More Than 115,000 Disadvantaged Preschoolers Receive Mental Health Services

Almost 120,000 preschoolers under the age of six—or one out of 200—received mental health services in the US during 1997, according to the first study to provide reliable, national estimates of young children’s use of mental health services. (See About This Research at left.) Although the extent of unmet need for these youngsters in our nation is unknown, the preschoolers receiving services are likely to be minority children, receiving public funds, whose parents or other caretakers have sought professional help for them because they are aggressive or having conflicts in their living situations.

WHY THE FINDINGS ARE IMPORTANT
The findings are significant because mental illness that develops before the age of six can interfere with crucial emotional, cognitive and physical development, presaging a lifetime of problems in school, at home and on the job. Moreover, children’s development is rapid; mental health treatment must be delivered quickly in order to avoid permanent consequences.

HOW WE SHOULD RESPOND TO THE FINDINGS
Policymakers should act to ensure that publicly funded, community-based mental health programs—where the majority of all children are treated—have personnel who are expert in infant and child development and the influence of culture and poverty on it.

Service providers need to recognize the variety of living arrangements and backgrounds of children under six years old, and develop supportive services for caretakers who may be a child’s relative or foster parent rather than a natural parent in a traditional nuclear family.

Caretakers of preschoolers with mental illness must get ready to advocate for them and their unique developmental needs, which may be overlooked in a system designed largely for older children.

“This research identifies an important overlooked population: the vulnerable group of children under the age of six in the US mental health service system. Policymakers and child advocates will want this information to develop services that will effectively help preschoolers with mental health problems well before they enter school.”

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Answers to Key Policy Questions

Question 1: How many preschoolers received mental health services and where did caretakers bring them for help?

The study found that 119,541 children under six years old received mental health services in 1997, the most recent year for which national data are available. That represents 9% of the 1,314,938 youth under the age of 18 who received services that year. Approximately 50% of those children were adolescents ages 13 to 17 years; 40% were between the ages of 6 and 12.

The service rate for all youth was 1,889 children per 100,000, and it increased with age. For example, there were 517 cases per 100,000 preschoolers or half a percent of the preschool-aged population; the rate was four times higher for children 6 to 12 years old (1,943) and six times higher for adolescents 13 to 17 years old (3,462). More than 90% of the preschoolers received outpatient care, as did almost three-quarters (73%) of the older children.

As facilities struggle with budget constraints, they may be increasingly challenged to devote sufficient resources to the care of this smaller sub-population of preschoolers relative to older youth. Lack of treatment interferes with preschoolers’ rapidly occurring development, resulting in costly long-term negative consequences.

Question 2: How are preschoolers different from other children who received mental health services?

Preschoolers differed from older children in referral routes. For example, preschoolers were brought into the mental health system by parents or caretakers, while older children were typically referred by teachers or school personnel.

Caretakers brought preschoolers to mental health facilities reporting a variety of concerns (what physicians call “presenting problems”). These included aggression (45%), family/parent problems (45%), and difficulty coping with developmentally appropriate activities (33%). One-quarter of the preschoolers were identified as victims of abuse or neglect (25%).

Preschoolers had different diagnostic profiles than older children, but ones appropriate to their age. Preschoolers were likely to receive one of three diagnoses: disruptive behavior disorder (34%), adjustment disorder (26%) or developmental or pervasive disorder (13%).

Older children had a wider range of diagnoses, including mood and substance use disorders. To respond effectively, service providers will need to address these age-based differences and tailor programs accordingly.

Nearly 15% were not diagnosed with a mental illness, having either no assigned diagnosis (6%) or problems stemming from the environment (9%), suggesting that they may need multiple services.

Question 3: What are the demographic characteristics of preschoolers who received mental health services?

Gender and Race—More boys than girls received treatment (59% vs. 41%). Although more White (61%) than Black (23%) or Hispanic (15%) preschoolers used mental health services, Blacks (829 per 100,000 children) received services at much higher rates than Whites (493) or Hispanics (457).

Payment source—State funds supported the care of the vast majority of preschoolers in mental health services: nearly three-quarters (73%) of children under the age of six were covered by Medicaid or some other form of public insurance; only 25% paid with private insurance or personal resources. By comparison, 41% of older children paid privately. (See Figure 1.) This suggests that changes in public insurance policies could have profound impact on the availability of services for the youngest children needing care.

Living situation—Preschoolers were about twice as likely as other children in mental health services to be in kinship arrangements (16% vs. 10%) or foster care (13% vs. 5%)—a finding which means that caretakers who are not parents may need supportive services to ensure timely and appropriate help for the children in their care. (See Figure 2.)

Living Situation of Youth in Mental Health Services in the US

Note: Rounded percentages do not sum to 100%. “Other” includes group home, juvenile detention, other and unknown. Except for natural parents, the age groups significantly differ from each other (p ≤ 0.05) for each living situation.

Source: 1997 CPSS. See “About this Research.”

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