

Infant/Early Childhood Mental Health: A Concern for All



Cindy Oser, R.N., M.S.
Director, ZERO TO THREE West
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Today's session will:

- Define “infant mental health”.
- Describe the continuum of promotion, prevention and intervention.
- Consider the building blocks of an infant/early childhood mental health “system”.
- Share example of how states and communities are addressing and infusing these components across systems.



Six Major Program Areas

- Professional Education & Program Consultation
- Knowledge Development
- Leadership Development
- Policy Analysis & Development
- Public Awareness & Parent Education
- ZERO TO THREE Press

Professional Education & Program Consultation

Goal: Strengthen services to infants, toddlers, and families by providing training, consultation, and technical assistance to programs and the professionals who staff them.

Largest investment of organizational resources



Early Head Start National Resource Center
coordinates national training and technical assistance for EHS programs across the country.



Center for Program Excellence
offers trainings, technical assistance and resources for child care, early intervention, and other early childhood programs.



National Training Institute
Premiere national training event for 1,500 infant/family professionals.

Knowledge Development

Goal: Expand the multi-disciplinary knowledge base underlying infant/family practice and policy. Serves as the foundation for all our work. Publishing Arm: **ZERO TO THREE PRESS**



- *DC: 0-3*
- *New Visions for Developmental Assessment*
- *Caring for Infants and Toddlers in Groups*
- *Zero to Three Journal*

Leadership Development

Goal: Develop and support current and future multi-disciplinary leaders for the infant/family field.



Leaders for the 21st Century

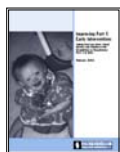
- 18-month fellowship focusing on leadership development, formation of multi-disciplinary professional networks, and access to experts and content
- Focus on both initial career and mid-career professionals.

State Early Childhood Policy Leadership Forum

- Partnership with National Governors' Association
- 13 State Policy Fellows leading state early childhood initiatives
- Fellows working in Governors' offices; also statewide health, education, and human services agencies

Policy Analysis & Development

Goal: Advance policies and programs that support the healthy social, emotional, and intellectual development of infants, toddlers, and their families.

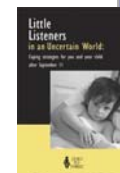


- ZERO TO THREE Policy Center
- Better Baby Care Campaign
- Policy Briefs
- National Infant & Toddler Child Care Initiative
- State Early Childhood Policy Leaders Forum

Public Awareness & Parent Education

Goal: Promote the importance of the early years and provide information that helps parents nurture and rear their children.

- Prime Media Resource
- Learning & Growing Together
- Magic of Everyday Moments
- "Little Listeners" series



Infant/Early Childhood Mental Health

- Capacity to experience, regulate and express emotions;
- Form close and secure interpersonal relationships; and
- Explore the environment and learn.

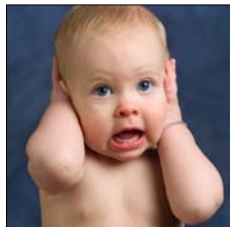
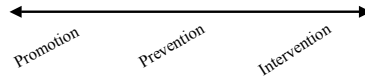
Synonymous with healthy social and emotional development.



A *System* of Early Childhood Mental Health . . . The Building Blocks:

- **Policy**
- **Public Awareness**
- **Practice**
 - Promotion
 - Prevention
 - Intervention
- **Professional Development**

Continuum of Services



- Promotion of mental wellness
- Prevention of mental health disturbances
- Treatment for mental health problems

What is known from the science:

- Early relationships have permanent effects on brain development, health, and later mental health.
- Social-emotional and physical health are inseparable in the very early years.
- Responsive caregiving can mediate the effects of some chronic health conditions, e.g., prematurity, poverty
- Intervention can be effective; children and adults can recover.

Why we care enough to invest in I/ECMH:

1. Infants can't wait.
2. Science supports our concern.
3. Social and emotional development is strongly linked to success in school (and beyond).
4. Barriers exist for families and providers and inaction is making the problem worse.



Barriers for Families and Practitioners:

- Reluctance to seek MH services;
- Lack of family support, especially for parental mental illness;
- Lack financing strategies;
- Lack of skilled providers and lack of training available;
- Lack awareness that MH is an issue for young children and families.



Inaction is making the problem worse.

- The early years are a critical period for the onset of mental health disorders.
- Very young children are being expelled from child care and preschool for behavior problems.
- Mental health of parents can affect development of young children.
- Infants are the fastest growing and single largest cohort in foster care.
- The extent of unmet needs is not known.



Exposure to Violence . . .



- increases cortisol levels in the brain
- increases activity in the brain involved in vigilance and arousal (the “flight or fight” responses)
- the brain interprets others’ actions as threatening and in need of an aggressive response



Maternal Depression

- Many depressed women are very good mothers.
- Parenting is most affected when depression occurs with other factors (extreme poverty, substance abuse, etc.)
- Effects of maternal depression on children include reduced self-control, aggression, poor peer relationships, and difficulties in school.
- 1 in 10 mothers of young children experience depression; may be twice as high in mothers living in poverty.



Improving Infant Mental Health: What Can We Do?

- Policy
- Practice
- Professional Development
- Public Awareness



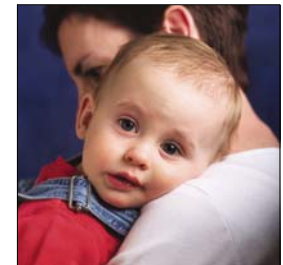
I/ECMH: An issue for *ALL* systems

- Child Care
- Health Care and Public Health
- Part C Early Intervention
- Child Welfare
- Education
- Juvenile Justice
- Mental Health
- Head Start/Early Head Start



I/ECMH System Milestones

- Create state/community **strategic plans**
- Create awareness of early indicators and use all **screening** opportunities.
- **Build on existing initiatives.**
- **Infuse** I/ECMH into all child-related programs.
- Build a **skilled workforce.**



Improving ECMH Policy

- Early Head Start
- California “Prop 63”
- “Assuring Better Child Health and Development” (ABCD) projects
- State Early Childhood Comprehensive Systems Grants



Early Head Start

Mission:

- to support healthy prenatal outcomes; and
- enhance intellectual, social and emotional development of infants and toddlers to promote later success in school and life.
- Two-generation program: child development, parenting education and self-sufficiency

Research demonstrates that Early Head Start is effective.

- Serves over 63,000 low-income families with infants and toddlers through 708 community-based programs.



Positive Impacts: Multiple Dimensions of Children’s Development

- Health
- Cognition
- Language
- Social Emotional Development:
 - Lower levels of aggressive behavior
 - Higher sustained attention with objects
 - Greater engagement of parent
 - Less negativity toward parent



Positive Impacts in Many Areas of Parenting and Parent Self Sufficiency:

- Greater warmth and supportiveness
- More parent-child play
- More stimulating home environments
- More support for language and learning
- More daily reading
- Less spanking by both mothers and fathers
- More hours in education and job training
- More employment hours
- No impacts on welfare receipt or income
- Reduced subsequent births



How Can Early Head Start Build on a Good Beginning?

- Intensify and specialize services for families with greatest risk.
- Provide more intensive services for children in home-based programs and for parents in center-based programs. Learn from the mixed model.
- Begin services early, during pregnancy if possible.
- Implement well and early.



Proposition 63 (CA)

- Mental Health Initiative
- 1% tax on personal income over \$1m/year
- Expected to generate up to \$1 billion/year
- (for children) Establishes new prevention and early intervention program (20% of \$\$)
- Protects existing entitlements to MH care
- Provides \$150 - \$300 million for children with severe emotional disturbance who are un- or underinsured

ABCD II

Assuring Better Child Health and Development

- 3-year learning collaborative of 5 states
 - To strengthen Medicaid's capacity to deliver care that supports young children's healthy mental development.
 - To identify and implement policy and systems changes that support provision of preventive and early intervention care by Medicaid providers.

(Commonwealth Fund)



ABCD Projects

- ABCD I: NC, UT, VT, WA
- ABCD II: CA, IL, IA, MN, UT
- Find reports (new one on behavioral screening) and resources at:

www.nashp.org



I/ECMH Promising Financing Strategies*:

- Expand list of professionals who may bill
- Make billing codes explicit (DC:0-3; V-codes)
- Permit payment for services in setting outside MH clinics and physician offices
- Provide adequate reimbursement to primary care providers for EPSDT services (encourages physician participation and delivery of comprehensive pediatric preventive services)

*K. Johnson, NASHP Presentation, 8/2004

Improving ECMH Practice

- Early screening and appropriate diagnostics
- Miami-Dade Juvenile Court Teams Model
- Illinois – Part C Social-Emotional Specialists
- Kentucky – Regional ECMH Specialists



Diagnostic
Classification:

0-3

Diagnostic Classification of
Mental Health and
Developmental Disorders of
Infancy and Early Childhood



ZERO TO THREE
National Center for Infants, Toddlers, and Families

DC: 0-3 as a tool in prevention

- Builds on the young child's drive toward healthy development
- Reframes symptoms as coping mechanisms
- Recognizes the protective, buffering power of the child's relationships
- Understands timing – help before symptoms are internalized or generalized

The DC: 0-3 multiaxial framework

- Axis I: Primary diagnosis
- Axis II: Relationship classification
- Axis III: Medical and developmental disorders
- Axis IV: Psychosocial stressors
- Axis V: Functional Emotional Developmental Level

Court Teams for Maltreated Infants and Toddlers

- Judge Cindy Lederman (Miami-Dade Juvenile Court) and Dr. Joy Osofsky (Louisiana State University)
- All infants, toddlers and mothers receive screening and assessment services.
- All babies screened for developmental delays and referred for services.
- Parent-infant therapeutic intervention.
- Early Head Start program connected to the court.



Miami-Dade County Model: Court Teams for Maltreated Infants and Toddlers

3 years of data show:

- substantial gains in improving parental sensitivity, child and parent interaction;
- children showed significant improvements in enthusiasm, persistence, positive affect and a reduction of depression, anger, withdrawal and irritability;
- No further acts of abuse or neglect, and
- 86 % of infants were reunified with their families.



Illinois Part C “Child and Family Connections” (CFC)

- CFC (entry point for EI) is the most frequent referral for mental health concerns
- 24% of children in EI have S/E concerns; only 9% identified at intake
- No CFC felt fully prepared to address S/E needs: “the gap”
- EI parents report high stress, child behavior problems and lack of social/emotional support

IL Social Emotional Specialists in Part C: Emerging Changes in Practice for Service Coordinators

- **57% of service coordinators report that they are doing things differently**
- **100% of providers report that service coordinators are doing things differently**
 - New observations about family:
 - Helped me look at family as a whole, not just child
 - More aware of families overall concerns; bigger picture
 - Greater focus on strengths
 - More relationship-based outcomes for IFSP
 - Program has given a way for emotional issues to be addressed and not just put on the back burner

Emerging Changes in Practice: Providers

- **91% of pilot providers report that they are doing things differently**
 - More self-awareness with families
 - More aware of parent/child relationship and how intervention strategies impact the relationship--positively or negatively
 - Listen longer before formulating a response, even an internal one
 - Look at S/E issues for all kids and families , not just families with red flags

Emerging Benefits to Infants and Families

- Emotional needs of children and families are acknowledged.
- Parent-child relationship is thought about, supported, and valued.
- Service coordinators and providers are more able to listen and respond to families.



Kentucky Regional ECMH Consultants

- \$1 million ECMH initiative (tobacco settlement funds)
- Part of Governor's KIDS NOW child development initiative
- Lead agency Dept. of Public Health
- Funds to regional MH/MR Boards
- 14 Early Childhood MH consultants provide:
 - child assessments and treatment services
 - MH consultation to child care, home visitors, families
 - Training and public awareness
 - Using DC:0-3
 - Mini-libraries



Improving Professional Development

- 12 University-affiliated IMH Training Programs
- North Carolina – Continuing Medical Education series
- Louisiana – Public health team training
- Michigan – IMH Endorsement



Louisiana

- \$2.4 million initiative
- Added IMH component to Nurse Home Visiting program
- Funded by state Medicaid office and Office of Public Health
- Trained 7 teams of public health nurses and supervisors paired with IMH specialists
- Evaluation results:
 - 73% reduction in domestic violence by mother after birth
 - 51% reduction in use of alcohol during pregnancy
 - 25% reduction in premature births and low birth weight babies



Michigan: IMH Professional Endorsement

- Four levels of endorsement for individual practitioners related to educational achievement and competency
- Portfolio approach (document educational attainment, specialized training, and competence)
- Fees range from \$40 - \$325
- Professional endorsement valued by employers, referral sources, and those seeking expert witnesses

Improving Public Awareness

- Arkansas – inclusion of “social-emotional domain” in early learning guidelines
- National – American Academy of Pediatrics/ZERO TO THREE “Healthy Minds”
- Texas – distributing “Magic of Everyday Moments” parent brochures in grocery stores
- Michigan – social-emotional “wheel”





www.zerotothree.org/imh

www.nccic.org/itcc

www.zerotothree.org/policy

www.zerotothree.org/brainwonders



Improving Infant Mental Health: What Is Being Done?

- Policy
- Practice
- Professional Development
- Public Awareness



Across systems and ECCS components. . .

- What IMH efforts are working well?
 - Think about promotion, prevention and intervention
- What are some of your successful partnerships?
- Where are your greatest challenges?
- Share one “take-home” strategy.

