Infant/Early Childhood Mental Health 101

PRESENTATION TO CHILDREN’S BEHAVIORAL HEALTH INITIATIVE (CBHI) PROVIDERS
BY THE MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH
& THE MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE PROVIDERS OF EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES

WINTER 2014
EARLY MOMENTS MATTER

VIDEO: Early Moments Matter: Building Attachments: Birth—18 Months
This Emotional Life/PBS (2.30 minutes)
OVERVIEW:
Infant/Early Childhood Mental Health

- Synonymous with **healthy social** and **emotional development**.

- Also refers to the **mental health difficulties** and **disorders** experienced by very young children.

- **Response** to needs exists along a **continuum of promotion, prevention, and treatment services**.

DEFINITION: Infant Mental Health

- Infant mental health is the developing capacity of the child from birth to 3 to:
  - experience, regulate, and express emotions;
  - form close and secure interpersonal relationships;
  - explore the environment and learn; all in the context of family, community, and cultural expectations for young children.
DEFINITION: Pre-School Mental Health (1)

• Preschool mental health is the continuing developing capacity for:

  ○ **Emotional and behavioral self-regulation**
  ○ **Empathy and perspective taking**
  ○ **Cooperation and ability to resolve peer conflicts**

*Early Childhood Resource Center: National Research Council*
DEFINITION: Pre-School Mental Health (2)

- Communicating needs, desires and interests in a pro-social way
- Motivation to succeed linked to feeling competent and loved
- Persistence and self-direction in learning situations

Early Childhood Resource Center: National Research Council
Cornerstones of Healthy Infant/Early Childhood Mental Health

- Physical health of child and parents
- Attachment to primary caregivers
- Environment
- Positive relationships
- Temperament
- Genetics
Excessive fussiness—very difficult to soothe/console

Limited or no interest in things or people

Failure to gain weight

Consistent strong reactions to touch, sounds or movement

Sleep problems

Feeding problems

EARLY IDENTIFICATION: Toddler
1 – 3 Years (1)

- Displays very little emotion
- Unable to calm self
- Does not turn to adults for comfort or help
- Excessive fearfulness or excessive sadness
- Withdrawal or excessive clinging

*Each age range includes issues from previous stages*

What is Early Childhood Mental Health? Oklahoma Department of Mental Health (2011),
http://www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-
E2D723EAFE3B/0/0656_WhatIsInfantandEarlyChildhoodMentalHealth_occ_12012011.pdf
EARLY IDENTIFICATION: Toddler 1 – 3 Years (2)

- Aggression toward self or others
- Impulsiveness and hyperactivity
- Excessive tantrums or defiance
- Language delays
- Interference with typical developmental tasks

EARLY IDENTIFICATION: Preschool 3 – 5 Years

- Consistently prefers not to play with others or with toys
- Goes to strangers easily
- Destructive
- Hurts animals
- Limited use of words to express feelings

# Risk Factors Impacting Optimal Mental Health

- Parental Mental Illness and/or Substance Use
- Global Developmental Delay
- Postpartum Depression
- Poverty
- Trauma
- Domestic Violence
- Physical Illness
- Genetics
- Environment
- Neglect
Data to Support Early Identification & Intervention

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

- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.
  
  NIMH, Mental Illness Exacts Heavy Toll, Beginning in Youth, June 2005

- 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.)
  
• 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.


• 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, National Center for Children in Poverty (NCCP), November 2008
Infant/Early Childhood System of Care Model

Early Childhood Mental Health in a System of Care

Services & Supports

Supports for Parents & Child Care Providers

Fosters the social and emotional well-being of all infants, toddlers, preschool-age children, and their families

Values

- Family Voice
- Child & Family Centered
- Relationship Based
- Culturally Competent
- Infused into Natural Settings & Services
- Grounded in Developmental Knowledge

Services for Families

- Strategic Planning, Policies & Procedures
- Interagency Partnerships
- Maximized & Flexible Funding

Services for Children

- Prepared Workforce
- Outcome Evaluation

Building Blocks

Promotion
Prevention
Intervention
Current Components of System in Massachusetts

- Behavioral Health Agencies
- Early Education and Care Providers
- Early Head Start/Head Start
- Early Intervention
- Public Schools
- Children’s Behavior Health Initiative (CBHI)
- Child Welfare
- Maternal-Child Health
- Home Visiting/Healthy Families
- Massachusetts Child Psychiatry Access Project (MCPAP)
- Medical Home
- Primary Care
  - Parent Support Services
Examples of 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
- Reflective supervision/consultation
- ZERO TO THREE court teams
- EHS/Head Start
- Home visitation/MIECHV
  - CSEFEL—Center for Social & Emotional Foundations for Early Learning
GOALS

○ work collaboratively with early care and education staff, programs and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care

○ provide an approach to prevent and reduce problem behaviors in young children

○ promote positive social and emotional development.
Types of requests for consultation services

- **At risk for suspension/termination from program**
  - aggression related to unsafe behaviors/hurting self or others
  - tantruming uncontrollably
  - unregulated in terms of inattention, hyperactivity, withdrawn

- **Typical situations for one or more children include problems with:**
  - social skill development
  - limit-setting
  - taking turns with toys
  - being touched or bumped by other children

- **Some typical behaviors**
  - hitting, kicking, biting, throwing things, hitting with objects
  - tantruming leading to uncontrollable crying/screaming/fleeing
RANGE OF CONSULTATION SERVICES

- CHILD AND FAMILY
- CLASSROOM
- PROGRAM
CHILD AND FAMILY CONSULTATION SERVICES

- observation
- assessment
- consultation to staff and parents
- behavioral plan
- play therapy
- modeling/mentoring/coaching
- case management
- referrals to behavioral health and community agencies
CLASSROOM CONSULTATION SERVICES

- Classroom observation and assessment
- Support classroom staff in modeling appropriate positive interactions and behavior management techniques;
- Support classroom staff with classroom management
- Consulting with an individual educator
- Consultation with educators around children’s strengths and needs
Consult with center director or family child care provider around program strengths and needs.

Develop scope of services/follow-up planning identifying strategies for program enhancement and/or modifications.

Provide support, resources, and referrals when program impacted by a traumatic event that affects program staff, children, and their families.

Recommend strategies for supportive social and/or emotional environment.

Train educator and families on child development, social emotional development, etc.
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<tr>
<th>CONSULTATION PROGRAMS</th>
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<tbody>
<tr>
<td>Behavioral Health Network (West)</td>
</tr>
<tr>
<td>110 Maple St, Springfield, MA 01105</td>
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<tr>
<td>413-732-7419</td>
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<tr>
<td>Community Healthlink, Inc. (Central)</td>
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<tr>
<td>275 Belmont Street, Worcester, MA 01604</td>
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<tr>
<td>508-791-3261</td>
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<tr>
<td>Massachusetts Society for the Prevention of Cruelty to Children (Northeast)</td>
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<tr>
<td>439 S Union Street, Lawrence, MA 01843</td>
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<tr>
<td>978-682-9222</td>
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<tr>
<td>Enable, Inc. (Metrowest)</td>
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<tr>
<td>605 Neponset Street, Canton, MA 02021</td>
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<tr>
<td>781-821-4422</td>
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<tr>
<td>Justice Resource Institute, Inc. (Southeast, Cape Cod, and Islands) Community Care Services, a division of JRI</td>
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<tr>
<td>70 Main St., Taunton, MA 02780</td>
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<tr>
<td>508-821-7777</td>
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<tr>
<td>The Home for Little Wanderers (Greater Boston)</td>
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<tr>
<td>780 American Legion Highway, Roslindale, MA 02131</td>
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<td>• 617-264-5305</td>
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