabilities should be eligible for SSI benefits because their needs are often greater than nondisabled children.” Source: U.S. House of Representatives, Social Security Amendments of 1971, Report of the Ways and Means Committee on H.R. 1, H. Rept. No. 92-251, pp. 146-148.

Program Growth in Perspective

In 2010, 1.24 million children (about 1.6% of children in the United States) received SSI. Overall, children's enrollment in SSI has grown over time consistent with the growing numbers of children in this country and, as discussed later, the growing rate of childhood poverty in the U.S.

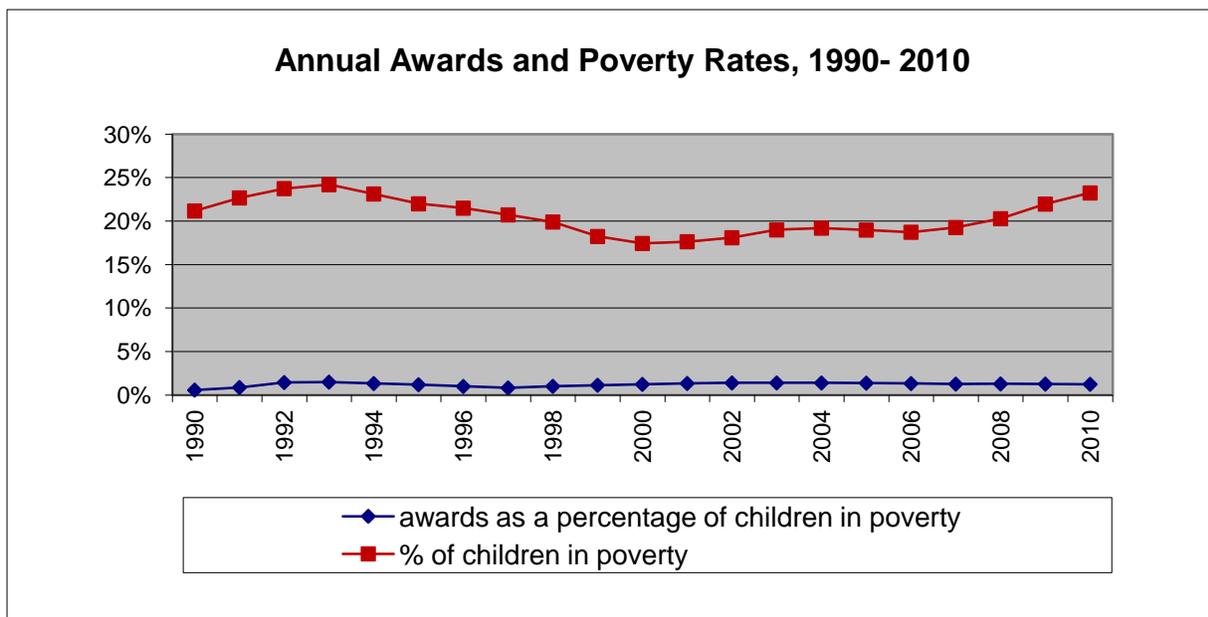


The two decades covered in the graph above look very different. During the 1990s, two major policy changes affected eligibility, accounting for the sharp rise and fall in the

number of new beneficiaries entering the program over the course of that decade. The increase in the early part of the 1990s was largely attributable to the *Zebley* decision, a U.S. Supreme Court ruling affecting eligibility. The second half of the decade saw a fairly significant decline in the number of awards for new beneficiaries—a reflection that the backlog of applications (from children newly eligible because of *Zebley*) had cleared—and because welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, created new restrictive eligibility criteria. The child poverty rate was also declining at the time.

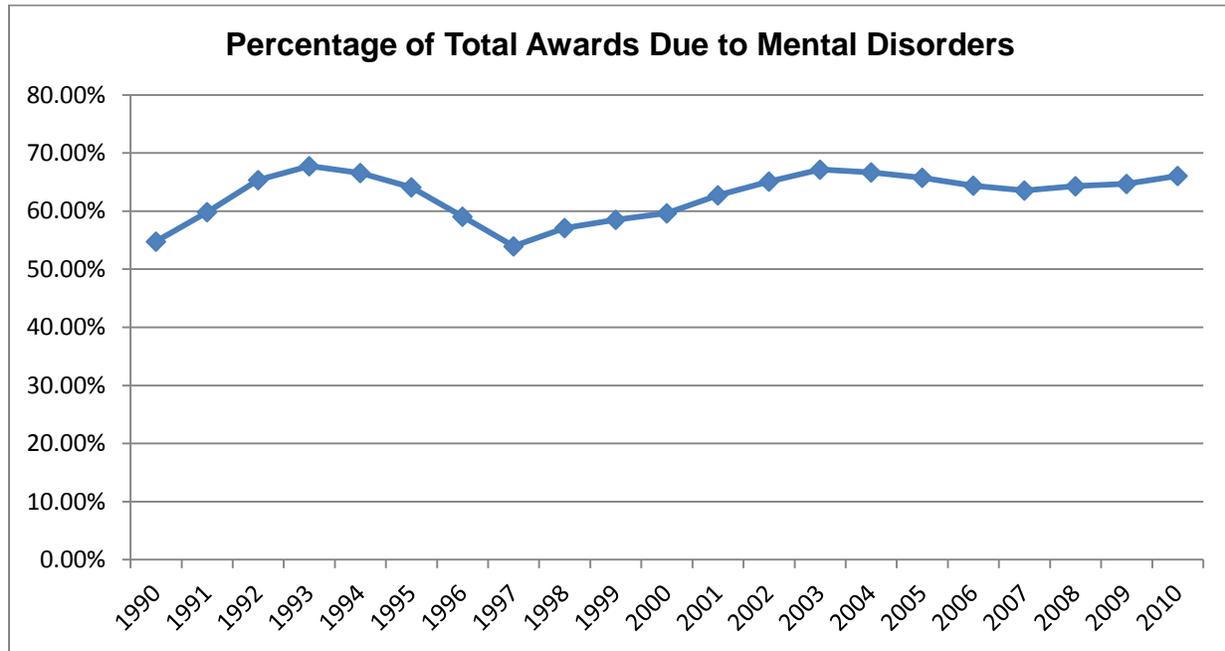
Compared to the 1990s, the next decade, 2000 to 2010, saw smaller changes in the number of new children entering SSI, and these changes were largely due to economic factors. For example, once the recession hit, and as poverty grew and more children with disabilities were able to meet SSI's strict financial eligibility requirements, the numbers of children receiving SSI began to rise. Prior to this, the years 2004 to 2007 saw a decline in new enrollments.

Child poverty has also played a significant role in SSI trends. During the 1990s, the child poverty rate peaked in 1993 and then dropped by more than 6 percentage points to 16% in 2000. Not only was the child poverty rate at its lowest point in two decades in 2000, but the actual numbers of children in poverty were at their lowest, with 1.8 million fewer children living in poverty in the U.S. in 2000 than in 1990 -- despite the fact that the population of children had increased by 6.7 million. Unfortunately, child poverty then grew by 4.8 million more children between 2000 and 2010.



SSI and Mental Impairments in Perspective

Mental disorders have historically been the basis for the majority of claims of disability in children. This is consistent with epidemiological research showing mental disorders are the leading causes of disability in children worldwide. While mental disorders are common, affecting approximately 20% of American children, only 5% of these children will have a disorder that produces extreme functional impairment.



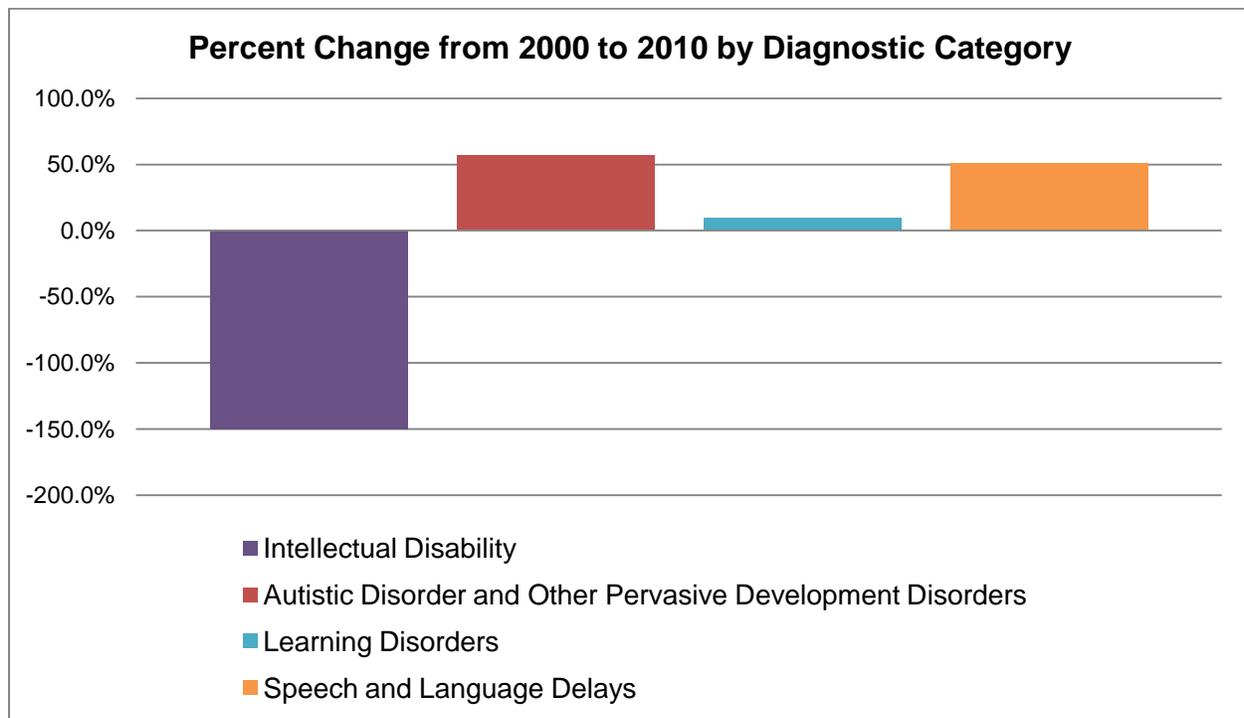
As illustrated in the above graph, the 1990s experienced larger differences than the 2000s in the percentage of children enrolled in SSI due to mental disorders. This was the result of major developments affecting eligibility. The awards went up in the early 1990s when revised criteria took effect after the *Zebley* ruling (as this U.S. Supreme Court decision related particularly to children with mental disorders) and then dropped after welfare reform. The rate then rose again following implementation of welfare reform as children who lost benefits successfully re-qualified under the new rules, and the rate has since remained relatively steady, with even a small dip between 2004 and 2007.

Overall, there has been little change over the last two decades in the proportion of children qualifying for SSI due to mental impairments. **However, the diagnostic mix of disorders within the broad grouping of all mental disorders has changed significantly.** Certain mental impairment categories—such as attention deficit hyperactivity disorder (ADHD), autism and speech and language delays—are proportionately larger today than they were in the past; but others, like intellectual disabilities (ID), formerly classified as mental retardation (MR), have shrunk. These differences are largely attributable to new knowledge about mental disorders that have triggered changes in the way that psychiatric disorders are classified and diagnosed in clinical practice.

Distribution of Awards for Children with Mental Impairments

Annual SSI awards based on a primary diagnosis of intellectual disability (ID) fell dramatically from 1990 to 2010 and this diagnostic category is proportionately less now than in 1990 (just under 8% in 2010 compared to almost 41% in 1990).

Criteria have changed for diagnosing intellectual disability, leading to the drop in percentage of children awarded benefits on this basis. As ID/MR has become less of a catchall diagnosis than it was in the past, a number of other categories of have increased and these changes are likely linked. As shown below, the categories of autistic and other pervasive developmental disorders, speech and language delays, and learning disorders have increased as a percentage of mental impairment awards while dropping for ID. It has been estimated that one in four children diagnosed with autism today would not have received this diagnosis in 1993.



Changes in clinical diagnostic practices explain why rates for certain disorders have shifted so dramatically in a relatively short period of time. It does not answer, however, the important question of whether certain disorders are becoming more prevalent in children. This complex topic is the subject of much current research. Scientists are trying to pinpoint changes in the prevalence rates for disorders and studying factors—such as exposure to toxins, obesity, premature birth, increased age of parents, as well as the interplay of genetic, social and environmental influences—that may be affecting the rates and severity of disorders. Understanding these influences is critically important to efforts to address the preventable causes of disorders and to reduce the burden of disability when disorders are unpreventable.

References

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