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Fact Sheet | December, 2003



Infant and Early Childhood Mental Health:

Assuring School Readiness by 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 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 and cannot 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 early childhood mental health (ECMH) research, and suggests some ways to improve the early social and emotional development of very young children.

★ POLICY 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 service delivery. The *Achieving the Promise* New Freedom Commission on Mental Health report 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. In addition to enhancing existing service delivery systems, mental health services for young children and families must be accessible, affordable, and be based on models that have demonstrated positive outcomes.

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1. INTEGRATE INFANT AND EARLY CHILDHOOD MENTAL HEALTH INTO ALL CHILD-RELATED SERVICES AND SYSTEMS.

Each state should be working towards a strategic plan specific to early childhood mental health that includes the essential components of policy, public awareness, practice, and training. The plan should integrate mental health into all child-related services including pre-K programs, child care, maternal and child health, and community mental health. State plans must be balanced so that ECMH promotes healthy social and emotional development for all young children, as well as providing 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 ECMH. For example:

- Build capacity in early childhood systems, particularly 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), and private insurance.
- Strengthen linkages between Part C and mental health by including the state mental health agency on the state Part C interagency coordinating council.
- Build system capacity through financing mechanisms, raising public and professional awareness, and assuring continued funding for Part C of IDEA 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 schoolⁱ. 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 early elementary school.^{ii, iii}

2. ASSURE EARLIER IDENTIFICATION AND INTERVENTION OF MENTAL HEALTH DISORDERS IN INFANTS, TODDLERS AND THEIR PARENTS.

Infants and toddlers can have serious psychiatric disorders such as depression, attachment disorders, and traumatic stress disorders^{iv}. 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. Some early mental health disorders may resemble conditions of later life, including withdrawal, sleeplessness or lack of appetite due to depression, anxiety, and traumatic stress reactions.

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In addition, the mental health of parents can also affect young children. Conditions such as maternal depression, anxiety disorders, bipolar disorders, alcoholism, etc., can disrupt parenting.

Barriers to reimbursement for infant mental health services must be eliminated. Possible strategies to improve financing of infant and early childhood mental health services include encouraging the use of appropriate diagnostic procedures and billing codes; allowing for treatment of parents and infants together (instead of as separate “clients”); maximizing use of EPSDT and SCHIP, and recognizing infant, toddler, and parent mental health concerns as legitimate treatment issues.

The difficulty of identifying and diagnosing early mental health problems is compounded by the lack of skilled practitioners to diagnosis and treat infants, toddlers and their families. Untreated infant mental health disorders can have disastrous effects on children’s functioning and future outcomes.

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 intervention, these problems will escalate.

What does the research say?

It is estimated that chronic depression affects 10 percent of mothers with young children. Parenting, and child development, is most affected when depression occurs with other factors (extreme poverty, substance abuse, adolescence, maltreatment, etc.)^{vi}. 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^{vii}.

Early attachment disorders (including those resulting from early traumatic separations from parents and placement in foster care) predict subsequent aggressive behavior. A child whose parent is clinically depressed often withdraws. This withdrawal ultimately affects their language skills and other development.

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; this is not unique to Illinois.

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* (released July, 2003)^{viii} noted that early detection can reduce mental health problems.

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3. 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 the 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^{ix}. Over 39,000 infants enter foster care each year. Nearly 80% are prenatally exposed to substance abuse, 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. 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^x.

4. 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 childcare and preschool for behavior problems, including biting, tantrums, hitting, throwing objects, or inconsolable crying^{xi, xii}. One study in Illinois found that 42% of childcare programs have asked families to withdraw their infant or toddler because the program was unable to handle the child's social or emotional problems. Young children with behavior problems are difficult to teach, and if they are disliked by teachers and peers because of their behavior, they quickly lose motivation for learning, withdraw from peers, or face social rejection.^{xiii}

Conclusion

The characteristics that enable children to learn in school are known: curiosity, confidence, the capacity to set a goal and work at it, the ability to communicate with others, and to get along with them. Children who don't have these characteristics do less well. School readiness – or unreadiness – begins in the first years of life, and policymakers can help assure children's readiness to learn by assuring that *all* areas of a child's development, especially social and emotional development, are supported in these early years.

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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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^{xii} Cutler, A. and Gilkerson, L. (2002). *Unmet needs project: A research, coalition building and policy initiative on the unmet needs of infants, toddlers and families*. Chicago, IL: University of Illinois at Chicago and Erikson Institute.

^{xiii} McEvoy, A. and Welker, R. (2000). Antisocial behavior, academic failure and school climate: a critical review. *Journal of Emotional and Behavioral Disorders*, 8, 130-140.