Fact Sheet |*May 18, 2004*

Infant and Early Childhood Mental Health:

Promoting Healthy Social and Emotional Development

What Is Infant and Early Childhood Mental Health?

Early childhood mental health is the capacity of the child from birth to age five to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Infant mental health refers to how these issues affect development in the first three years of life. Early childhood mental health is synonymous with healthy social and emotional development.

Why Should Policymakers Pay Attention to Infant and Early Childhood Mental Health?

The goal of ensuring that all children are "ready for school" has become a national priority. As a result, programs that support children's school readiness are becoming more and more important to policy-makers, funders, and parents alike. It is becoming very clear that efforts to improve school success cannot begin at kindergarten, nor focus exclusively on academics. Simply put, if children do not achieve early social and emotional milestones, they will not do well in the early school years, and are at higher risk for school problems and juvenile delinquency later in life. The following paper summarizes some of the most compelling infant and early childhood mental health (I/ECMH) research, and suggests some ways to improve the early social and emotional development of very young children.

★ FAST FACTS

- Infants can experience real depression as early as 4 months of age.[1]
- Maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10% of mothers with young children.[2]
- An Illinois survey revealed that 62% of infant and toddler programs lacked adequate mental health services.[3]
- This study also found that 42% of child care programs asked families to withdraw their infants and toddlers because of social-emotional problems.[4]
- Over 39,000 infants enter foster care each year;[5] nearly 80% are prenatally exposed to substance abuse;[6] 40% are born prematurely and/or low birth weight.[7]

★ POLICY RECOMMENDATIONS

Summary Recommendations:

1. **Integrate infant and early childhood mental health into all child-related services and systems.**

2. **Assure earlier identification and intervention of mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools.**

3. **Develop system capacity through professional development/ training of service providers.**

4. **Assure comprehensive mental health services for infants and toddlers in foster care.**

5. **Provide infant/toddler child care programs with access to mental health consultation and support.**

Detailed Recommendations:

Systems of infant and early childhood mental health must address the continuum of mental health promotion, prevention, and intervention as well as the policy, public awareness, practice and training aspects of the service delivery system. The national report, *Achieving the Promise: Transforming Mental Health Care in America* recommends building on systems already in place such as child care, home visiting, Part C early intervention programs (for infants and toddlers with disabilities) and Early Head Start.[8] In addition to enhancing existing service delivery systems, mental health services for young children and families must be accessible, family-friendly and affordable. Services must be based on models that have demonstrated positive outcomes and will incorporate culturally competent understanding of the families being served. The following recommendations provide a framework for comprehensive infant and early childhood mental health services.

1. **Integrate infant and early childhood mental health into all child-related services and systems.**

It is recommended that each state work towards a strategic plan specific to I/ECMH that includes the essential components of policy, public awareness, practice, and training. The plan should infuse mental health into all child-related services including pre-K programs, child care and other early learning programs, maternal and child health, and community mental health. State plans must be balanced so that I/ECMH promotes healthy social and emotional development for all young children, as well as provide prevention and treatment services for children who have or are at risk of mental health disorders.

Existing state and community programs for young children should be used as foundations to expand and improve I/ECMH. For example:

- Build capacity in early childhood systems, particularly Individuals with Disabilities Education Act (IDEA) Part C and Early Head Start, to address mental health problems in infants, toddlers and families.
- Assure that families of infants, toddlers and young children have access to mental health services through State Children's Health Insurance Programs (SCHIP), Medicaid, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Individuals with Disabilities Education Act Part C and Part B (619 Pre-school Special Education and private insurance.
- Strengthen linkages between Part C Early Intervention and mental health by including the state mental health agency on the state Part C interagency coordinating council. Also strengthen linkages locally, particularly in states where the local authority for mental health services is at the county level.
- Build system capacity through financing mechanisms, raising public and professional awareness, providing ongoing training and personnel development, and assuring continued funding for Part C and Early Head Start in amounts sufficient to serve all the eligible infants, toddlers and families.

What does the research say?

Healthy social emotional development is strongly linked to success in elementary school. Social and emotional development is just as important as literacy, language, and number skills in helping young children be ready for school.[9] A child who is not secure in relating to others, doesn't trust adults, is not motivated to learn, or who cannot calm himself or be calmed enough to tune into teaching will not benefit from early educational experiences. The emotional, social and behavioral competence of young children is a strong predictor of academic performance in elementary school.[10], [11]

Promising Strategies

California's *Infant Preschool and Family Mental Health Initiative* was funded by the California Commission for Children and Families (First 5), through the State Department of Mental Health, in partnership with West Ed Center for Prevention and Early Intervention. Since 2001, the *Initiative* has worked to extend its counties' Mental Health plans, and train mental health clinicians to work with very young children and their families, in collaboration with other service providers. In all participating counties, the *Initiative* promoted interagency collaboration by developing county teams, facilitating meetings, and fostering work groups to tackle mental health needs. A key component of the 2001-2003 work sought to identify personnel competencies, effective training and supervision approaches to augment service delivery.

A Clinical Services Study, piloted in eight counties, aimed to strengthen the practice of early childhood mental health service delivery by building new clinical services upon existing strong programs.[12] Within this quality improvement project, one county increased the frequency of home visits from one to two visits weekly, for the duration of six months. Additionally, it expanded the capacity to deliver those services through the training of service providers. One county featured ongoing seminars for mental health clinicians who have limited training in working with the infant toddler age group; another trained interdisciplinary learning groups of service providers to increase their focus on early parent-child relationships, and infused early mental health services into Early Intervention and early care and development programs. The initiative also promoted

collaboration among other child-related services through facilitated community meetings, state level interagency groups, and the development of interagency county teams. One county developed a strong link and provided mental health consultation to Court Appointed Special Advocates within the court system, while several others linked I/ECMH services to Early Head Start, Early Intervention programs, early childhood special education, and child care through consultation and training.

Deliverables were in the domains of: (1) increased clinical services (2) increased infrastructure for those services, including implanting a DC:0-3 to DSM-IV crosswalk, (3) training providers from mental health, health, social services, developmental services, and child care services, (4) provision of intensive reflective supervision to mental health providers, by linking with centers of excellence, (5) increased interagency collaboration at the state and county level, and (6) outcomes quantitatively analyzed, with reports for use in extending the program both in mental health and in school readiness settings.

Vermont promotes social and emotional health among infants and toddlers through ***Children's Upstream Services (CUPS)***. This statewide initiative was initially funded through a federal demonstration grant. The state has created a line item in the upcoming budget and will use State general funds matched with Medicaid and/or Title IV-e funds to sustain CUPS services. CUPS currently provides:

- mental health services directly for approximately 500 new families per year with children zero to six years of age, who are experiencing or at-risk of experiencing serious emotional disturbance.
- over 1,300 consultations per year for early care and education programs to enhance their ability to meet the social, emotional, and behavioral needs of the children they serve.
- over 200 interagency trainings per year on early childhood mental health for parents and direct service providers from mental health, health, early care and education, and related fields.

Vermont has also guided interagency and community work in this area, using existing state funds. The state's Part C program, *Family, Infant and Toddler Program* serves children from birth to three with developmental delays and disabilities and their families. The *Program* works closely with *CUPS* to serve children who have documented delays in social and emotional or adaptive development. Vermont's *Family, Infant and Toddler Program, Success By Six, Healthy Babies, Family Partnership,* and *CUPS* programs are collaborating to improve coordination, ensure connected services for families, and avoid unnecessary duplication. Also, the state policy team is developing an integrated plan to work with the state Early Childhood Steering Committee and local early childhood councils to promote well-coordinated services.

The **Illinois** Department of Human Services and its Interagency Council on Early Intervention have developed a social emotional component for its Part C Early Intervention (EI) program. Currently three Child and Family Connections (CFC), the entry point into early intervention, have been assigned a Social Emotional Specialist. This professional provides consultation and training to support the manager, service coordinators, and providers of the CFCs in addressing the social emotional needs of children and families in EI. With support from the Specialist, each CFC receives reflective consultation for managers, reflective supervision and case consultations for staff, bi-monthly consultation groups for providers, and social emotional screenings (*Ages and Stages Questionnaires: Social Emotional*) for every child receiving EI. Also, staff and providers receive training on relationship-based approaches to early

intervention. Initial evaluation has revealed that managers, coordinators, and providers report taking a different approach to providing services: treating the families as a whole, focusing on strengths, and developing Individualized Family Service Programs for more relationship-based outcomes. Service coordinators also report higher satisfaction of their work with infants and families, and also their role in the EI system. This social emotional component will be expanded statewide; six more CFCs are joining the program in Spring 2004, with the 16 remaining CFCs to be added in Fall 2004 and Spring 2005. A new feature will allow existing sites to mentor new CFCs.

2. Assure earlier identification and intervention of mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools.

Developmentally appropriate screening and assessments for infants and toddlers are necessary to document need and provide effective intervention for young children and parents. Screening and assessment of parental mental health, stress and support systems are equally important in enabling providers to document the needs of parents.

To encourage developmental and behavioral screening and assessment for all infants and toddlers, barriers to reimbursement must be eliminated. Strategies to improve financing include encouraging the use of appropriate diagnostic procedures and billing codes; use of the *Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood* (DC:0-3),[13] cross-walked to the DSM-IV if necessary; and expansion of other billing options to allow for treatment of parents and infants together (as a "dyad" instead of as separate "clients"); maximizing use of EPSDT and SCHIP, and recognizing infant, toddler, and parent mental health concerns as legitimate treatment issues.

What does the research say?

Infants and toddlers can have serious psychiatric disorders such as depression, attachment disorders, and traumatic stress disorders.[14] Unlike adults, babies and toddlers have a fairly limited repertoire of responses to stress and trauma. Early mental health disorders might be reflected in physical symptoms (poor weight gain, slow growth, constipation), overall delayed development, inconsolable crying, sleep problems, or in older toddlers, aggressive or impulsive behavior. Early attachment disorders (including those resulting from early traumatic separations from parents and placement in foster care) predict subsequent aggressive behavior. Some early mental health disorders have lasting effects and may resemble conditions of later life, including withdrawal, sleeplessness or lack of appetite due to depression, anxiety, and traumatic stress reactions.[15]

The mental health of parents can also affect young children. Conditions such as maternal depression, anxiety disorders, bipolar disorders, alcoholism, etc., can disrupt parenting. It is estimated that chronic depression affects 10 percent of mothers with young children.[16] Parents with mental disorders are less able to provide developmentally appropriate stimulation and parent-child interactions.[17] Parenting, and child development, is most affected when depression simultaneously occurs with other factors (extreme poverty, substance abuse, adolescence, maltreatment, etc.) [18][19]Infants of clinically depressed mothers often withdraw, ultimately affecting their language skills, as well as physical and cognitive development. Older children of depressed mothers show poor self-control, aggression, poor peer relationships, and difficulty in school. [20]

A child who is not secure in relating to others, doesn't trust adults, is not motivated to learn, or who cannot calm themselves, or be calmed enough to tune into teaching will not benefit from early educational experiences. In fact, more and more young children are being expelled from child care and preschool for behavior problems, and supports are not available for these children, their parents, or their caregivers. Without early identification from screenings, assessment and effective intervention these problems will escalate.

Early childhood is a critical period for the onset of emotional and behavioral impairments. According to the National Center for Children in Poverty (NCCP), between 4 and 6 percent of preschoolers have serious emotional and/or behavioral disorders. Untreated mental health disorders can have disastrous effects on children's functioning and future outcomes. President Bush's New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America* includes a recommendation for early detection of mental health problems.[21]

The well-child visit is an important opportunity for early identification of developmental, relationship, emotional, and behavioral problems. Physicians, time-pressured to provide both medical care and anticipatory guidance, would be best supported if they had ready availability to screening tools, including those that could be completed by parents, and practical information about referral information.

Promising Strategy

The **Florida** Department of Maternal and Child Health partnered with the American College of Obstetricians and Gynecologists supported several statewide maternal depression screening initiatives in Florida. The state has selected this approach because of its far-reaching effects: early identification of maternal depression, which then acts as a preventative measure for infant mental health disorders. Activities of the initiative included a statewide conference to discuss the importance of depression screenings, trainings for physicians developed by the state Mental Health Association, and the integration of universal screenings for all pregnant women and infants within its Healthy Start programs. Another early mental health initiative updated the psychosocial screening previously used in county health departments to improve the screening of parents of young children for depression.

3. Develop system capacity through professional development/ training of service providers.

The quality of a service system depends on those that deliver the services. The difficulty of identifying and diagnosing early mental health problems is compounded by the lack of skilled practitioners to diagnose and treat infants, toddlers and their families. Untreated infant mental health disorders can have disastrous effects on children's functioning and future outcomes. Hence, training, technical assistance, and supervision for clinicians are vital to building capacity and expertise in infant mental health. These components assure high quality assessments, consultation, and intervention. A comprehensive strategy would include:

- pre-service preparation;
- continuing education;
- certification or credentialing process for qualified infant mental health providers;

- training for various individuals involved in infant mental health (parents, early care and education providers, physicians, infant mental health specialists, psychologists, and psychiatrists); and
- provision of clinical supervision for service providers

What does the research say?

There is a great need for increased training in early childhood mental health. One expert notes that working with young children requires "child development knowledge, clinical skills, family systems knowledge, multidisciplinary practice skills…"[22] A study in 180 North Carolina community child care centers found that teacher education, professional experience, and teacher self-ratings of knowledge and skill were predictors of global program quality.[23]

There are not nearly enough infant mental health specialists to meet existing needs. In a recent survey in Illinois, 62% of programs reported inadequate mental health resources.[24] An evaluation of a California early mental health training program found that the "new skills and knowledge of the clinicians participating in the mental health training were influencing others [in the community agencies] because the participant was better able to help the agency make decisions about some of the difficult social service issues such as reunification and visitation."[25]

Promising Strategy

The *Cuyahoga County Early Childhood Mental Health Pilot* in **Ohio** provided prevention and intensive intervention to address the social-emotional and behavioral needs of young children, from birth to three. The pilot employed a multidisciplinary approach, training: licensed psychologists, clinical counselors, and LCSW social workers in the use of *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3)*, a diagnostic classification system appropriate to infants and toddler mental health. Self-reports revealed that trainees could better identify the needs of the birth-to-three age group, had sharpened their skills in delineating the separate issues of parent and child, and increased their ability to effectively communicate with families about the nature of a child's problem.

4. Assure comprehensive mental health services for infants and toddlers in foster care.

Infants and toddlers in foster care represent a group of children that are extremely vulnerable. Most have been seriously maltreated; they exhibit behavior problems such as failure to thrive, tantrums, self-endangering, aggression, and inability to be consoled. Infants and toddlers who have suffered physical or sexual abuse, neglect, and separation from their parents will also suffer emotional and developmental consequences unless they, and their parents, foster parents and other primary caregivers, are provided with supportive mental health interventions. Mental health supports for the children, the birth families, and training and support for foster care families is critical.

What does the research say?

Infants are the fastest growing and single largest cohort in foster care. Infants who are placed in foster care before they were 4 months old remain in foster care longer than other children[26]. Over 39,000 infants enter foster care each year.[27] Nearly 80% are pre-natally exposed to substance abuse,[28] 40% are born prematurely and/or low birth weight, and all of them experience repeated and often traumatic separation from caregivers, placing them at risk for future mental health disorders.[29] Infants and toddlers who have suffered physical abuse have lower social competence, show less empathy for others, have difficulty recognizing others' emotions, and show deficits in language ability and school achievement[30].

Promising Strategy

The pioneering effort in the Miami-Dade Juvenile Court (**Florida**), the ***Infant and Young Children's Mental Health Pilot Site***, was developed to address the well-being of infants, toddlers and their families that come to the attention of the court. In this court, all infants, toddlers and their mothers receive screening and assessment services. Babies are screened for developmental delays and referred for services. A parent-infant psychotherapy intervention is available to a select number of mothers. An Early Head Start program connected to the court is the first designed specifically to meet the needs of maltreated children. Three years of data in the Miami-Dade Juvenile Court show substantial gains in improving parental sensitivity, child and parent interaction, and behavioral and emotional parental and child responsiveness. Children showed significant improvements in enthusiasm, persistence, positive affect and a reduction of depression, anger, withdrawal and irritability.[31] Of the families selected to receive the intervention: 58 percent of children improved in their developmental functioning[32]; 100 percent of infants were reunified with their families[33]; and reports of abuse/neglect were reduced from 97 percent to 0.[34]

5. Provide infant/toddler child care programs with access to mental health consultation and support.

Many infants and young children are in child care settings (center and family child care) while their parents work. Child care is an excellent early learning environment where healthy social and emotional development can be promoted for all children. Staff can support relationships with the children and the families, and identify problems or potential problems. Consultation in the child care setting has been shown to be an effective way to deal with behavior issues, and to support relationships with families.

What does the research say?

Increasingly, young children are being expelled from child care and preschool for behavior problems, including biting, tantrums, hitting, throwing objects, or inconsolable crying[35],[36]. One study in Illinois found that 42% of child care programs have asked families to withdraw their infant or toddler because the program was unable to handle the child's social or emotional problems.[37] Young children with behavior problems are difficult to teach, and if disliked by teachers and peers because of behavior, quickly lose motivation for learning, withdraw from peers, or face social rejection.[38]

Promising Strategy

The **Kentucky** Department of Public Health funded and partnered with the state's Department for Mental Health and Mental Retardation Services in administering its early childhood mental health programs as a part of Kentucky's early childhood initiative, ***Kids Now***. The ECMH program provides several services for children, families, and service providers. Services include: therapeutic treatment services (e.g. family therapy), assessments for young children in the birth to five age group with mental health needs, and free consultation and education services to child care program staff that serve this population. A major goal of the early childhood mental health program is to prevent young children and families from being expelled from early care and education settings, thus improving the chances of success in public school. Formative evaluation already evidenced successes of the intervention. Of the approximately 400 children served through June 2003, 88 were identified as being at-risk for such discharge. Of these, only 8 lost their placement due to behavior problems, while 80 had been successfully maintained in these programs.

Conclusion

The characteristics that enable children to learn in school are known: curiosity, confidence, the capacity to set a goal and work towards its accomplishment, the ability to communicate with others, and to get along with them. Children who don't have these characteristics do not perform as well in school. School readiness – or unreadiness – begins in the first years of life, and policymakers can help assure children's readiness to learn by supporting *all* areas of a child's development, especially social and emotional development. Simultaneously, policy makers must support early parent-child/primary caregiver relationships in these early years.

About Us

ZERO TO THREE Policy Center is a non-partisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic, or about the ZERO TO THREE Policy Center, please contact us at 202-638-1144 or on the Web at http://www.zerotothree.org/policy

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