

Latest Findings **IN** Children's Mental Health

A COLLABORATION OF RUTGERS UNIVERSITY, US DEPT OF HEALTH & HUMAN SERVICES AND THE ANNIE E. CASEY FOUNDATION

ABOUT THIS RESEARCH

Update: Latest Findings in Children's Mental Health is a series of short, nonpartisan bulletins for policymakers, advocates, clinicians and the community of all those who care about the well-being of children. It is the result of a public-private partnership among Rutgers University, which analyzed the data; the US Department of Health and Human Services' Center for Mental Health Services (CMHS), which collected them; and the Annie E. Casey Foundation, which funded the analysis and publication of these briefs.

The findings reported in all issues of *Update* are based on analyses of the 1997 Client/Patient Sample Survey (CPSS) conducted by CMHS, which sampled more than 8,000 youth admitted and under care in approximately 1,600 community mental health facilities, including clinics, hospitals, community centers and social service agencies. This means that *Update's* estimates of youth served are conservative; they do not include children who consulted exclusively with private therapists and then paid for that treatment with personal funds or private insurance.

The 1997 survey is the first with a sample size large enough to calculate reliable national estimates of children of different ages receiving mental health services. It is also the most recent; there are no comparable data for the years since 1997 and CMHS will not conduct another such survey until 2007.

The analysis focuses on three issues: access, service equity and the availability of community resources for mental health care. The partnership is particularly interested in identifying service inequities based on race-ethnicity, insurance coverage or economic situations.

Update will be published quarterly and focus on the mental health needs of other populations of children. The first issue, published in Summer 2002, is available online at the address below. It includes an overview of findings to date and more details about the project's scope, plus a glossary of terms.

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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."

Barbara J. Burns, Professor of Medical Psychology, Department of Psychiatry and Behavioral Sciences, Duke University

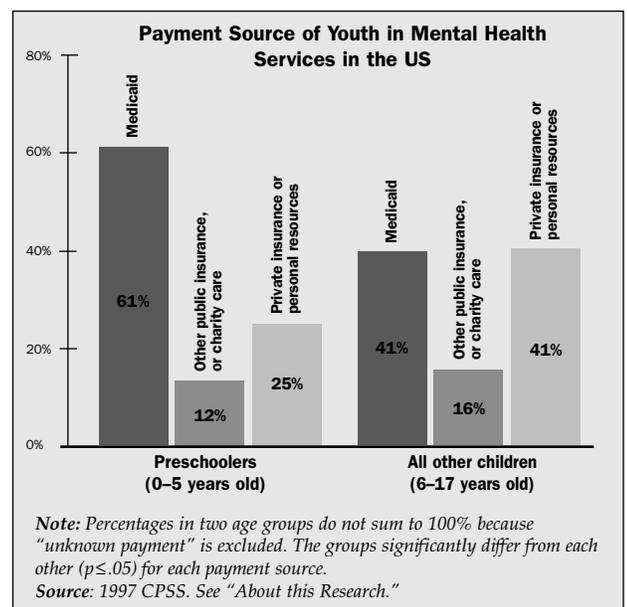


Figure 1

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. (See *About This Research* on front page.) 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.)

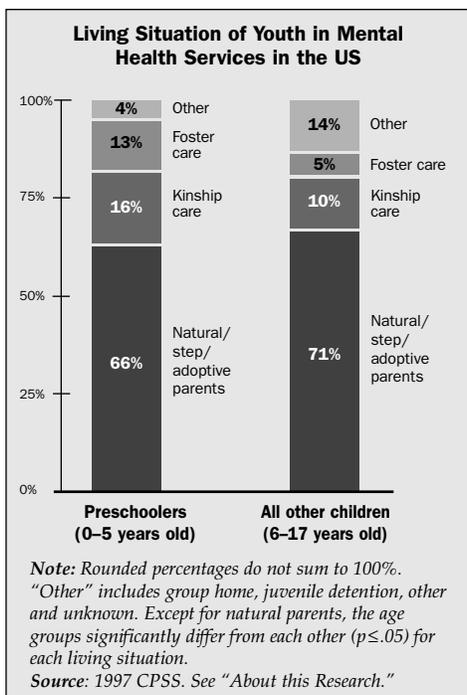


Figure 2

PROJECT CONTACTS



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