

# The Last Element: Early Childhood Mental Health Services

Deborah F. Perry, PhD  
Georgetown University  
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# Overview of Presentation

- Definition of early childhood mental health
- Framework for an early childhood mental health services



# Neurons to Neighborhoods

...virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy is affected by the environments and experiences that are encountered in a cumulative fashion, beginning in the prenatal period and extending throughout the early childhood years."

Shonkoff and Phillips, 2000

# Early Childhood Mental Health



- The social, emotional and behavioral well-being of young children and their families
- The developing capacity to experience, regulate, express emotion
- Form close, secure relationships
- Explore the environment and learn

Adapted from ZERO TO THREE

# The Biology of Brain Development

- Conditions of early life affect the differentiation and function of billions of neurons in the brain.
- This early experience sets up the pathways (connections) among the different centers in the brain

# Quality and Quantity of Experiences

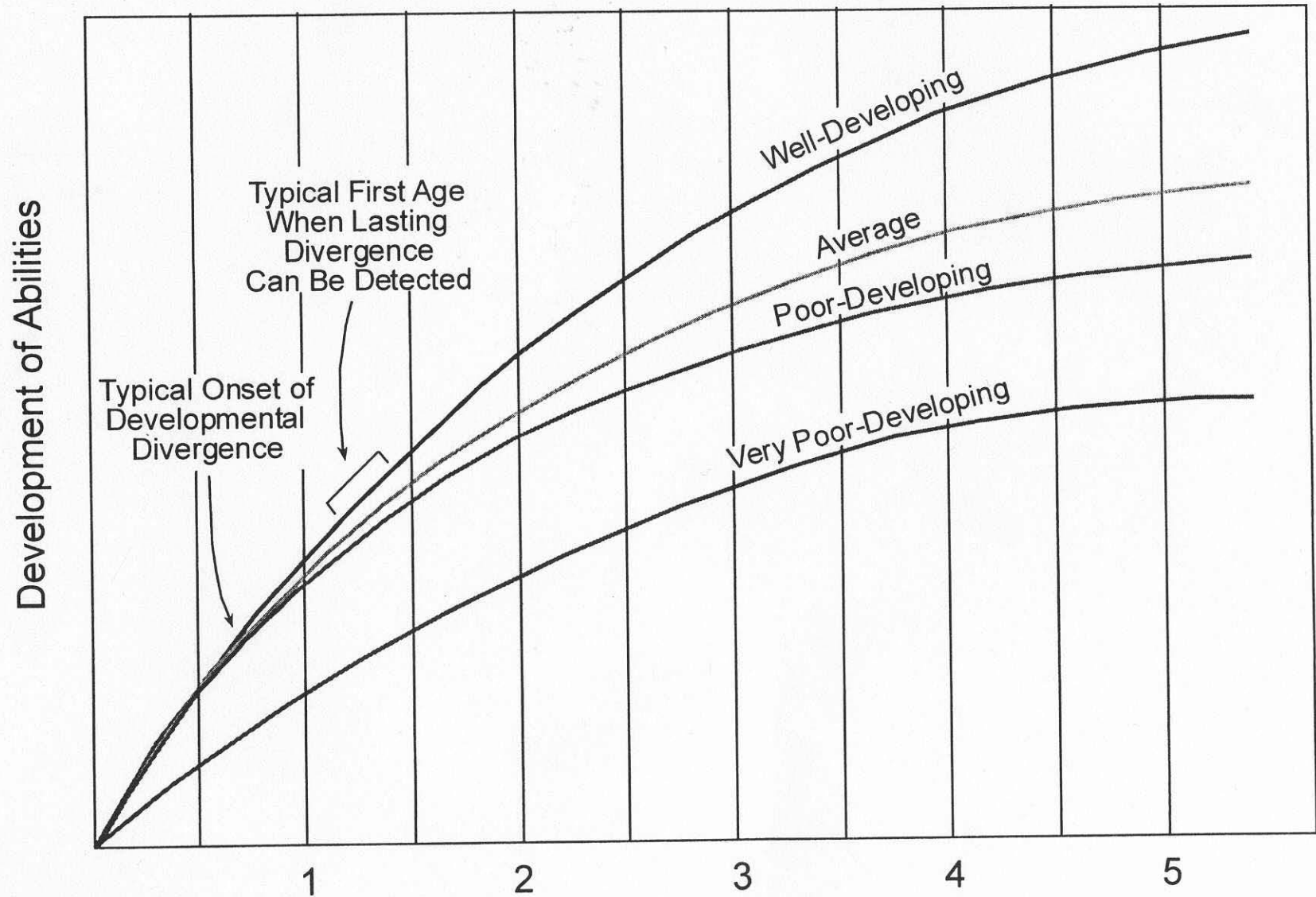
- Frequent, regular, predictable
- Occur in the context of warm, supportive relationship
- Are associated with positive emotions
- Involve several senses
- Are responsive to the child's interests or initiative



# Why it matters...

- Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities.
- Social skills, emotional health, and cognitive capacities are all important prerequisites for success in school and later in the workplace.

# Development of Abilities



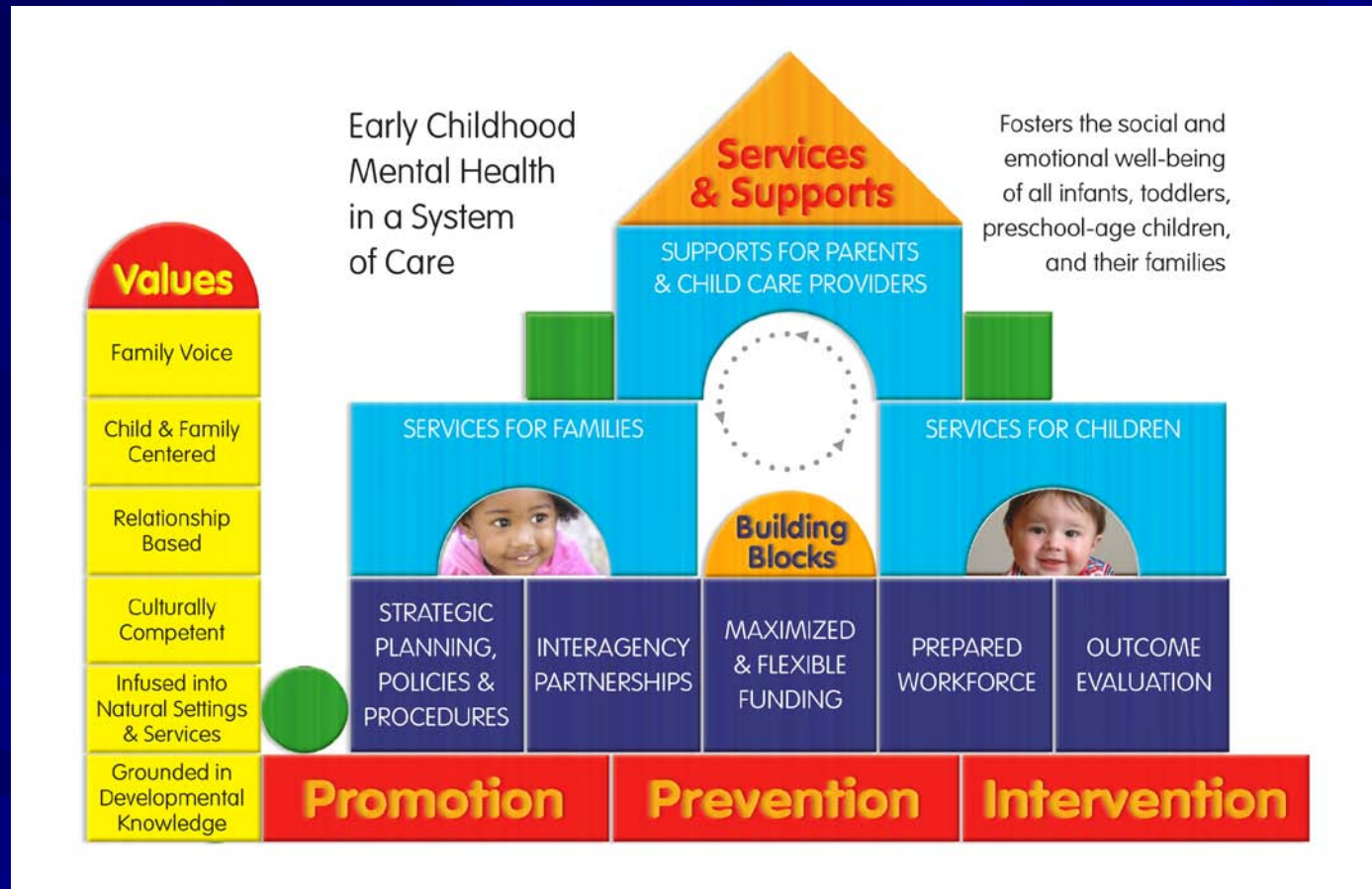
Adapted from: White, B.L., *The New First Three Years of Life*, (p. 117).



# Challenges & Opportunities

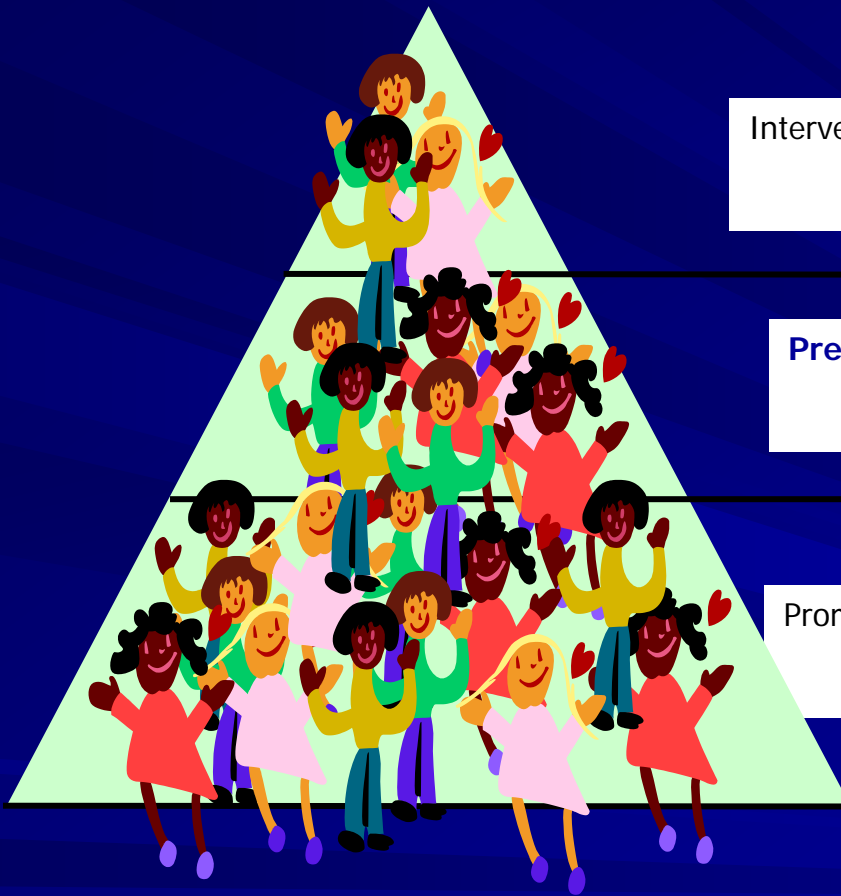
- Address the mental health needs of young children and their caregivers in context of their network of services and supports
- Integrate the best available science on what works for preventing and treating mental health needs of young children and their families

# An Early Childhood Systems' Framework



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

# Public Health Framework



Intervention/Targeted – 5-10%

Prevention/Indicated – 10-15%

Promotion/Universal – 80-100%

Population-focused and also continuum of services...

# System of Care Values/Principles

- Relationship-Based
- Culturally Competent
- Best Scientific Evidence
- Infused Into Natural Settings and Services
- Grounded in Developmental Knowledge
- Risk & Resilience

# Relationship-Based

- Dyadic
- Two-generation models
- Family systems
- Relationships between MH and other service systems
- Relationships with stakeholders in systems building

# System of Care Values/Principles

- **Infused Into Natural Settings and Services**
  - Stand-alone early childhood mental health systems won't work
- **Grounded in Developmental Knowledge**
  - Lifespan approach, different approaches needed for infants, toddlers, preschoolers
- **Risk & Resilience**
  - Building family and community assets

# Best Scientific Evidence

- Growing number of evidence-based prevention and treatment models
  - Developed through rigorous scientific experiments
  - Need for adaptation for local context, but with eye to fidelity
  - Difficulties in bringing these to scale

# Continuum of Services: Promotion

- Developmental and social-emotional screening in primary care and early care and education programs
- High quality child care
- High quality training on social-emotional development
- Use of an evidence-based early childhood curriculum
- Dissemination of information promoting healthy social-emotional development



# Continuum of Services: Prevention

- Home visitation programs
- Mental health consultation in multiple settings
- Family mentors
- Social skills curricula (i.e., Second Step)
- Family supports
- Coaching and professional development for early care and education providers

# Continuum of Services: Intervention

- On-site mental health consultation
- Crisis teams
- Wraparound services
- Relationship-based therapy
- Hotline for families
- Behaviorally-based programs in a variety of settings
- In-home treatment

# Florida's Model for IMH

**Level 1.** Services to strengthen caregiver skills and relationship with child.

**Level 2.** Services for families and children with identified social risks, delays, special health needs, and disabilities.

**Level 3.** Services to families of children diagnosed with serious emotional disorders or severe mental/ behavioral health problems.

Source: *Infant Mental Health Services for Young Children and Families*. Florida State University, Center for Prevention and Early Intervention Policy. © 2000

# Examples of Services

## *Level 1*

- Screening to detect social-emotional delays and risks.
- Child development advice from pediatric care providers.

## *Level 2*

- Mental health support through home visiting programs.
- Mental health consultation for child care and other early childhood learning programs.

## *Level 3*

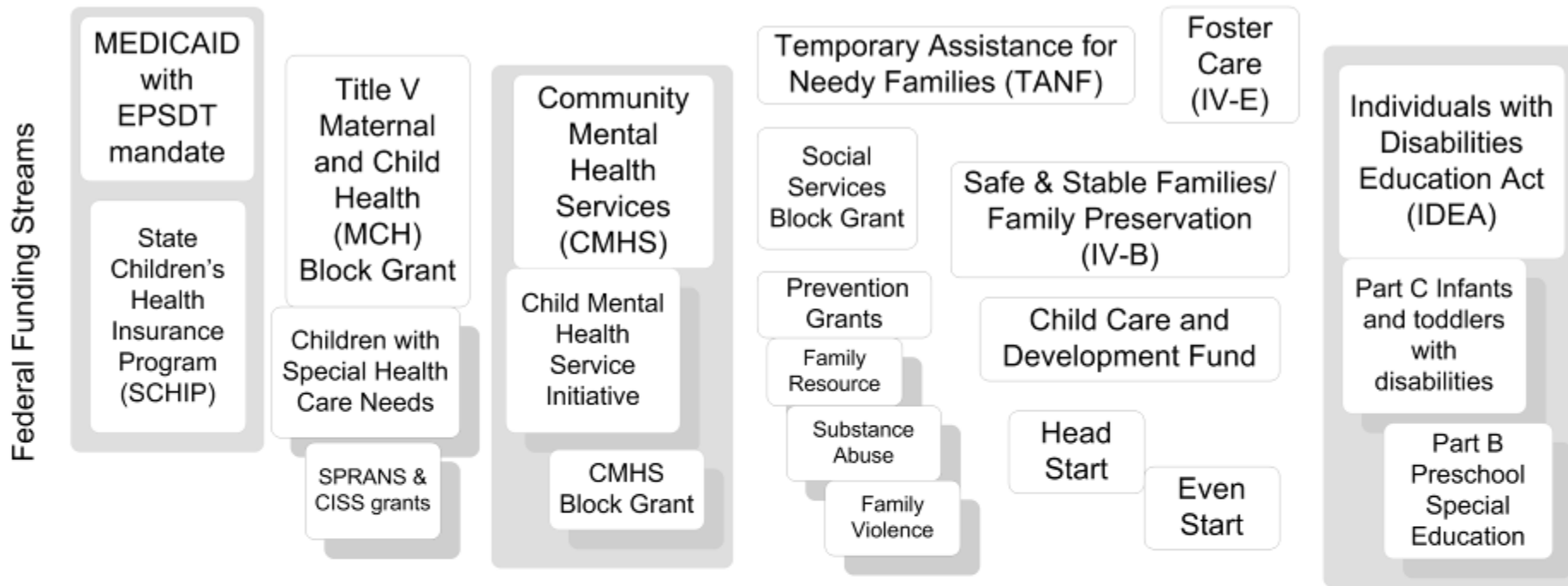
- Interventions to repair parent-child relationships.
- Treatment for children with significant mental health problems.
- Substance abuse treatment for parents, which includes a child-centered component.

# System Infrastructure

- Strategic planning, policies and procedures
- Interagency partnerships
  - Especially with EC: Public-private; philanthropic-government
- Maximized and flexible funding
  - Current MH system: one identified patient; treatment focused; MH or SA or DV

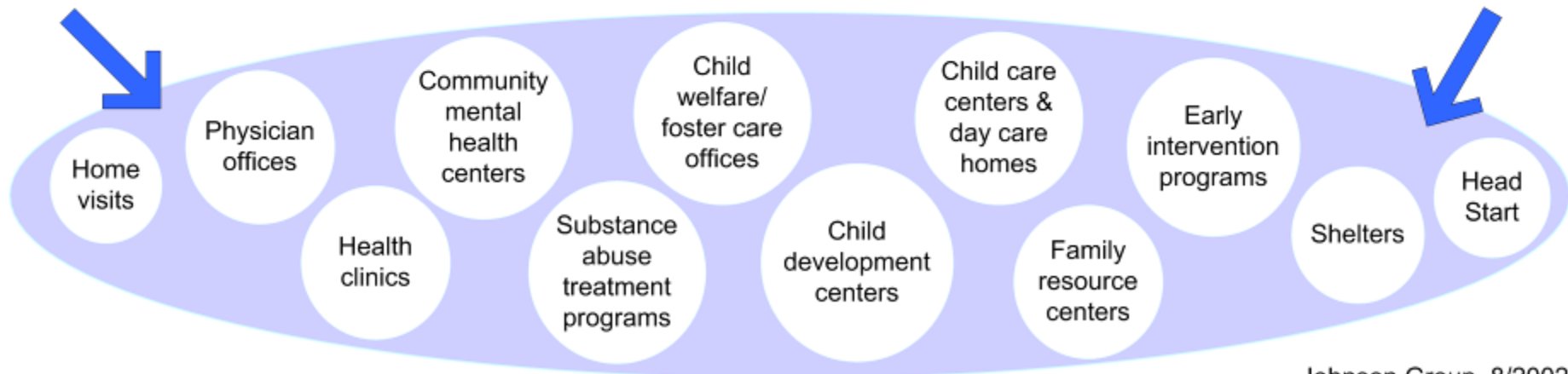
# Financing Early Childhood Mental Health Services

Potential financing for services that promote the healthy social and emotional development of young children



Leverage federal dollars with state and local public and private funds, and blend or braid funds to maximize resources.

Develop planning and administrative mechanisms to finance mental health services in settings serving young children and their families



# System Infrastructure II

- Prepared workforce
  - Pre-service and in-service; competencies for front-line staff and specialists
- Outcome Evaluation
  - Competition for direct service dollars
  - Need data for sustainability
  - Results-focused, but contextual
  - Measure process as well as outcomes

# Long-term Return on Investment



- Benefit-cost ratios for early childhood development programs:
  - \$9 for Perry Preschool
  - \$7 for Chicago Child-Parent Program
  - \$5 for Olds Nurse Family Partnership

■ Lynch, 2004