



Early Childhood Mental Health

A periodic update on early childhood mental health initiatives in Pennsylvania

Number 1, May 2008

Two Offices Partner on Early Childhood Mental Health

The Office of Child Development and Early Learning and the Office of Mental Health and Substance Abuse Services are partnering to promote healthy social and emotional development in young children. The two offices have combined resources to establish an Early Childhood Mental Health Consultation Project to serve infants and toddlers birth to age three in early care and learning centers.

Originally funded by grants and operating in three regions of the state, the Early Childhood Mental Health Consultation Project has expanded statewide during fiscal year 2007-2008. There are Early Childhood Mental Health consultants in each of the six regional Keys that serve early learning programs in Pennsylvania. The consultants help staff at early care and learning centers by observing children and program practices, developing goals and strategies to enhance the practitioners' capacity to encourage positive relationships, creating a learning environment that promotes positive behaviors, and addressing the needs of children who are experiencing behavioral challenges.

As a resource to the Early Childhood Mental Health Consultants, a child psychiatrist is available for clinical consultation. In addition, collaboration between county children's mental health systems and the consultants is encouraged when young children need to be referred to the mental health system.



What is Early Childhood Mental Health?

As attention to early childhood mental health has increased, some people question the use of the term "mental health" in connection with young children, given the stigma still associated with mental illness. Can infants, toddlers and pre-schoolers even be mentally ill, and secondly, even if they can, why would we want to attach such a label to a child that might stick with him or her for a long time and negatively affect the way others respond to the child? Why call it early childhood mental health?

To begin with, mental illness and mental health are not the same thing, even though they are often closely connected because, for example, agencies that treat mental illness often have the words "mental health" in their names. But one term focuses on a problem (illness), while the other focuses on something positive (health). When we talk about "early childhood mental health," we are not primarily talking about bipolar disorder, major depression, or even oppositional defiant disorder or conduct disorder, even though it is possible that some of the young children served by early childhood mental health initiatives will develop those illnesses. Rather, we are referring to the positive results of intervening early before problems develop into something more serious. Simply put, early childhood mental health is the same as healthy social and emotional development in young children, encompassing things like learning to express and regulate emotions, forming close and secure personal relationships, and exploring and learning about their environment (paraphrased from the definition developed by Zero to Three's Infant Mental Health Task Force and used by Pennsylvania's Infant-Toddler Mental Health Project.)

So why don't we call it "early childhood social and emotional development"? Besides that being quite a mouthful, the language of mental health is important not only for its educational value in combating stigma against mental health problems but also for its implicit reminder that if we don't do our job with prevention with young children, their problems may require more serious interventions later in life. We truly do want them to develop good "mental health" in the most positive sense of that term.

Infant-Toddler Mental Health Symposium Held



Investing Smart in Infant and Early Childhood Mental Health: Challenges and Opportunities

Dr. Jane Knitzer is known to the children's mental health world for her ground-breaking 1982 study, *Unclaimed Children*, which set the stage for the development of the Child and Adolescent Service System Program. She now serves as the executive director of the National Center for Children in Poverty (www.nccp.org).

In her keynote address to the Infant-Toddler Mental Health Symposium on Dec. 13, Dr. Knitzer initially defined healthy social and emotional development in young children as

“age-appropriate social, emotional and behavioral capacity to manage emotions, relate to adults and peers, and feel good about themselves.” After setting the demographic context for Pennsylvania (see page 4), she named five reasons for investing in young children:

- Young children who lack social/emotional skills are more likely to experience early school failure;
- Mental health issues can be identified earlier and earlier;
- Adverse experiences in childhood have lifelong and high cost mental health consequences;
- Getting young children back on age-appropriate developmental trajectory will save money;
- We have growing knowledge of research-informed strategies to improve social-emotional outcomes for young children.

She went on to describe four goals for building an effective infant and early childhood mental health system: 1) promote early school success; 2) build capacity in the early childhood workforce, 3) promote effective parenting, particularly in high-risk families, and 4) deliver family-focused mental health services. To accomplish this, several challenges must be addressed: promoting positive development, identifying and addressing developmental and behavioral problems early, improving the quality of infant and toddler early learning, addressing parental/maternal depression, helping the highest risk families, implementing intentional strategies to help preschoolers, and putting it all together to create a sustainable community infrastructure. Dr. Knitzer also acknowledged that fiscal challenges are the hardest to overcome—that is, paying for services to children and families at risk of social and emotional problems, but gave examples from other states that are working at this.

According to Dr. Knitzer, strategies for creating a sustainable early childhood mental health system include paying for prevention and early intervention, building the workforce, implementing research-informed practices, engaging effectively with immigrant and ethnic groups, and tracking outcomes. She challenged the symposium audience to strengthen the initiatives that we already have, build and promote a strategic vision for Pennsylvania, build on the partnerships and leadership already established through the Child and Adolescent Service System Program, learn from other states' experience, and engage advocates and families. To do this, the system should be guided by the following principles: grounded in developmental knowledge, relationship-based and family-centered, infused into existing early childhood services, attentive to community norms and culture, responsive to the level of need, continuous, and evaluated with measures that are both developmentally and policy relevant.

Symposium Summary

On Thursday and Friday, Dec. 13 and 14, 2007, approximately 75 representatives of state program offices, private foundations, health care providers, mental health providers, Pennsylvania Regional Keys, family members and advocates, managed care organizations, counties and others attended the Infant-Toddler Mental Health Symposium at the Renaissance Hotel in Pittsburgh. Funding was provided by the BUILD Initiative. Estelle Richman, Secretary of the Department of Public Welfare, facilitated the two-day session.

The symposium began with participants listing the ways that Pennsylvania is already addressing the mental health needs of young children. Following this exercise, the keynote address was given by Dr. Jane Knitzer who spoke on “Investing Smart in Infant and Early Childhood Mental Health: Challenges and Opportunities.”

The next day, Secretary Richman presented a profile of Pennsylvania's young children and provided the rationale for attention to the social and emotional needs (the mental health) of young children. Three panels planned by the Offices of Child Development and Early Learning; Children, Youth and Families; Medical Assistance Programs; and Mental Health and Substance Abuse Services presented information on early childhood mental health consultation, maternal depression, and developmental screenings. The symposium concluded with discussion of next steps to advance the mental health agenda for infants and toddlers. The entire symposium was video-taped and DVDs are available, as well as a briefing report. Contact Harriet Bicksler at 717-233-1278 or hsb5@psu.edu for copies.

Early Childhood Mental Health in Pennsylvania

A Sampling of Current Initiatives

Pennsylvania BUILD Initiative

Pennsylvania is one of five states participating in the national BUILD initiative, a project designed to help states build a coordinated system of programs, policies and services that respond to the needs of families, carefully use public and private resources, and prepare young children for a successful future. In Feb. 2006, Pennsylvania BUILD issued the report of the Infant-Toddler Mental Health Task Force with recommendations to promote infant and toddler development. One of three recommended focus areas was to improve social-emotional outcomes for young children by developing leadership in the Department of Public Welfare, coordinating increased communication regarding the importance of social-emotional health in state programs, and establishing training programs for infant mental health.

Screening Programs

- **Allegheny County Department of Human Services:** A Screening and Intervention Program for Young Children in Child Welfare is a cross-systems initiative in Allegheny County. Using the Ages and Stages Social-Emotional screening tool, it provides developmental screening for young children, particularly those in the foster care system and those living at home who have experienced child abuse and neglect. The program identifies behavioral and social-emotional concerns so they can be addressed early. Preliminary results show that about 20 percent of those screened exhibit social-emotional concerns.
- **Room to Grow:** This project is a one-year study to assess the feasibility of implementing developmental screening with a validated tool in primary care physicians' offices. Using funding from the William Penn Foundation, developmental screening will be tested in four pilot sites in Southeastern Pennsylvania early in 2008.
- **Maternal Depression Screening:** With research showing that one in seven women experiences moderate to severe depression following the birth of their baby, a research project in Pittsburgh, led by Dr. Katherine Wisner, has demonstrated that screening postpartum women for depression is feasible. The project found that 75 percent of women will agree to be screened, and 13.6 percent are identified as being depressed or at risk for depression, as well as for other mental health issues like anxiety disorders and substance abuse. Besides screening, the project provides home visits and depression care management for one year, where the most common request from mothers is for more visits and someone to keep in touch with them.

Early Childhood Behavioral Health Workgroup

In 2006, the Pennsylvania Community Providers' Association named the special population of very young children with behavioral health issues as a priority. A workgroup was formed with goals to identify and disseminate key information on early childhood behavioral health, and collaborate and coordinate with key stakeholders. In 2007, the workgroup conducted an online survey to identify its member agencies that serve children zero to five years old. All but nine counties reported having providers addressing the needs of this population. Ongoing efforts include collaboration with key state departments and other stakeholders; reviewing reports and recommendations from state and national initiatives; and raising awareness about service delivery models, funding options, and workforce challenges.

Graduate Certificate in Infant Mental Health

Chatham University in Pittsburgh offers a graduate certificate in infant mental health, probably the first of its kind in Pennsylvania. It focuses on relationship-based training to promote development of infants and families. The coursework includes academic and applied training based on the most current research to prepare students for work with infants and their families. Training emphasizes service learning and experiential opportunities. The program is open to students working on a graduate degree as well as to individuals who want to take continuing education courses. More information online at www.chatham.edu.

Early Childhood Mental Health Consultation

Early childhood mental health consultation is a model for promoting children's social-emotional development and preventing challenging behavior by working with early care and learning facilities. The goal is to provide services that will prevent expulsion from these programs and the need for more intensive services for children who exhibit behavioral, social and emotional concerns. Currently, the Office of Mental Health and Substance Abuse Services and the Office of Child Development and Early Learning are collaborating on this project. Regional Early Childhood Mental Health Consultants and county children's mental health coordinators are forging relationships and learning each others' roles. In April a statewide networking and professional development event for both groups was held, with additional events planned before the end of June that will also include early intervention coordinators.

Early Childhood Mental Health Advisory Committee: The first meeting of this new statewide committee was Tuesday, May 6, 2008. Watch for more information on the committee's first priorities for its work.



Selected Resources in Early Childhood Mental Health

Listed alphabetically by title

The Context in Pennsylvania

- There are about 900,000 children under six in Pennsylvania; more than 450,000 are infants and toddlers, ranking Pennsylvania 7th in the country
- Pennsylvania ranks 21st on key indicators of child health and well-being.
- Children who are emotionally healthy are more likely to achieve success in school.
- The major risk factors for poor social and emotional development are extreme poverty, psychosocial parental adversities (maternal depression, substance abuse, domestic violence, trauma), and poor quality child care and early learning.
- Infants and toddlers are at higher risk of poverty and maltreatment; they account for 81 percent of child abuse fatalities.
- Infants and toddlers in foster care have higher rates of developmental delays than the general population; approximately 5,500 children under age five live in foster care in Pennsylvania.

Child, Family and Community Core Competencies: Competencies for Infant-Toddler and Early Childhood Mental Health Professionals, by M. Hansen, C. Anderson, S. Peters, M. Lindblad-Goldberg & D. Marsh. Published in 1999 by the PA CASSP Training and Technical Assistance Institute and now available from the editor.

Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development, by J. Choen, N. Onunaku, S. Clothier & Julie Poppe. Published in 2005 by the National Conference of State Legislators and Zero to Three.

Improving maternal and infant mental health: Focus on maternal depression, by N. Onunaku. Published in 2005 by Zero to Three: National Center for Infants, Toddlers and Families.

Promising Practices in Early Childhood Mental Health, by J. Simpson, P. Jivanjee, N. Koroloff & M. Garcia. Volume III in the 2001 Series on Promising Practices in Children's Mental Health, published by the Substance Abuse and Mental Health Services Administration.

Reducing maternal depression and its impact on children: Toward a responsive early childhood policy framework, by J. Knitzer, S. Theberge, S. & K. Johnson. Published in 2008 by the National Center for Children in Poverty at Columbia University.

The Social and Emotional Development of Young Children, March 2008 edition of the *PA CASSP Newsletter*, published by the Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services. Available at www.dpw.state.pa.us (click on "Publications, Forms and Reports" and follow the links).

ON EARLY CHILDHOOD MENTAL HEALTH CONSULTATION:

- **Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multilevel Analysis of a National Survey**, by B. Green, M. Everhart, L. Gordon, and M. G. Gettman. Published in 2006 in *Topics in Early Childhood Special Education* (Vol. 26, No. 3, pp. 142-152).
- **Early Childhood Mental Health Consultation**, by E. Cohen and R. Kaufmann. Volume 1 of 2005 series on Promotion of Mental Health and Prevention of Mental Health and Behavioral Disorders, published by the Substance Abuse and Mental Health Services Administration.
- **Early Childhood Mental Health Consultation: A Developing Profession**, by M. Allen, E. Brennan, B. Green, K. Hepburn & R. Kaufmann. Published in the Winter 2008 edition of *Focal Point*, a publication of the Research and Training Center in Family Support and Children's Mental Health, Portland State University.
- **Early Childhood Mental Health Consultation: An Evaluation Tool Kit**, by K. Hepburn, et al. Published in 2007 by the National Technical Assistance Center at Georgetown University, and the Research and Training Center in Family Support and Children's Mental Health at Portland State University.

Welcome to the first edition of this periodic early childhood mental health update. Contributions to future updates are invited. Please send information to:

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