Prevention and Treatment of Infant and Early Childhood Mental Health Disorders

Infants and toddlers can and do experience mental health problems. Although no data are available for children under age 3, between 2 and 8 percent of all children under the age of 18 are reported to have a mental/emotional problem or functional limitation. If these same estimates are applied to the birth to three population, between 228,000 and 913,000 infants and toddlers are at risk of mental health disorders. The early social and emotional development of babies and toddlers is vulnerable to such factors as repeated exposure to violence, persistent fear and stress, abuse and neglect, severe chronic maternal depression, biological factors such as genetic prematurity and low birth weight, and conditions associated with prenatal substance abuse. Without intervention, these risk factors can result in mental health disorders including depression, attachment disorders, and traumatic stress disorders. An effective approach to promoting healthy social and emotional development must include equal attention to the full continuum of mental health services: promotion, prevention and treatment and to improving the capacity of the system at both the federal and state level to deliver these services. Supporting evidence-based early childhood service delivery models, increasing the quality and capacity of mental health professionals, and improving access to services are essential components of a comprehensive system.

Young children do not “grow out of” mental health disorders and these disorders will have a significant effect on later school performance and life success. Social and emotional development is just as important as literacy, language, and number skills in helping young children be ready for school. 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 early identification, assessment and effective intervention these problems will only escalate. In looking at renewing the Substance Abuse and Mental Health Services Administration’s (SAMHSA) authorizing legislation, Congress is in a unique position to support mental health services for young children and their families by improving the continuum of services for the prevention and intervention of early childhood mental health services. SAMHSA can and should play a leadership role in assisting states in reforming and strengthening infant and early childhood mental services and integrating such services into all child-related services and systems.

1. Increase the Promotion and Prevention Services of Infant Mental Health.

SAMHSA legislation on children’s mental health targets its resources primarily for children with Serious Emotional Disturbance (SED) – the deep end of the spectrum. SAMHSA currently has one mental health/prevention/treatment program called Starting Early Starting Smart that delivers behavioral services in typical child services settings like child care, Head Start, and primary health care. However, this kind of program is really an exception. Most of SAMHSA’s mental health efforts are targeted for treatment/intervention of older children. Congress should increase the promotion and prevention services for infants, toddlers and their families under SAMHSA by promoting social-emotional health and well-being in young children and by increasing prevention services for children and families experiencing, or at high risk of experiencing, situations that might lead to disruptions in social-emotional development.
2. **Carry out the Recommendations in President Bush’s New Freedom Commission on Mental Health Report With Special Attention to the Unique Needs of Infants, Toddlers and Families.** The President’s New Freedom Commission on Mental Health was created to help address the problems in the current mental health service delivery system that allow both children and adults to fall through the system’s cracks. The Commission studied the problems and gaps in the mental health system and made concrete recommendations in the national report, *Achieving the Promise: Transforming Mental Health Care in America*. Recommendations include: building early childhood mental health into systems already in place such as child care, home visiting, Part C early intervention programs and Early Head Start, ensuring early detection of mental health problems, and making a shift toward family-driven services.

3. **Increase the Capacity of Child Welfare Professionals and Foster Parents By Funding Training So They Are Better Able To Recognize and Respond to the Mental Health Needs of Infants, Toddlers and Their Families in the Child Welfare System.** Infants and toddlers in foster care represent a group of children that are extremely vulnerable to mental health problems. 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. Juvenile and Family Court Judges, social workers, lawyers and foster parents are responsible for the well-being of the children in their care. Juvenile and Family Court Judges in particular can be powerful agents of change. They are able to order that infants and toddlers receive the mental health services and supports they require. However, judges, foster parents and other professionals who work with foster children, can only make good decisions for children if they have adequate information and can recognize the mental health needs of babies in the child welfare system. Training and materials should be developed for judges, foster parents and other professionals who work with foster children that focus on the mental health needs of infants and toddlers.

4. **Increase Access to Preventive and Treatment Services for Families For Whom Substance Abuse is an Issue, With Special Attention to Families Involved in the Child Welfare System.** Millions of children and families are impacted by the growing epidemic of substance abuse. In fact, an estimated 11 percent of all children live in families where one or more parents abuse alcohol or other drugs. This issue is even more pressing for families in the child welfare system – up to 80 percent of children in the child welfare system are affected by substance abuse. Families need access to a community-based, coordinated system of comprehensive family drug and alcohol treatment. Prevention and treatment services should include: prevention and early intervention services for parents at-risk of substance abuse; a range of comprehensive treatment options including home-based, outpatient, and family-oriented residential treatment options; aftercare support for families in recovery; and preventive and early intervention services for children that address their mental, emotional, and developmental needs.

5. **Strengthen the Capacity of the Mental Health System to Respond to the Unique Needs of Infants and Toddlers Through Professional Development,**
Pre-Service and In-Service Training of Service Providers. The quality of a service system depends on those that deliver the services. The difficulty of identifying and diagnosing early mental health problems is compounded by the lack of skilled practitioners to diagnose and treat infants, toddlers and their families. Untreated infant mental health disorders can have disastrous effects on children’s functioning and future outcomes. Hence, training, technical assistance, and supervision for clinicians are vital to building capacity and expertise in infant mental health. These components assure high quality assessments, consultation, and intervention. A comprehensive strategy would include: pre-service preparation; continuing education; certification or credentialing process for qualified infant mental health providers; training for various individuals involved in infant mental health (parents, early care and education providers, physicians, infant mental health specialists, psychologists, and psychiatrists); and provision of clinical supervision for service providers. Although SAMHSA provides funding for technical assistance, most funding targets children over the age of five and is not used for preventive efforts.

6. Develop Materials on Early Social-Emotional Development for Parents. All parents need informational resources to help them understand the importance of social-emotional development in the earliest years. SAMHSA should support efforts which ensure that a wide variety of materials about early social-emotional development are available for parents. These resources could take the form of brochures, fact sheets, posters and on-line tools. Possible topics for parents may include: creating and maintaining healthy relationships with your baby, recognizing both the resilience and vulnerability of your baby; tuning into the temperament and interactional style of your baby; helping babies express and regulate their emotions; and promoting experiences that allow children to grow and prosper.

7. Identify and Support Research-Based Model Programs that 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. With mental health consultation and training in child care centers, staff can support social and emotional development, prevent behavioral problems, support relationships with families and identify early warning signs of mental health disorders.

8. Establish a National Infant Mental Health Resource Center In Order to Advance Evidence-Based Practices in Infant and Early Childhood Mental Health. Parents and professionals are hungry for information about social emotional development. There is new research available and some promising models for addressing infant mental health, but providers are largely unaware of this information. One way to improve the mental health outcomes for young children is by creating a National Resource Center for Infant Mental Health. Such a Center would: identify and disseminate infant mental health intervention and treatment models; translate current research about effective infant mental health intervention and treatment approaches for parents and early intervention professionals; provide information, technical assistance, training and other resources about social-emotional development in infants and toddlers with disabilities to early intervention personnel and parents; and coordinate with other mental health initiatives such as those through the Early Head Start National
Resource Center to assure a systematic approach across the birth to three programs.

- **Untreated Mental Health Disorders Can Have Disastrous Effects on Children’s Functioning and Future Outcomes.** Unlike adults, babies and toddlers have a fairly limited repertoire of responses to stress and trauma. Mental health disorders in young infants might be reflected in physical symptoms (poor weight gain, slow growth, constipation), overall delayed development, inconsolable crying, sleep problems, or in toddlers, aggressive or impulsive behavior and paralyzing fears. Early attachment disorders (including those resulting from early traumatic separations from parents and placement in foster care) predict subsequent aggressive behavior. Some early mental health disorders have lasting effects and may appear to be precursors of mental health problems in later life, including being withdrawn, sleeplessness or lack of appetite due to depression, anxiety, and traumatic stress reactions.5

- **Young Children are Being Expelled from Child Care for Behavior Problems.** Increasingly, young children are being expelled from child care and preschool for behavior problems, including biting, tantrums, hitting, throwing objects, or inconsolable crying.6 One study in Illinois found that 42% of child care programs have asked families to withdraw their infant or toddler because the program was unable to handle the child’s social or emotional problems.7 Young children with behavior problems are difficult to teach, and if disliked by teachers and peers because of behavior, quickly lose motivation for learning, withdraw from peers, or face social rejection.8

- **Healthy Social Emotional Development is Strongly Linked to Success in Elementary School.** The emotional, social and behavioral competence of young children is a strong predictor of academic performance in elementary school.9 Social and emotional development is just as important as literacy, language, and number skills in helping young children be ready for school.10 A child who is not secure in relating to others doesn't trust adults and is not motivated to learn. A child who cannot calm himself or be calmed enough to respond to teaching will not benefit from early educational experiences.

- **The Mental Health of Parents Can Affect Young Children.** Conditions such as maternal depression, anxiety disorders, bipolar disorders, alcoholism and postpartum can disrupt parenting. It is estimated that chronic depression affects 10 percent of mothers with young children.11 Parents with mental disorders are less able to provide developmentally appropriate stimulation and parent-child interactions.12 Parenting and child development are most affected when depression simultaneously occurs with other factors (extreme poverty, substance abuse, adolescence, maltreatment, etc.) 1314 Infants of clinically depressed mothers often withdraw from caregivers, 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. 15

- **There is a Great Need for Increased Training in Early Childhood Mental Health.** One expert notes that working with young children requires “child development knowledge, clinical skills, family systems knowledge, multidisciplinary practice skills…”16 A study in 180 North Carolina community child care centers found that teacher education, professional experience, and teacher self-ratings of knowledge and skill were predictors of global program quality.17 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.\textsuperscript{18} An evaluation of a California early mental health training program found that the “new skills and knowledge of the clinicians participating in the mental health training were influencing others [in the community agencies] because the participant was better able to help the agency make decisions about some of the difficult social service issues such as reunification and visitation.”\textsuperscript{19}

- Infants can experience depression as early as 4 months of age.\textsuperscript{20}
- Maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10% of mothers with young children.\textsuperscript{21}
- An Illinois survey revealed that 62% of infant and toddler programs lacked adequate mental health services.\textsuperscript{22}
- This study also found that 42% of child care programs asked families to withdraw their infants and toddlers because of social-emotional problems.\textsuperscript{23}
- Over 39,000 infants enter foster care each year;\textsuperscript{24} nearly 80% are prenatally exposed to substance abuse;\textsuperscript{25} 40% are born prematurely and/or low birth weight.
- An estimated 11% of all children live in families where one or more parents abuse alcohol or other drugs – up to 80% of children in the child welfare system are affected by substance abuse.\textsuperscript{26}

What is the Substance Abuse and Mental Health Services Administration?
The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency responsible for providing mental health and substance abuse services for children and adults. SAMHSA is an operating division within the U.S. Department of Health and Human Services. The 106th Congress enacted legislation, the Children's Health Act of 2000 (Public Law 106-310), to reauthorize, strengthen and expand the addiction prevention, addiction treatment and mental health programs of SAMHSA.

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 www.zerotothree.org

18 Cutler, A. & 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.
23 Ibid.