



Infants and Toddlers and the California Mental Health Services Act

This brief was created to support discussion on the Prevention and Early Intervention efforts of the Mental Health Services Act. The intent is to provide information on the meaning of prevention for children from birth to age five and identify some of the supports that are needed to promote mental wellness among very young children.

Overview

The term “early childhood mental health” refers to the capacity of children from birth to age five to experience, regulate and express emotions; form close, secure interpersonal relationships; and explore the environment and learn.¹ The Policy Directions established by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) - Prevention and Early Intervention Component can support preventive early childhood mental health in several ways:

- The policy directions prioritize focusing on longterm outcomes that reduce school failure and reduce the risk that children will be removed from their homes.
- The policy directions recognize that children exposed to trauma and children whose parents’ condition puts them at risk are priority populations.
- The policy directions create critical linkages with providers outside the mental health field who are able to recognize signs of mental illness, including providers of early care and education.

Promoting Mental Wellness

The promotion of mental wellness is vitally important in promoting overall health and wellness throughout the lifespan. For very young children, mental health and positive social-emotional development, and having an emotionally healthy and nurturing family, are fundamental to school readiness and success later in life. Infants and toddlers can experience mental health problems – and early childhood mental health practitioners have the tools to identify these children and to treat them successfully before the problems become fullblown. However, the mental health concerns of infants and toddlers often go unrecognized until much later. There are inadequate resources in the mental health field currently to identify and serve this population and yet increasing services for children under the age of five would reduce the number of school-age children requiring mental health services for serious disorders. We strongly recommend that the definitions of prevention and early intervention being developed by the MHSOAC ensure that preventive services reach our youngest children:

- **The definition of prevention being developed by the MHSOAC should acknowledge that strengthening families and communities will ensure that that fewer children are put at risk of mental health problems. Furthermore, the definition should recognize that families and other caregivers have the capacity to support children’s positive social-emotional development, avoiding mental health problems later in life.**
- **The definition of early intervention should include children from birth. The definition should acknowledge that families and professionals need information and skills to be able to recognize early signs of mental illness. This would include an understanding that the**

precursors to mental illness may be found in disrupted relationships and behavioral difficulties early in life. Practitioners need skills to respond in ways that are appropriate to addressing and resolving these issues quickly to support and sustain mental wellness as children grow and develop.

Action is needed on many levels to create an integrated system of policies, programs and practices that support mental wellness and reduce the chances that young children will experience mental health problems later in life. The recommendations below address three areas: funding for mental health services and supports; the content of county plans; and leadership required by the Oversight and Accountability Commission on a state level to create systems change.

Recommendation #1: Change the Mental Health services funding structure to support mental wellness and reduce the chances of young children developing mental health problems later in life.

- Endorse the use of developmentally appropriate tools to identify children under the age of five years who need mental health services. Adopt the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R)* as an appropriate coding system that enables reimbursement for appropriate treatment of young children and embraces effective practices with young children.
- Expand the definition of medical necessity to include children at significant risk of emotional or behavioral disorders, for instance children whose parents are mentally ill or abusing substances, children who are victims of substantiated abuse or neglect, and children recently adopted or having changed foster care placements.
- Identify or create a funding stream for preventive services to children whose parents' condition puts the child at developmental risk. In other words, provide services and supports that maintain social-emotional development in children whose parents are experiencing clinical depression, alcohol or other substance abuse, or mental illness. Consider funding streams for adult services and programs such as substance abuse treatment that can be used to leverage funding for preventive services.
- Provide payment for mental health services to families of adopted children and kinship foster care providers for services related to the child, parenting stress and/or family relationship issues.
- Build flexibility in payment systems and policies to allow reimbursements for services to parents and young children together.

Recommendation #2: Ensure that every California county plan addresses early childhood mental health.

- Create a funding stream for mental health promotion and prevention activities that targets expectant parents and children birth to 5 years of age, including children who do not have a diagnosis or reach medical necessity but whose development and emotional well-being are at significant risk. Require this dedicated funding stream to be included in all county plans.
- Foster community collaboration and build capacity for partners outside the mental health system (such as early care and education, primary health care, and Early Start providers) to participate in mental health prevention efforts.
- Require all county plans to dedicate a portion of the MHSA funds to support cross-systems work (for instance, through MOU's, cross-disciplinary teams, mental health liaisons in other county departments, and other strategies) to build a comprehensive approach to service integration.

For more information, contact ZERO TO THREE Western Office, 213-481-7279 or go to www.zerotothree.org

- Provide mental health consultation services in settings that serve children birth-five years and their families, e.g. child care, primary health care, school readiness, home visiting and parent education programs, Early Start and preschool special education programs.

Recommendation #3: The MHSA Oversight and Accountability Commission should demonstrate leadership in building a statewide system of preventive mental health services across the lifespan.

- Identify strategies that strengthen families and enable communities to support parents in raising their children.
- Expand evidence-based practices for promotion of mental wellness. Evidence-based practices currently recognized in the Early Childhood Mental Health field have been used with high risk children and have not been documented to be effective as universal strategies for wellness promotion.
- Ensure that mental health professionals who work with very young children (birth – 5 years) and their families understand children’s social-emotional needs and can recognize children at risk for mental health disorders.
- Strengthen the capacity of professionals in related early childhood professions to recognize the risk factors and early signs of social-emotional problems and mental illness. Increase the capacity of mental health services and allied professions to respond appropriately to children and families who have been identified.

Going Beyond Prevention and Early Intervention to Promote Mental Wellness in Young Children

Some facts about early childhood mental health:

- During the first years of life, babies and young children acquire the skills that are necessary for healthy growth and development, setting the stage for later success in school and life. A child who cannot remain calm, focus on a task and stick with it will not be able to take advantage of opportunities to interact with adults -- important to early language and literacy skills.²
- Babies grieve when separated from parents and important caregivers.³
- It is estimated that 4-6% of preschoolers have serious emotional and/or behavioral disorders.¹
- Parents who are coping with their own mental health issues may not have the resources to engage in responsive interactions with their babies, and put the baby’s development at risk.¹
- Children in foster care are extremely vulnerable to mental health problems.² Over 39,000 infants enter foster care each year; in Los Angeles, over 4,700 children ages birth-5 entered foster care in the period October 1, 2005 through September 30, 2006.⁴ Nearly 80% of the infants in foster care are prenatally exposed to substance abuse; 40% are born prematurely and/or low birth weight. Prematurity and low birth weight are associated with behavioral disorders in the preschool years.⁵ President Bush’s New Freedom Commission on Mental Health’s Final Report recommends early detection of mental health problems.⁶
- There are not enough infant mental health specialists to meet existing needs.¹
- Successful interventions with very young children include the family in treatment.² Insurance coverage often does not extend to this form of treatment.⁷

Promotion services aimed at maintaining social and emotional well-being benefit all young children and their families and reduce the need for services later on. A promotion strategy might involve the use of home visiting or family support programs to educate parents and other primary

caregivers (e.g., child care and health care providers) about the key role they play in creating and maintaining healthy relationships, environments and experiences.

A **Prevention** approach is targeted toward children who are at risk of poor developmental outcomes. Prevention approaches, aimed to reduce the risk of mental health problems through early identification and intervention strategies, might include screening for social and emotional development. Screening can be provided through child care settings, pediatric offices, family resource centers, home visiting programs, comprehensive child development programs, and child abuse prevention programs. Prevention services may specifically address areas such as eliminating environmental toxins (exposure to mercury and lead), reducing drug and alcohol use during pregnancy, improving the quality of infant and toddler child care, or reducing violence in the community and domestic violence.

Treatment offers targeted and individualized attention to young children and families who already are exhibiting symptoms of mental health disturbances. This highly specialized level of service requires skilled staff that have advanced training. For example, treatment might include the enrollment of a young child in a therapeutic day care program or child-parent psychotherapy for both the child and parent(s). For very young children the recommended treatment often includes the child with parents or other family members.

Promotion, prevention and treatment strategies may overlap with one another. For example, quality child care can be used to promote positive mental health, and at the same time, prevent poor developmental outcomes. We can promote mental wellness in many environments where young children are found: by supporting expectant mothers during pregnancy – by supporting parents in developing nurturing relationships with their infants – by ensuring that families have the emotional and practical resources to be successful – by building high quality child care tied to mental health consultation and support – by strengthening neighborhoods and communities so that they can support families. We can make the biggest difference by reducing risk and increasing resilience in the environments where children grow and develop, beginning early (prenatally) and providing supports that continue through the school years, supporting parents in their parenting role.

¹ ZERO TO THREE Policy Center Fact Sheet, Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development (Washington DC: ZERO TO THREE, May 18, 2004).

² Cohen, J., Onunaku, N. Clothier, S., and Poppe, J., *Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development*. (Washington, DC: National Conference of State Legislatures, 2005).

³ Dicker, S. and Gordon, E. Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals. (Washington, DC: ZERO TO THREE, 2004).

⁴ Retrieved April 12, 2007 from <http://cssr.berkeley.edu/CWSCMSreports/cohorts/firstentries/>.

⁵ Shonkoff, J. and Phillips, D, Eds., (2000). *From neurons to neighborhoods: The science of early childhood development*. Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education. Washington DC: National Academy Press.

⁶ ZERO TO THREE Policy Center Policy Brief, *The Reauthorization of the Substance Abuse and Mental Health Services Administration: Prevention and Treatment of Infant and Early Childhood Mental Health Disorders*. (Washington DC: ZERO TO THREE, January , 2005).

⁷ Johnson, K. and Knitzer, J. *Spending Smarter: A funding guide for policymakers and advocates to promote social and emotional health and school readiness*. New York, NY: National Center for Children in Poverty, 2005.