



***Emotional Wellness in Young
Children:***
A Two Part Report



**Part I: The Status of Young Children and their Mental
Health Service Needs in Delaware**

**Part II: The Views of Delaware's Child Care and Mental
Health Professionals**

Commissioned for the

***Starting Young: Partnering to Promote
Emotional Wellness in Young Children
Conference***

March 1, 2002

*First USA Riverfront Arts Center
Wilmington, DE*



A Report Compiled by the
Center for Disabilities Studies
College of Human Services, Education
and Public Policy
University of Delaware
for the Delaware Department of Education





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Introduction

Part I of this report provides data about children under age five in Delaware and a range of factors that influence their development and have an impact on their mental health status. When available, data is reported for children age four and younger. In some cases, data can only be reported for children under six or eight. The data reported include population estimates and projections, race/ethnicity data, birth rates for young women, mortality and injury rates, low birth weight, Children's Health Insurance Program participation, abuse and neglect rates, poverty rates, family structure factors, and service utilization rates including child care, mental health, foster care, Part C, and Part B IDEA program participation.

Population

The population of Delaware has continued to grow during the past decade. From a population of approximately 717,000 in 1995, the state is expected to be the home to 800,000 individuals by 2005. The 2000 Census estimates that the population of Delaware is 783,600. Estimates of the growth through 2020 are found in Table 1.

In 2000, the Census Bureau estimated that the number of children under five living in Delaware was 51,531 (~6.6%), with approximately 11,100 children being born in the state in 2001. The estimated population of children under five years of age living in Delaware through 2020 can be found in Table 2.

Table 1. Total Delaware Population Projections, 1995-2020

1995	2000	2005	2010	2015	2020
717,000	783,600	800,000	817,000	832,000	847,000

Source: U.S. Census Bureau

Table 2. Population Projections for Delaware Children age 0-4, 1995-2020

1995	2000	2005	2010	2015	2020
51,338	51,531	48,140	47,382	47,849	48,670

Source: U.S. Census Bureau

According to the 2000 Census, almost two thirds of the children under five years of age in the state live in New Castle County. A breakdown of the distribution of children under five years of age and children aged five to nine can be found in Table 3.

Table 3. Number of children by Age and Geographic Location, 2000

AGE	0-4	5-9
Statewide	51,531	55,813
Kent County	9,138	9,703
New Castle County	33,384	36,150
Sussex County	9,009	9,960

Source: U.S. Census Bureau

The ethnicity of children between birth and four years of age and five and nine years of age is diverse. More than 25% of the state population is individuals of color (see Table 4).

Table 4. Delaware Population by Race; Children 0-4 and 5-9 by Race, 2000

Total Population of Delaware By Race, 2000			Age 0-4 and 5-9 Delaware Population, 2000	
	2000		0-4	5-9
Black	150,666 (19.2%)		9,894 (19.2%)	10,304 (18.5%)
White	584,773 (74.6%)		38,442(74.6%)	39,272 (70.4%)
Other	48,161 (6.2%)		3,195 (6.2%)	6,237 (11.1%)
Total	783,600		51,531	55,813

Source: U.S. Census Bureau

Finally, approximately 51.4% of the young child population is female. For those children under age five, there are 26,487 girls and 25,044 boys.

Households in Delaware

In 2000, throughout the state, there were 343,072 housing units. Over half of the units were in New Castle County, while over a quarter were in Sussex County

Table 5. Number of Housing Units by Geographic Location, 2000

Location	Number	Percentage
Statewide	343,072	100%
Kent County	50,481	14.7%
New Castle County	199,521	58.2%
Sussex County	93,070	27.1%

Source: U.S. Census Bureau

The home ownership rate in Delaware in 2000 was 72.3%, over 6% higher than the home ownership rate nation-wide. Approximately 298,736 households lived in those 343,072 housing units with an average of 2.54 persons per household. Approximately 35.4% (105,753) of those households had children under 18 living in them.

Of the overall Delaware population, it was estimated in 1997 that 10.0% were living in poverty (<\$16,450 annual income for a family of four). This was approximately 75,000 individuals. The poverty rate for children, however, was much higher. It was estimated that in 1997 15.4% of the children were living in poverty. This translates to approximately 7,854 children under age five living in a household whose annual income was below the federal poverty rate.

In Delaware in 1998, for all children under 18 years of age, approximately 38.9% of those households were single-parent households. This was approximately 57,000 children under 18 years of age living in single-parent households. Over 20,000 of the 51,531 children under age five are living in one-parent households, most of which (over 81% or 16,200) are headed by single-females. Of the households headed by single-females in Delaware, the annual income for almost 31% are below the federal poverty level.

In 2001, the lowest fair market rental rate for an apartment in Delaware was estimated to be \$547 per month. For someone working 40 hours per week and earning minimum wage (\$6.15/hr.) over 53% of their wages would need to be used to pay rent in order to live in this fair market apartment. For those living on minimum wage, this makes housing a significant expenditure that leaves little remaining for other necessities.

It is far more likely that a family relying on a minimum wage income will be living in substandard housing. In Delaware, over 12,000 housing units are substandard, as defined by needing at least \$30,000 of non-cosmetic improvements to at least two of the major structural systems. Of these 12,000 units, most (>59%) are home to children, housing an estimated 17,000 children.

Poverty

In 1999, there were over 182,000 children under 18 living in Delaware. Over 15% of those children (approximately 28,193) were living in poverty. In Sussex County, over 21% of the children under 18 were living in poverty. For children under five years of age the rate of poverty was 16.5% in 2000 or approximately 8,448 young children living in poverty in Delaware.

A family of three receiving *A Better Chance* (TANF) benefits in January of 2000, received a maximum cash assistance of \$338. In 1970, a family of three received cash benefits of \$160. When adjusted for inflation, the 1970 benefit was the equivalent of \$692 2000 dollars. Based on these figures, the purchasing power of the cash benefits received in 2000 had fallen by 51% in comparison to the purchasing power of the cash benefits of 1970.

In 2000 in Delaware, 15,794 children and women received benefits from the Supplemental Food Program for Women, Infants, and Children.

Child Care

Delaware has a variety of child care options available to families. In addition to kith and kin care, there are center-based programs, family child care settings, and large family child care settings. Table 6 illustrates the number of licensed child care slots, by type of site, available in Delaware for the years 1996-1999. There has been an increase in available slots during this period. Table 7 depicts the average weekly cost for care of children from infancy through kindergarten.

Table 6. Number of Licensed Child Care Slots by Type, Overall 1996-1999

Type of Care	1996	1997	1998	1999
Child Care Centers (13 or more children)	19,328	20,371	23,404	24,937
Family Child Care Homes (up to 6 children)	14,935	15,197	14,297	14,067
Large Family Child Care Homes (7-12 children)	519	535	601	549
Totals	34,782	36,103	38,302	39,553

Source: Kids Count 2001

Table 7. Weekly Cost in Dollars for Child Care By Age Level, Delaware, 2000.

Age	Minimum	Average	High
0-12 months	\$48	\$96	\$169
12-24 months	\$49	\$91	\$158
24-36 months	\$44	\$88	\$154
3 years-old	\$44	\$87	\$150
4 years-old	\$44	\$87	\$150
Kindergarten	\$18	\$79	\$149

Source: Kids Count 2001

Child care of some type is a necessity for most families in Delaware. For children under six years of age in Delaware, 65.7% of their mothers are in the workforce. For children between the ages of 6-17, 81.1% of their mothers are in the workforce.

The cost of child care in Delaware's urban areas is higher than in the rest of the state. In 2000 the average cost of child care for the year in Wilmington was \$5,510. This was almost \$1,000 more than the tuition cost at the University of Delaware for the same year. The cost of infant care in Wilmington in 2000 was approximately \$6,297, almost \$2,000 more than the cost of tuition for one year at Delaware's largest university.

Health and Health Care

Data for the teen birth rate is shown in Table 8. These rates are broken down by late teen and early/pre-teen categories for five year averages.

Table 8: Five Year Average Teen Birth Rate for Delaware and Counties

Delaware	1993-97	1994-98	1995-99
10-14 year olds	2.0	2.0	1.8
15-17 year olds	40.0	39.2	37.3
Kent County			
10-14 year olds	1.7	1.7	1.8
15-17 year olds	39.9	38.5	37.3
New Castle County			
10-14 year olds	1.9	1.9	1.6
15-17 year olds	37.9	37.3	35.6
Sussex County			
10-14 year olds	3.0	2.9	2.5
15-17 years old	46.8	46.2	42.9

In Delaware, during the five year period from 1995-1999, the average percentage of births to mothers under 20 years of age who were single was 89.3%. This number was higher in New Castle County (92.5%) than in Kent (81.6%) or Sussex (87.9%) counties.

The percentage of children born in the low-birth weight category (under 2,500 gms or approximately 5 lbs. 7 oz.) was 8.5% over the five year period from 1995-1999. This was approximately 940 children born in Delaware in 1999. During the same period, 1.4% of births in Delaware were very low birth weight births (under 1,500 gms or 3 lbs. 4 oz). This represented approximately 155 children born in Delaware in 1999.

The infant mortality rate in Delaware during the same five year period (1995-1999) was 8.1 per 1,000 live births. This was a slight increase from the five year period from 1994-1998 of 7.9 infant deaths per 1,000 live births. Table 9 documents the number of infant, neonatal, and post-natal mortalities for 1994-1998 in Delaware and in each of the three counties.

Table 9. Number of infant, neonate, and post-neonate deaths, 1994-1998

Infants (children under 1 year-old)	1994	1995	1996	1997	1998
DE	70	79	77	81	103
Kent	15	18	17	14	18
New Castle	37	45	48	48	65
Sussex	18	16	12	19	20
Neonates (age 28 days or less)					
DE	48	47	53	55	74
Kent	7	10	13	10	9
New Castle	28	26	33	33	47
Sussex	13	11	7	12	18
Post-neonate (age 28-364 days)					
DE	22	32	24	26	29
Kent	8	8	4	4	9
New Castle	9	19	15	15	18
Sussex	5	5	5	7	2

For the period from 1997 to 1999, the average number of children (under 18 years of age) who did not have health insurance was 26,000 in Delaware. Table 10 illustrates the percentage of children without health care for the years 1995 through 1999.

Table 10. Percentage of Delaware Children (birth to 17) without Health Insurance

Year	Percent
1999	12.8
1998	14.9
1997	13.7
1996	12.4
1995	12.1

Child mortality rates for children aged one to 14 in Delaware have been consistently lower than the national average for the past five years. The data in Table 11 highlights those rates. Table 12 illustrates the causes of child mortality for one to four year olds and five to nine year olds.

Table 11. US and Delaware Five-year Mortality Rates for Children 1-14 Years of Age

	1990-94	1991-1995	1992-96	1993-97	1994-98
Delaware	26.3	24.3	23.2	23.4	22.4
United States	29.7	29.1	28.3	27.5	26.4

Table 12. Five Leading Causes of Child Death in Delaware by Age (1-4, 5-9 years)

Age	Cause	Number	Percent
1-4 years	Unintentional	19	28.8
	Homicide	10	15.2
	Birth defects	9	13.6
	Heart disease	5	7.6
	Cancer	3	4.5
	All other	20	30.6
	Total	66	100
5-14 years	Unintentional	32	35.6
	Cancer	14	15.6
	Heart disease	6	6.7
	Homicide	6	6.7
	Pneumonia/Influenza	5	5.6
	All other	27	30.0
	Total	90	100

Children Experiencing and Exposed to Crime

While children in Delaware have poverty and health risks, they also experience risks based upon their experiences with abuse and crime. Substantiated abuse reports are approaching 2,000 children in Delaware as of 2000. Table 13 illustrates the number of reports of abuse and the number of substantiated incidents of abuse in Delaware from 1996 to 2000.

Table 13. Reported and Substantiated Abuse/Neglect by Year in Delaware, 1996-2000

	1996	1997	1998	1999	2000
Reported	5,117	6,382	6,384	6,430	5,893
Substantiated	1,740	2,031	2,355	1,463	1,958

The United States Department of Justice, in their 1999 report *Breaking the Cycle: Recommendations to Improve the Criminal Justice Response to Child Victims and Witnesses*, estimated that the number of children exposed to violent crimes was 1.1 million per year. These included crimes such as assault, battery, and murder. These numbers did not include substance abuse and prostitution. The U.S. Department of Justice also reported in this study that another 1.0 million children experience some form of criminal abuse or neglect. While no comparable statistics exist in Delaware, it can be estimated that at least 1,000 children per year are witnessing violent crimes.

In 1998, the year for which there are the most current statistics, Delaware is rated as the fifth most violent crime state in the country. The rate of violent crimes is 734 per 100,000 people annually or about 5,500 violent crimes per year.

The number of Delaware children in foster care per month for 1996 through 2000 can be found in Table 14. In addition to these children in foster care, over 1,000 additional children are being cared for and raised by their grandparents.

Table 14. Average Number of Delaware Children per month in Foster Care, 1996-2000

Children in Foster Care	1996	1997	1998	1999	2000
Average Number of Children per Month	925	828	899	936	980

The U.S. Department of Justice has estimated that over 200,000 children had a mother who was incarcerated in 2000. The number of children who had a father who was incarcerated was approximately 1.7 million. Of the women in prison, 75% are mothers and two thirds of them have children under 18 years of age. No statistics exist for the number of children in Delaware who have a mother or father incarcerated, however, a conservative estimate, based on national data would indicate that at least 2,500 children under the age of 18 have at least one parent incarcerated.

Data to Target

Although there is a great amount of information about young children in risk situations, additional data can be collected. A number of additional sources of information would help to further pinpoint the level of risk young children are experiencing and help to determine the level of mental health service need for very young children. The following data categories would help to further pinpoint the need:

- the number of children referred to the Birth to Three program (Part C of the Individuals with Disabilities Education Act) for social, emotional, or behavioral concerns and the number of children served by Child Development Watch for social, emotional, or behavioral concerns;
- the number of four year old children eligible for Section 619 services (Preschool Children with Disabilities programs) for social, emotional, or behavioral concerns;
- the number of children experiencing and/or witnessing violent crimes in their homes or neighborhoods;
- the number of children exposed to substance abuse in their homes or neighborhoods;
- the number of children perinatally exposed to substances and the number of children with a parent who is a substance abuser;
- the number of children with a parent who has a chronic mental health disorder;
- the number of children who have one or more parents incarcerated; and
- the number of children who are homeless.



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In late January and early February 2002, child care providers and mental health providers throughout Delaware were surveyed about the state of children's social, emotional, and behavioral wellness. These 15 minute telephone interviews asked the two groups of professionals about Delaware's very young children and the availability of mental health services and supports for the children and their families.

Child Care Providers

Forty-eight (48) child care providers participated in the telephone interview. **Twenty-seven (27)** of the providers were center-based caregivers and **21** were family child care providers. The child care providers were from throughout the 16 school districts in the state with elementary services and were chosen randomly based on the proportion of providers in each county. The family child care providers served between five (5) and nine (9) children representing a total of **162** children in family child care. The center-based child care programs served between 39 and 300 children, representing a total of **3,083** children served. The average number of children served by the center-based providers was **114**.

Families Asked to Withdraw Children From Care

All 48 of the child care providers were asked if they had asked a family to withdraw a child from their care based on the child's social, emotional, or behavioral concerns. Nine of

the providers (**18.75%**) had asked a family to withdraw a child from their care during the past calendar year.

Only **one (4.76%)** family child care provider had asked a family to withdraw a child from care. This was **0.62%** of the children served by the family child care providers.

Eight (29.63%) center-based child care providers had asked at least one family to withdraw a child from care during the past year. This represents **0.36%** of the children served by the center-based providers. **One** center-based provider had asked two families to withdraw their children and **one** center-based provider had asked three families to withdraw their children from within the past year.

Table 1. Number of Families asked to Withdraw a Child from Care in the Last Calendar Year

Number of Children Asked to Leave	Type of Child Care		Total
	Family Child Care (n=21)	Center-Based Child Care (n=27)	
0	20	19	39 (81.25%)
1	1	6	7 (14.59%)
2	0	1	1 (2.08%)
3	0	1	1 (2.08%)
Total	1 (4.76%)	8 (29.62%)	9 (18.75%)

n=48

Need for Children's Mental Health Services

The **48** child care providers were asked about the need for mental health services tailored for children under five years of age. **Forty-five (45)** of the providers had an opinion about this question. **Two (4.4%)** of the child care providers answering the question stated that there was no need for mental health services for children under five years of age.

Eighteen (40.0%) of the providers said that there was some need. **Thirteen (28.9%)** of the providers said that mental health services were needed and **12 (26.7%)** stated that mental health services tailored to children under five years of age were greatly needed.

Table 2. Child Care Providers' Perception that Mental Health Services for Children Under Five Years of Age are Needed

	Frequency	Percent	Cumulative Percent
Greatly needed	12	26.7%	26.7%
Needed	13	28.9%	55.6%
Somewhat needed	18	40.0%	95.6%
Not needed	2	4.4%	100.0%
Total	45	100%	

n=45

Availability of Mental Health Services

The **48** child care providers were also asked about their perceptions of the availability of mental health services for children under five years of age. **Eleven (11)** of the providers felt that they could not answer this question because they did not have sufficient knowledge of the subject. **Seven (18.9%)** of providers said that mental health services for this group of

children were not available while **19 (51.4%)** said that mental health services were somewhat available. **Five (13.5%)** of the providers reported that they thought mental health services for children under five were generally available and **six (16.2%)** more providers felt that services were very available.

Table 3. Child Care Providers' Perception that Mental Health Services for Children Under Five Years of Age are Available

	Frequency	Percent	Cumulative Percent
Not available	7	18.9%	18.9%
Somewhat available	19	51.4%	70.3%
Generally available	5	13.5%	83.8%
Very available	6	16.2%	100.0%
Total	37	100.0%	

n=37

Trends in Young Children's Behavioral, Social, and Emotional Needs

When asked about the trends they have seen in the behavioral, social, and emotional needs of children under five over the past five years, the 48 child care providers identified 20 different concerns ranging from the increased use of psychotropic medications for children under five to changes in parenting styles. **Twelve (12)** of the providers stated that they had not seen any difference in the behavioral, social, or emotional needs of children. The other **36** providers identified the concerns listed in Table 4.

Table 4. Changes that Child Care Providers have Observed in Very Young Children's Behavioral, Social, and Emotional Needs during the Past Five Years

Concerns Identified by at Least Two Child Care Providers	Number of Providers Mentioning
Increase in oppositional and defiant behavior	12
Increase in violent behavior	8
Increase in permissive parenting styles	7
Increase in attention disorders	7
Need for family support around the issues of divorce and separation	6
Increase in hyperactive behavior	5
Increase in the use of psychotropic medications for very young children	4
Increase in physical and sexual abuse	3
More emotionally fragile and sensitive	2
Increased need for family mental health services	2
Increase in animal abuse	2
Increase in speech/developmental problems	2
Increase in learning problems	2
Decrease in the quality of children's nutrition	2

Child Care Providers' Concerns as Very Young Children with Behavioral, Social, and Emotional Concerns Transition to School Settings

The child care providers were asked what concerns they have as children with behavioral, social, and emotional concerns move from their child care settings to school settings. The providers identified 16 different concerns. Those concerns that were mentioned by two or more providers are listed below in Table 5.

Table 5. Concerns of Child Care Providers as Very Young Children with Behavioral, Social, and Emotional Needs move to School Settings

Concerns Identified by at Least Two Child Care Providers	Number of Providers Mentioning
Difficulty in getting needed services (e.g., counseling, behavior support)	18
Children needing to work/play in larger groups with less adult supervision	11
Lack of emotional readiness of the children	11
Schools focusing on children's academic skills rather than all aspects of the children's development	10
Children having difficulty in more highly structured settings	7
Children being labeled or getting a reputation throughout the school	4
Decreases in family-school communication and collaboration	3
Difficulty in identifying children's needs	3
Pressure to use psychotropic medications	2

Child Care Providers' Training to Address Very Young Children's Behavioral, Social, and Emotional Needs

When asked if they had specific training to address children's behavioral, social, and emotional needs, **30 (62.5%)** of the 48 providers stated that they had training. However, when asked to identify what that training was, only **two (4.2%)** of the providers had training that was specific to addressing more severe behavioral, social, or emotional needs of young children. Most of the training that the other **28** providers had was instruction in preventative behavior support or social skills training. Well over **90%** of the providers had no training specific to working with children with more complex behavioral, emotional, or social needs.

Mental Health Providers

Eighteen (18) mental health provider organizations identified by the personnel at within the Department of Services to Children, Youth and their Families and the Department of Health and Social Services were participated in the telephone interview. The mental health organizations were identified as group practices, clinics or individuals who worked with children and families and were drawn from throughout the state. All providers were licensed counselor, therapists, social workers, psychologists or psychiatrists. Of the 18 providers identified, **15** answered the survey. One group practice reported that they did not respond to surveys and two providers did not have the time to complete the survey. In the case of group practices or clinics, the clinic manager or the member of the practice who was

most familiar with the overall operations of the group was asked to complete the survey. The fifteen mental health provider organizations answering the survey represented **154** counselors, therapists, social workers, psychologists, and psychiatrists.

Providing Services to Children under Five Years of Age

The mental health provider organization representatives were asked if their organizations provided mental health services to children under five years of age. **Nine (60.0%)** of the providers surveyed indicated that they did provide mental health services to children under five. These nine providers represent **73 (47.4%)** of the 154 mental health professionals represented by the organizations surveyed. When the representatives were asked how many of their mental health providers worked with children under five, the number was reduced to **51 (33.1%)** of the 154 mental health providers represented by the organizations surveyed.

Types of Services Provided to Children Under Five Years of Age

The representatives of the nine organizations providing mental health services to children under five years of age indicated that their organizations provided the following types of services:

- family therapy
- parent counseling
- family support groups
- play therapy
- divorce or separation therapy
- parenting classes
- psychological testing and evaluation
- developmental evaluations
- medical management

Location of Mental Health Services to Children under Five Years of Age

The representatives of the nine organizations providing mental health services to children under five years of age were asked where their organizations provided services. All nine indicated that services could be received in an office or clinic. Three of the organizations provided services in school settings, three provided services in child care settings, three provided services in community settings (e.g., neighborhood centers) and three provided services in children's and families' homes.

The mental health organization representatives were asked about their client no-show rates for providing services in office and in other settings (e.g., schools, child care centers, homes). Only seven of the representatives could estimate no-show rates for their office or clinic settings. Of those organizations providing services in non-office or clinic settings, only two could estimate client no-show rates.

Technical Assistance to Community Organizations

The representatives of all 15 organizations were asked if they provided technical assistance to community organizations regarding mental health services to children under five years of age. Ten of the representatives reported that their organizations did provide

technical assistance to community organizations. The types of community organizations to which the mental health providers supplied technical assistance can be found in Table 6.

Table 6. Group to Whom Mental Health Provider Organizations Supplied Technical Assistance About the Mental Health Needs of Children under Five Years of Age

Type of Community Organization	Number of Mental Health Organizations Providing Technical Assistance
Schools	9
Child Care Centers/Agencies	9
Community Agencies	10
Head Starts	1

Trends in Young Children's Behavioral, Social, and Emotional Needs

When asked about the trends they have seen in the behavioral, social, and emotional needs of children under five over the past five years, the representatives of the 15 mental health provider organizations a marked increase in the number of children being referred for attention deficit hyperactivity disorder (ADHD) and the overall increase in severe mental health problems. Table 7 provides a full list of trends identified by the mental health organization representatives.

Table 7. Changes that Mental Health Providers have Observed in Very Young Children's Behavioral, Social, and Emotional Needs during the Past Five Years

Concerns Identified by Mental Health Providers	Number of Providers Mentioning
Increase in adjustment problems related to divorce/separations/reunifications	7
Increase in attention deficit hyperactivity disorder (ADHD)	6
Increase in more severe behavioral and emotional problems	5
Increase in the number of parents with mental health problems	4
Increase in the number of parents with substance abuse problems	3
Increase in early childhood depression	2
Decrease in 3 rd party insurers paying for mental health evaluations	2
The need to label very young children in order to obtain insurance coverage	2
Increase in occurrences of sexual abuse in very young children	2
Increase in parents denying responsibility for children's problems	2
Increase in poverty related concerns	2
Increase in children diagnosed with autism	2
Increase in bi-polar disorders in very young children	1

Key Signs that Children Should be Referred for Mental Health Services

The representatives of the 15 mental health provider organizations were asked what signs parents or care givers indicated that a child should be referred for mental health services. Many of the representatives stated that significant changes in children's behavior or especially violent behavior are indicators that mental health services may be beneficial. The

specific signs identified by the 15 mental health organization representatives are found in Table 8.

Table 8. Signs that a Child Under Five Years of Age may Benefit from Mental Health Services

Signs or Signals that A Child under Five Should be Referred for Mental Health Services	Number of Providers Mentioning
Aggressive interactions with peers and adults	9
Oppositional or defiant behavior	6
Withdrawal from social situations	4
Changes in eating and sleeping patterns	4
Significant changes in temperament and social behavior	4
Speech or communication problems	3
Regressive behavior	3
Lack of flexibility in new situations	3
Listening and processing problems	2
Difficulty separating from parents/caregivers	2
Decrease in verbalization skills	2
Tactile aversion	2
Morbid play	1
Seeing or hearing things that are not there	1

Mental Health Providers’ Concerns as Young Children with Behavioral, Social, and Emotional Concerns Transition to School Settings

The representatives of the mental health provider organizations were asked what concerns they have as children with behavioral, social, and emotional concerns move from their families and child care settings to school settings. The representatives identified six major concerns (see Table 9).

Table 9 Concerns of Mental Health Providers as Very Young Children with Behavioral, Social, and Emotional Needs move to School Settings

Concerns Identified by Mental Health Providers	Number of Providers Mentioning
Lack of flexibility in school expectations and structure	9
Forming relationships with peers	7
Bias of teachers about children with mental health concerns	4
Difficulty finding social connections in a community of many students	4
Separation anxiety	2
Susceptibility to learning anti-social behaviors	2

Out of Home Placement and Reentry for Young Children with Mental Health Concerns

The representatives of the mental health provider organizations were asked about their experiences with out of home placements for children under five years of age with

behavioral, social, or emotional concerns. All of the representatives stated that this was very rare and that they only instances they knew of were when children were placed in foster care. The mental health providers indicated that services for assisting this group of very young children to reenter their families of origin were few and that those in place seemed to be dwindling or completely unavailable.

Community Prevention and Intervention Services

The representatives of the mental health provider organizations were asked to identify prevention and intervention services they thought would be valuable for children under five years of age with behavioral, social, and emotional concerns. The representatives identified 31 different services. Those services identified by two or more mental health providers are listed in Table 10.

Table 10. Prevention or Intervention Services Desired by Mental Health Providers for Children with Behavioral, Social, or Emotional Concerns

Prevention or Intervention Services Desired by at least two Mental Health Providers	Number of Providers Mentioning
Parenting classes and information on children’s development	9
Financial support for services (3 rd party insurers)	8
Higher quality child care	7
Training for mental health providers to work with children under 5	7
Respite services for parents	5
Parent support groups	5
Better training of child care providers on the issues of behavior management and tolerance of wide ranges of behaviors	4
Mental health professionals who speak Spanish and other languages	3
More collaborative work among mental health programs/services	3
In-home treatment for very young children	3
Consultation to schools/child care/parents about young children’s mental health concerns	3
Community-based case management services	2
Transportation to services	2
More “Ready-Set-Go” program funding	2
Safe touch programs in pre-schools	2

Necessary Mental Health Services

The representatives of the mental health provider organizations were asked what specific mental health services they thought were needed for children under five years of age with behavioral, social, and emotional concerns. The providers identified four specific types of services:

- child and family assessment services (including the identification of attachment disorder concerns)
- behavioral consultation clinics (for families, schools, and other community organizations working with families)

- play therapy for very young children
- family therapy with parents/caregivers and very young children.

Mental Health Providers' Training to Address Very Young Children's Behavioral, Social, and Emotional Needs

When asked if they and their colleagues had specific training to address children's behavioral, social, and emotional needs, **3 (20%)** of the 15 representatives of mental health provider organizations indicated that they or their colleagues had specific training to work with children under five years of age. The representatives emphasized that mental health service training for this young group was not widely available. The training most often cited as appropriate for this age group was play therapy. The representatives also emphasized that intervention was most appropriate with parents, family members, and care givers when working with children below five years of age and that all of their colleagues had training to work with parents around issues of raising young children.

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