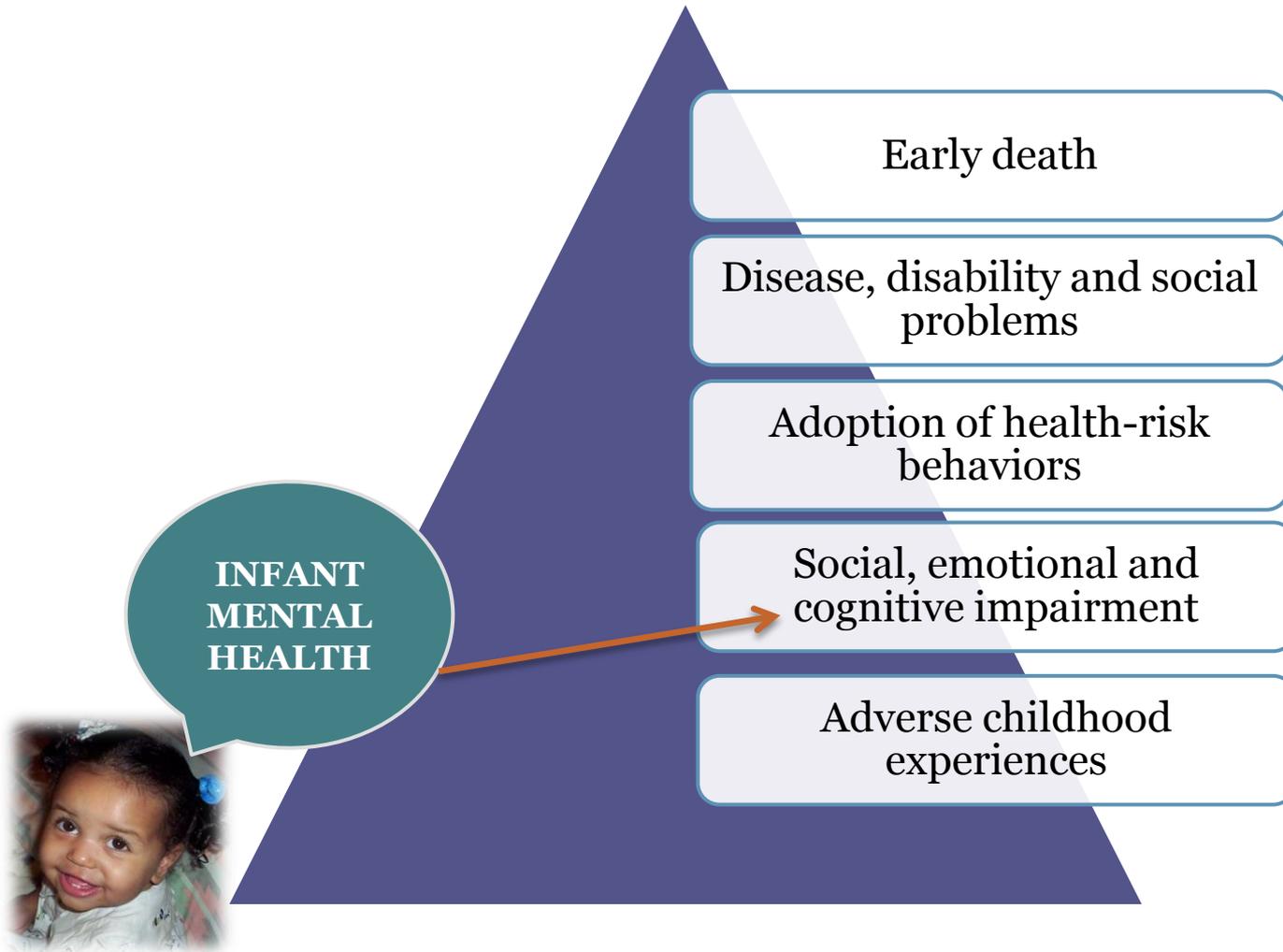


Infant and Early Childhood Mental Health

ZORRO Summit

March 1, 2013

ACE Pyramid and IMH



Lifelong Impact on Health and Wellness

- Untreated mental health disorders affect multiple domains of development and have detrimental effects on future health and developmental outcomes.
- We now know from studies of the long-term outcomes of child development programs that efforts to improve health and education of young children or the financial stability of their families will not be effective unless they also address social and emotional health.

Making It Happen: Overcoming Barriers to Providing IECMH, ZTT, 2012

Oklahoma Stats and Facts

- The prevalence of depression symptoms after delivery in 2004-2006 was 26%.

OK PRAMSGRAM, Spring 2008

- 26% of a small sample of SOC families had children in the household under the age of 6. Approximately 2% of those children were the identified client.

OK SOC preliminary research data 2013

- 63% of children in out of home placement were also in child care.

OKDHS 2010

Oklahoma Child Welfare

- **38%** of children entering foster care were under age 3

ZERO TO THREE State Baby Facts 2011

- Approximately **55%** of children in out of home placement were under age 6
- Of those, approximately **26%** were under age 3

OKDHS 2012

- Of the children placed in TFC, **98** were ages 3-5 and **6** were under age 3.

OK TFC Assn. November 2012

2012 Oklahoma Health Outcomes Rankings

- Poor mental health days #46
- Poor physical health days #40
- Infant mortality #39
- Cardiovascular #48
- Cancer deaths #42
- Premature deaths #46

Oklahoma's overall health ranking for 2012 was #43.

Source: *United Health Foundation, "American's Health Rankings"*

Current Efforts to Support IECMH in Oklahoma

- IECMH Strategic Plan/Coordinator position
- OK-AIMH
- *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health*
- Child Parent Psychotherapy (CPP)
- Infant Mental Health Community Consultant, Tulsa
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent Child Interaction Therapy (PCIT)
- Early Childhood Mental Health Consultation (ECMHC) network
- OK-AIMH/Head Start ECMHC pilot
- Child State Advisory Work Group (CSAW)/Policy Academy-state level efforts looking at prevention, effective parent education and training, funding, billing, qualified service providers, etc.

Current Efforts to Support IECMH in Oklahoma

- Diagnostic Nursery, OKC
- Public-private partnerships
- OKDHS Pinnacle Plan
- Postpartum Depression (PPD) screening in health depts.
- Changes to psychosocial rehab (PSR) for children 0-6
- Systems of Care (SOC) data collection and training
- SoonerStart Interagency Coordinating Council (ICC) IMH Sub-committee
- Home visitation
- EHS/Head Start
- Project LAUNCH grants
- Smart Start ACF grant
- Trauma grants

Additional Efforts?



Barriers to Providing IECMH in OK

- Awareness
- Dearth of professionals with expertise in both IECMH and child development
- Lack of ongoing IECMH training and support across disciplines
- Uncertainty about how to support young children in treatment
- Funding and billing
- Endorsement not recognized as quality assurance for service provision
- Policymakers' support
- Access to and knowledge of services in rural areas
- Cultural issues, especially the Latino community

National Stats and Facts

- It is estimated that between 9.5% and 14% of children age birth to 5 experience emotional or behavioral disturbance.

Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations, C. Brauner and C. Stephens, 2006

- Maternal depression, anxiety disorders and other forms of chronic depression affect approximately 10% of mothers with young children.

Laying the Foundation for Early Development: IECMH, ZTT, 2009

- 1 in 5 children has a diagnosable mental disorder but factors that predict mental health problems can be identified in the early years.

Michael W.O'Hara, PPD: Causes and Consequences, 1994

- Babies can show signs of depression (inconsolable crying, slow growth, sleep problems, etc.)

Joan Luby, "Depression," Handbook of IMH, 2000

National Stats and Facts (cont.)

- Preschool children face expulsion rates **3x** higher than children in kindergarten through 12th grade—a factor partly attributed to lack of attention to social-emotional needs.

Gilliam, W. S. (2005). *Prekindergartens left behind: Expulsion rates in state prekindergarten programs* (FCD Policy Brief Series 3). New York, NY: Foundation for Child Development

- Children receiving family-based services are more likely to complete treatment.
- Adults who work in child care centers have higher rates of depression than found in the general population.

NCCP, August 2009

- Research demonstrates that more than 85% of children in Head Start and children 3-5 with identified behavioral health needs did not receive help.

Unclaimed Children Revisited, NCCP, November 2008

National Trends

- Public health approach
- Integration of behavioral health and primary care
- Developmental screening
- Screening parents during well child visits
- Public-private partnerships
- Braided funding
- SAMHSA and prevention

Evidence Based and Promising Practices in IECMH

- Early Childhood Mental Health Consultation (ECMHC)
- Child Parent Psychotherapy (CPP)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent Child Interaction Therapy (PCIT)
- Triple P
- Nurturing Parenting Program
- Incredible Years
- Circle of Security
- *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health*
- Reflective supervision/consultation
- ZERO TO THREE court teams
- EHS/Head Start
- Home visitation/MIECHV

Others?

Early Childhood Trauma

- Young children are exposed to traumatic stressors at rates similar to those of older children. In one study of children aged 2-5, more than half (52.5 percent) had experienced a severe stressor in their lifetime.

Egger & Angold, 2004

- Cognitive, emotional and social capacities are inextricably intertwined throughout the life course.
- Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, physical and mental health.

Center of the Developing Child, Harvard University, INBRIEF Series

Child Welfare and IECMH

- The prevalence of behavioral health problems experienced by young children, ages 2-5, in child welfare ranges from 32-42%.

NCCP, 2009

- One study of children in child welfare that included young children (4-6) showed no improvement as a result of the mental health services they received, leading investigators to question both the quality and appropriateness of the interventions.

McCrea, et. al

A Call to Action on Behalf of Maltreated Infants and Toddlers

- Services and supports are delivered in a developmentally appropriate manner
- All infants and toddlers under supervision of CW have the opportunity for stable, caring relationships essential for healthy development
- Early intervention procedures and services are accessible to prevent the consequences of early adversity
- Families and communities should work as key partners in ensuring the well-being of every infant and toddler
- Ensure a focus on infants, toddlers and their families in administrative functions as data collection, research and attention to special populations

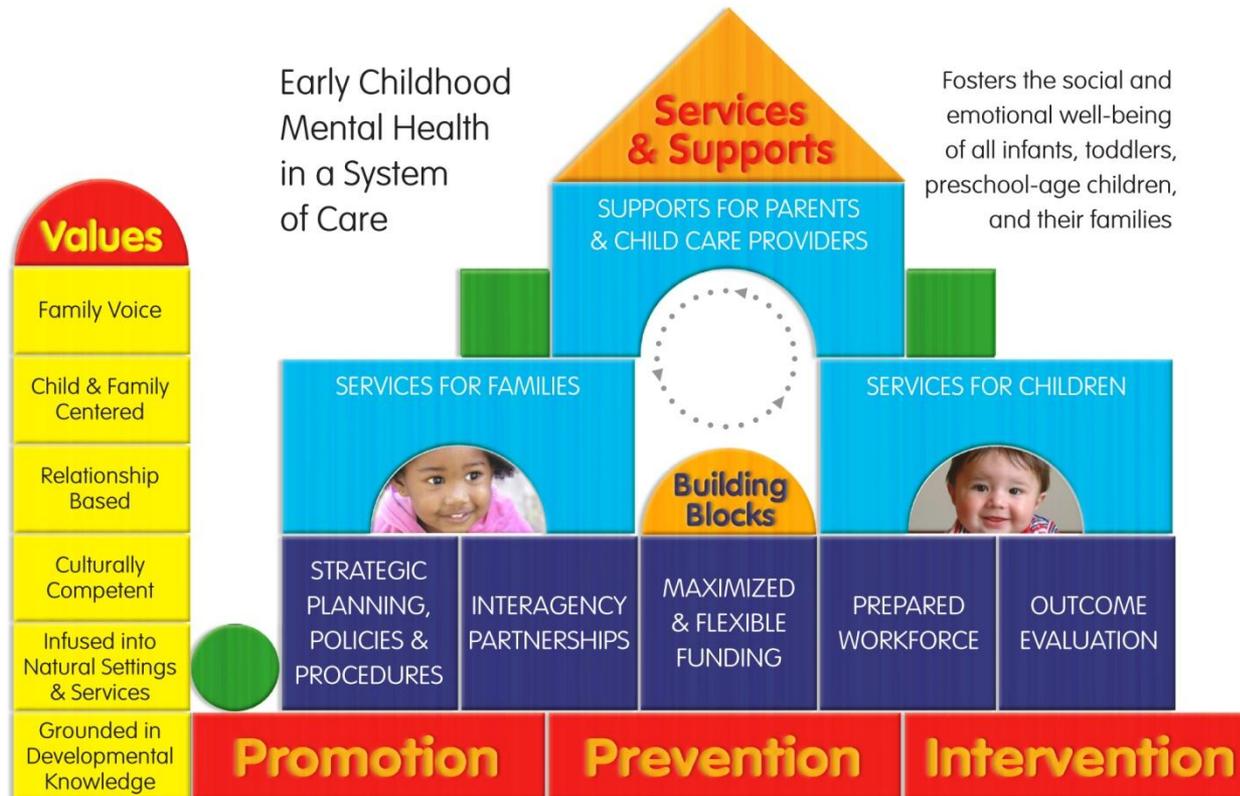
National Policy Recommendations to Support IECMH

- Create or expand initiatives that integrate comprehensive infant and early childhood mental health services into child-serving settings.
- Strengthen the capacity of the mental health system to diagnose and treat infants and toddlers.
- Improve access to parental mental health services that treat maternal depression, anxiety disorders, substance abuse and family violence.
- Provide funding for states to implement requirements to refer infants and toddlers with substantiated cases of abuse and neglect to Part C of the IDEA.
- Expand resources for parents and early childhood professionals on early social and emotional development in order to advance evidence-based practices in IECMH.

Making It Happen: Overcoming Barriers to Providing IECMH

- The evidence base for IECMH is not reflected in public policy for mental health, early learning and development or health care reform (including Medicaid and managed care).
- Systemic reimbursement issues hinder the ability to pay for IECMH.
- Eligibility determination and diagnosis impede appropriate IECMH services.
- There are not enough providers with training in IECMH.
- The broader system that serves young children does not adequately incorporate IECMH services.

An Early Childhood Systems' Framework



Developed by Roxane Kaufmann, GUCCHD; design by: Lucia Foley, Hampshire Educational Collaborative

Our Charge

Make specific recommendations about IECMH that have the potential to:

- Increase access
- Maximize resources (based on data and cost effectiveness as demonstrated in other states, etc.)
- Utilize best, promising and evidence based practices based on national trends, data and research
- Improve quality (based on research and data)



Building a Quality IECMH System in
Oklahoma

DISCUSSION

NEXT STEPS



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