EARLY CHILDHOOD

Research and Policy Report

Helping Young Children Succeed
Strategies to Promote Early Childhood Social and Emotional Development

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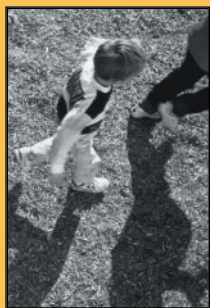*Steffanie Clothier, NCSL; and Julie Poppe, NCSL*

Introduction

The early years of life lay the foundation for a child's development today and during the course of his or her life. From the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage of life.[1] It is during this time that the brain undergoes its most dramatic growth, and children acquire the ability to think, speak, learn and reason. Early experiences can and do influence the physical architecture of the brain,[2] literally shaping the neural connections in an infant's developing brain.

Gaining social and emotional skills enables children to learn from teachers, make friends, express thoughts and feelings, and cope with frustration. These kinds of skills, in turn, directly influence cognitive learning such as early literacy, numeracy and language skills.[3] A child who cannot remain calm, focus on a task and stick with it will not be able to take advantage of an opportunity to interact with an adult who is reading her a story—an activity that effectively promotes early language and literacy skills.

Ensuring that young children arrive at school ready to learn has become a national priority. State policymakers have an opportunity to have a significant and lasting effect on young children's development by enacting policies that support healthy social-emotional development of young children from birth to age five. Social and emotional development extends beyond the realm of education to reach human services, health, economic development, and environmental policies. This brief defines early childhood social-emotional development; describes what can happen when children face emotional and behavioral problems; and outlines what actions can be taken at the state level to support healthy social-emotional development in babies and young children. It also highlights state and community efforts to improve early childhood social and emotional development through promotion, prevention and treatment approaches.

Policy Recommendations in Brief

Promoting Early Childhood Social and Emotional Development
- Develop initiatives to increase awareness and understanding of early childhood mental health.
- Integrate social and emotional development into existing services.

Preventing Mental Health Disorders or Their Consequences
- Fully implement federal referral requirements under the Child Abuse Prevention and Treatment Act of 2003 (CAPTA) and the Individual with Disabilities Education Act (IDEA) Part C Reauthorization of 2004.
- Provide mental health consultation to early childhood programs to address challenging behaviors.
- Expand early identification approaches.
- Invest in family mental health services and supports.

Treating Early Childhood Mental Health Disorders
- Address the distinct mental health needs of young children and their families who are affected by maltreatment, substance abuse and domestic violence.
- Expand the number of mental health clinicians trained to address early childhood mental health issues.

(Details on page 9)

What Is Early Childhood Social and Emotional Development?

In their first years of life, children rapidly develop the social and emotional capacities that prepare them to be self-confident, trusting, empathic, intellectually inquisitive, competent in using language to communicate, and capable of relating well to others.[4] Sometimes called early childhood mental health, or infant mental health, healthy social and emotional development refers to a child's developing capacity to:

- Experience, manage and express the full range of positive and negative emotions;
- Develop close, satisfying relationships with other children and adults; and
- Actively explore their environment and learn.

Social and emotional development lays the foundation that helps guide a child into adulthood. Early experiences can build a strong foundation or a fragile one, and can affect the way children react and respond to the world around them for the rest of their lives.

Influences: Biology, Relationships, Environment

Early childhood social and emotional development are influenced by biology, relationships and environment. Biology refers to what a child is born with, such as his or her genetic makeup. Relationships connect children with significant people in their lives and a child's environment is where a child spends time such as home, early education settings, and other situations a child experiences that can be either warm or hostile.

Biology: Biological influences can include such characteristics as temperament (infants are often characterized as easy, slow to warm up or difficult) and genetic influences such as prematurity and physical anomalies.[5]

Relationships: Young children develop social-emotional competencies in the context of the relationships that exist between a small group of consistent caregivers and a child. Caregivers may include parents, child care providers, foster parents, grandparents and other family members.

Environment: Children develop in the context of their environment. Environmental influences such as exposure to environmental toxins, extreme poverty, malnutrition, community or family violence, substance abuse, abuse and neglect, and poor quality child care settings all can lead to emotional or behavioral difficulties. Environmental stresses such as homelessness, poverty and parental mental illness negatively influence a child's early experiences.

The influences of biology, relationships and environment play a significant role in the development of social-emotional competencies. For example, a child exposed to abuse or neglect may respond biologically by producing high levels of cortisol—a stress hormone that the body releases in order to cope with threatening situations. Children who are repeatedly exposed to harmful environments are at risk for poor development because their stress levels remain high, causing permanent negative damage to the brain. These children are also at risk for a variety of behavioral problems, as well as loss of memory and learning skills and suppression of the immune system.[6]

Relationships with the primary caregiver are especially important for development in the first years of life because the child's primary caregivers structure the experiences and shape the environments within which early development unfolds.[7] Babies and young children need to have the opportunity to develop a close, trusting relationship or secure attachment with at least one special person. The ability to attach to a significant adult allows young children to become trusting, confident, and capable of regulating stress and managing distress. Those who develop a secure attachment with a primary caregiver during the early years of life are more likely to later have positive relationships with peers, be liked by their teachers, perform better in school, and respond with resilience in the face of adversity as they grow and become preschoolers and older students. Those who do not have an opportunity to form a secure attachment with a trusted adult are at risk of experiencing distrust or uncertainty with their caregivers, negative self-image, and difficulties in coping adaptively with stress.[8]

Positive parenting practices—including responsive caregiving, positive discipline, supports for language and learning, and playful interactions—can promote social and emotional health. Because the parent-child relationship is so important for early development, the mental wellness of adults plays a critical role in how young children develop. The existence of maternal depression and other adult mental health disorders can negatively affect children if parents are not capable of providing consistent sensitive care, emotional nurturance, protection, and the stimulation that young children need. Maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10 percent of mothers with young children.[9] This number is much higher for families in poverty. Findings at enrollment from the National Evaluation of Early Head Start indicate that nearly half (48 percent) of mothers reported enough depressive symptoms to be considered clinically depressed.[10]

Social-Emotional Skills that Support School Readiness[11]
In the context of school readiness, several skills have been identified that enable children to learn and be successful in school and later in life. These include:
1. Confidence
2. Curiosity
3. Intentionality
4. Self-Control
5. Relatedness
6. Capacity to Communicate
7. Cooperativeness

Poverty is another environmental factor that is tied to social and emotional health. Young children who live in poverty-stricken communities may be exposed to environmental dangers such as lead and mercury—chemicals that studies have shown impair health. Children who live in poverty also often lack the proper nutrition needed for optimal brain development. Early childhood programs such as Early Head Start and Head Start mitigate against the effects of poverty by providing basic supports, such as nutritional meals, to young children in low-income families.

The Effects of Social and Emotional Development

Early childhood social and emotional development is firmly tied to every other area of growth and development—physical growth and health, communication and language development, and cognitive skills, as well as the child's early relationships. If young children do not achieve early social and emotional milestones that are linked to positive early childhood mental health, they will not do well in the early school years and subsequently, are at higher risk for school failure, juvenile delinquency, and a variety of other problems later in life.

Children who are emotionally healthy have a significantly greater chance of achieving success in school compared with those who have emotional difficulties.[12, 13] Research indicates, however, that between one-quarter and one-third of young children are perceived as not being ready to succeed in school.[14] For a significant number of these children, concerns center around emotional and behavioral difficulties that prevent them from making the cognitive gains they need when they enter school. Indeed, recent findings show that 3- and 4-year-olds are increasingly being expelled from preschool because of problem behaviors.[15]

Cost-benefit analyses confirm that nurturing young children's social, emotional and behavioral skills through quality early educational experiences produces an economic return to society. This occurs over the short term and over time through a contribution of labor force skills that generate national economic growth and lower crime rates that keep down taxpayer costs.[16, 17] A principal benefit of early childhood intervention is shaping what are considered the noncognitive skills—behavior, motivation and self-control.[18] Children with healthy social and emotional skills form the capacities to develop lasting friendships and intimate relationships, effectively care for their own children, hold a job, and become productive citizens.[19]

What Happens When Things Go Awry: What Do Early Childhood Mental Health Problems Look Like?

For most babies and young children, social and emotional development unfolds in fairly predictable ways. They learn to develop close relationships with family members and other caregivers; to regulate their emotions and soothe themselves if they are upset; to share and play with other children; and to listen and follow directions. All these signs indicate positive early social and emotional development. The healthy social and emotional development of babies and young children depends upon their ability to manage their feelings, develop trust with others, and learn about the world in which they live.

Due to biological, relationship-based, and/or environmental risk factors, some young children do not develop healthy social and emotional skills and can experience mental health problems. As early as the first year of life, some infants demonstrate significant behavioral or emotional problems—this may be evidenced by poor weight gain; slow growth; recurrent vomiting; constipation; overall delayed development; inconsolable crying; excessive biting; kicking and hitting; flat affect (no expression, no emotions); feeding and sleep problems. Older toddlers and preschoolers may demonstrate aggressive or impulsive behavior, defiance and overactivity. In addition, young children can experience depression, grief, and disorganization in response to trauma, maltreatment and loss.[20]

How to Enhance Children's Healthy Social and Emotional Development

Approaches to improving early childhood social and emotional development include integrating three main components: promotion, prevention and treatment. **Promotion** of healthy social and emotional development focuses on promoting well-being among all children. **Prevention** services are aimed at children who are at-risk for mental health disorders. **Treatment** involves specialized services that address identified problems. These strategies can be adopted individually or as part of a continuum of services.

Behaviors that Warrant Concern

Infants and Toddlers (birth to age 3)[21]
- Chronic feeding or sleeping difficulties
- Inconsolable "fussiness" or irritability
- Incessant crying with little ability to be consoled
- Extreme upset when left with another adult
- Inability to adapt to new situations
- Easily startled or alarmed by routine events
- Inability to establish relationships with other children or adults
- Excessive hitting, biting and pushing of other children or very withdrawn behavior
- Flat affect

Preschoolers (ages 3 to 5)[22]
- Engages in compulsive activities (e.g., head banging)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental achievements

Strategies in Brief

Promotion services, aimed at maintaining social and emotional well-being, benefit all young children and their families. A promotion strategy might involve a public awareness campaign and/or the use of home visiting or family support programs to educate parents and other primary caregivers (e.g., child care and health care providers) about the key role they can play in creating and maintaining healthy relationships, environments and experiences.

A **prevention** approach is targeted toward children who are at risk of poor developmental outcomes. Prevention approaches, aimed to reduce the risk of mental health problems through early identification and intervention strategies, might include screening for social and emotional development. Screening can be provided through child care settings, pediatric offices, family resource centers, home visiting programs, comprehensive child development programs, and child abuse prevention programs. Prevention services may specifically address areas such as environmental toxins (exposure to mercury and lead), focus on improving the quality of infant and toddler child care, or focus on reducing violence in the community and domestic violence.

Treatment offers targeted and individualized attention to young children and families who already are exhibiting symptoms of mental health disturbances. This highly specialized level of service requires skilled staff who have advanced training. For example, treatment might include the enrollment of a young child in a therapeutic day care program or child-parent psychotherapy for both the child and parent(s).

Promotion, prevention and treatment strategies may overlap with one another. For example, quality child care may be used to promote positive mental health and, at the same time, prevent poor developmental outcomes.

Promotion

Promoting and maintaining social and emotional well-being in young children requires a universal approach directed at all young children and their families. This involves promoting and maintaining the protective factors that bring about positive self-esteem, good coping skills, and success in school in young children. Meaningful opportunities exist to promote mental wellness among all young children and their families. The interactions caregiving adults have with young children during everyday activities such as bathing or feeding time provide natural opportunities to shape emotional development. For example, a bathing experience offers an opportunity for an adult to support the infant as he or she adapts to the experience. Through these experiences, caregivers have an opportunity to create and maintain healthy relationships, environments and experiences that allow children to grow and prosper.

Ensuring that all young children are mentally healthy requires that the adults who provide early care understand what social and emotional development is and what they can do to support it. Parents and other caregiving adults—such as a child care provider or primary health care provider—can learn to understand the social and emotional milestones of early development. Such knowledge would help caregivers develop a sense of what to expect from emotional development, distinguish between typical development and behaviors that warrant attention, and know how to obtain help for suspected problems. For example, caregivers could benefit from public service announcements, brochures, presentations at professional conferences, and parent education workshops.

There are a variety of programs that can be considered in the context of how they promote the parent-child relationship, including home visiting, welfare, and family leave policies. For example, the use of home visiting programs has been an effective strategy for offering information, guidance, and emotional and practical support directly to families in their homes. These programs promote healthy development of the family in a number of ways, including teaching parents about early development, enhancing parent-child relationships, and increasing families' appropriate use of community resources. Family support programs also can promote healthy development. Such programs may help families remove the barriers to food security, quality housing, or father involvement. The Parent Services Project (PSP), for example, has been used to help educate parents and child care staff about the mental health needs of young children and families.[23] PSP uses parenting education classes, workshops, peer support groups and family activities, and information and referral services to create social support networks for all families.

Prevention

Prevention strategies are targeted to those children who are identified as being at-risk of poor mental health outcomes. Supporting early social-emotional prevention approaches can help prevent traumatic life experiences—such as domestic violence and abuse and neglect—from interfering with a child's healthy development. If undetected, traumatic experiences can interact with a child's unfolding developmental processes and pose risks for mental health disorders and other poor developmental outcomes.[24] Research shows that abused and neglected children who do not receive professional attention experience higher rates of arrest for both juvenile and adult criminal behavior highlighting the importance of early prevention efforts.[25] Prevention efforts can help young children understand and process the traumatic events they have experienced to help diminish future risks.[26] Prevention efforts also may help to reduce feelings of anxiety and

fear among young children who may not feel safe or worry about safety and security. These efforts can help military families, for example, that are subject to challenges from deployment and separation, relieve the stress of anxiety and uncertainty.

For children who are at risk of poor mental health outcomes, high-quality child care programs can serve as a prevention approach and can promote healthy social and emotional development. These child care arrangements include family, friends and neighbors; family child care homes; and center-based child care. Research demonstrates that the quality of child care affects the social and emotional development of young children. High-quality programs, which offer children emotional nurturance and positive early learning experiences, enhance development and prepare children for school.

To achieve high-quality child care, research shows that certain key elements make a difference. These elements include well-trained caregivers, adequate compensation to encourage recruitment and retention of staff, low staff–child ratios, and parent involvement. Such elements not only promote strong, secure relationships and high-quality interactions between caregiver and child, but also improve attention to children's interest in problem solving, language development, social skills and physical development. Studies show that high-quality programs can even reduce risk factors for young children by mitigating the effects of poverty and maternal depression.[27] Conversely, low-quality programs have been shown to jeopardize the healthy development of young children.[28] A study by the National Institute of Child Health and Human Development (NICHD) found that a majority of child care settings in the United States are not providing positive caregiving, which translates into lost opportunities to mitigate other risk factors and creates limited or even harmful environments.[29]

A number of current federal and state prevention programs aim to support early childhood development. Lawmakers can coordinate initiatives aimed at early childhood social and emotional development with programs that deliver services to families, such as Medicaid's Early and Periodic Screening Diagnosis and Treatment services (EPSDT); Part B and Part C under the Individuals with Disabilities Education Act (IDEA); child care; Head Start/Early Head Start; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and home visiting programs. Both the child care subsidy program (Child Care and Development Fund) and Head Start can be used to provide mental health consultation and training for staff to improve the quality of classroom environments and interactions with children with behavioral difficulties.[30] On-site early childhood mental health consultants can develop a continuum of interventions—from classroom-focused interventions that target all children, to more intensive classroom and home-based interventions for more high-risk young children, to referrals for those children who need more specialized services.[31] Other efforts to coordinate early childhood mental health services could involve maternal and child health and community mental health. In addition, new require-

> **Major Federal Programs and Funding Streams that States Can Draw on to Support Early Childhood Mental Health**[32]
>
> - Medicaid
>
> - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
>
> - Head Start and Early Head Start
>
> - Part B of IDEA: Preschool Special Education Program
>
> - Part C of IDEA: Early Intervention
>
> - Child Care and Development Fund (CCDF)
>
> - Title V Maternal and Child Health Services Block Grant

ments in the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Act call on states to develop provisions and procedures for referral of children under the age of three who have a substantiated case of abuse or neglect to Part C of IDEA for assessment and treatment as needed.

Prevention approaches also can build on already established practices in early childhood settings such as primary health care. For example, routine developmental screenings, that already are already part of most well-child visits in primary health care, could include a social-emotional screening component. High-quality screening tools also can screen mothers and fathers for mental health problems such as depression, which may interfere with healthy infant and early childhood social and emotional development.[33]

Treatment

Providing early childhood mental health services involves identifying children and families who are in need of intervention. Although signs and symptoms of early social and emotional issues are not always as obvious in babies and very young children as they are in adults or older children, skilled providers can accurately screen, diagnose and treat mental health disorders in infancy and early childhood before they affect other areas of learning and development. Diagnosing mental health disorders in very young children requires highly trained specialists who are skilled in working with children and their families.[34]

Once a child is identified and diagnosed, various treatments are available to the young child and family. Treatment may be geared specifically toward a young child with mental health problems. Therapeutic day care programs, for example, may focus on helping young children succeed in both adult and peer relationships. Preschool inclusion programs may provide both early childhood special education and the positive behavioral support that young children with disabilities or developmental delays need. Methods of intervention also may involve caregivers, helping them to better understand a young child's mental health needs. Dyadic therapy, for instance, involves therapy for both child and parent together and may help a parent understand how to help a child regulate her emotions (e.g., tantrums and rages) and learn to verbally express his or her feelings.

Barriers to Implementing Early Childhood Mental Health Services

A number of barriers exist to implementing effective services. One is the lack of a skilled workforce—the professionals necessary to conduct the screening, diagnosis and treatment of mental health problems in young children. The president's New Freedom Commission on Mental Health recognizes this gap and calls for a trained workforce to meet mental health needs.[35] Psychologists, psychiatrists and other mental health therapists are needed to respond to the shortage but, to be effective, will need training in early childhood development.

Lack of training also creates a serious barrier for other early childhood professionals who are in a position to support early childhood mental health. These professionals—such as primary health care providers, home visitors, early interventionists and child care providers—seldom receive training in their role to support infant and early childhood mental health. A survey of unmet needs in the Illinois early care and education system, for example, revealed that 62 percent of programs reported inadequate mental health resources; these programs identified the lack of availability of trained mental health providers as one of the three areas of greatest unmet need.[36]

In addition, significant structural barriers exist to providing services. These include barriers to provider reimbursement and difficulties experienced by primary health care providers in submitting payment claims. One strong vehicle for addressing early childhood development is

the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services under the Medicaid program, which was designed to provide and finance early childhood mental health prevention, diagnostic and treatment services. Although EPSDT can be effective for funding treatment of diagnosed conditions, the requirement for services to be "medically necessary" may be interpreted by states to serve only those children with a serious emotional disturbance, rather than also to serve those children in need of preventive services. In addition, reliance on adult-based diagnostic tools or tools without an early childhood mental health focus is ineffective for young children who are at risk of a mental health disturbance. Payment policies based on those tools discourage treatment of young children.

Providing preventive services can be simplified by removing the barriers practitioners face to receiving reimbursement, eliminating administrative hurdles such as expanding the state Medicaid definition of "medically necessary" to include children who are at risk of poor development, and improving how state Medicaid agencies process billing codes and payment claims for young children's mental health.

What Can State Policymakers Do to Promote Healthy Social and Emotional Development and Address Early Childhood Mental Health?

State policymakers can take steps to improve early childhood mental health and provide a framework for comprehensive early childhood mental health services. The following policy recommendations and examples of state and community strategies are designed to help state policymakers meet the needs of infants, toddlers and young children by preventing problems before they result in more expensive long-term social liabilities.

Promoting Early Childhood Social and Emotional Development

DEVELOP INITIATIVES TO INCREASE UNDERSTANDING OF EARLY CHILDHOOD SOCIAL AND EMOTIONAL DEVELOPMENT

Parents and members of the general public seek informational resources to help them understand the importance of early childhood mental health, early indicators of risk and mental health disorders, and ways parents and other caregivers can support early social and emotional development. State policymakers can support efforts to ensure that a wide variety of materials about early social-emotional development—brochures, fact sheets, posters and online tools—are available to parents. Possible topics for parents might include creating and maintaining healthy relationships, recognizing both resilience and vulnerability, tuning into the temperament and interactional style of your baby, helping babies express and regulate their emotions, and ways to access early childhood mental health resources and services.

Public awareness is critical to the improved well-being of young children because parents and caregivers can gain greater skill in understanding the developmental needs and milestones in children's lives and how to support them. Programs can provide specific information about where families can go for help. Primary health care professionals and programs of early care and education, maternal and child health, and family support can serve as vehicles to provide direct outreach and education to members of the community. These partners can play an important

role in disseminating educational materials (brochures, posters, etc.) to the community at large and the families they serve. Broader outreach and educational efforts also might be cultivated through state agencies such as the state department of health or state department of education, professional organizations, state child advocacy organizations, and the media.

State legislators can pass a resolution declaring an "Early Childhood Mental Health Month" and support public education initiatives in their home districts that distribute parent education materials to schools, libraries, WIC and public health clinics, parks and recreation departments, welfare offices, public utility offices, child welfare offices, and public housing units.

Example: Wisconsin's Think Big, Start Small. **Wisconsin's** statewide public awareness campaign, "Think Big, Start Small," is designed to increase public awareness and raise the visibility of early childhood, including infant mental health. A brochure was developed to reinforce several messages, including "learning begins at birth" and "opportunities that we provide to children today to shape who they will become tomorrow." Wisconsin also developed an Infant and Early Childhood Mental Health Plan, a blueprint of early childhood mental health principles for a comprehensive system of care. The plan provides guidance on promoting the healthy social and emotional development of all young children and families, providing preventive services to children and families who are at risk of developing mental disorders, and supplying specialized treatment for those in need of intensive services. The governor has committed to implementing the Infant and Early Childhood Mental Health Plan.[37]

INTEGRATE SOCIAL AND EMOTIONAL DEVELOPMENT INTO EXISTING SERVICES

If coordination occurs among early childhood state agencies and programs, agency and program staff can ensure that they meet the full range of early childhood mental health needs: promotion, prevention and treatment. Agencies and programs may include, but are not limited to, mental/behavioral health, Part C Early Intervention, child care, Head Start, Early Head Start, child welfare, Medicaid, and maternal and child health.

State policymakers can promote coordination among early childhood state agencies and programs. One strategy is to create a state/community strategic plan for developing a comprehensive early childhood mental health system. The plan would include collaboration across agencies plus professional development/training, policies and financing. State legislators could:

- Ensure that state-level coordinating groups such as the State Interagency Coordinating Council for Part C, the child care agency, and the Head Start Collaboration Project build mental health capacity in their systems. Request annual reports on efforts and progress made; the effect on referrals, services and outcomes; and increases in availability of early childhood mental health services.

- Ensure the State Children's Health Insurance Programs (SCHIP); Medicaid; Early and Periodic Screening; Diagnosis and Treatment (EPSDT); IDEA Part C and PartB/619 Pre-school Special Education; and private insurance provide adequate coverage for early childhood mental health screening, diagnosis and treatment (including treatment of parents and children together).

- Require the state mental health agency to participate in the state Part C Interagency Coordinating Council to ensure coordination across early childhood systems. In ad-

dition, support the participation of local level agencies, particularly in states where the local authority for mental health services is at the county or city level.

- Use current systems and funding streams to expand capacity to support early child-hood social and emotional development. Initiatives could focus on promoting healthy development through Medicaid, support parent education through Early Head Start/Head Start or pediatricians, and provide training and professional development to early childhood programs and agencies. States can use federal funds to expand capacity. For example, Kansas expanded Early Head Start programs in the state by committing significant state funds and Temporary Assistance for Needy Families (TANF) funds.

Example: The Vermont CUPS Program. **Vermont's** Children's Upstream Services (CUPS), a statewide initiative that makes social and emotional health a priority, has guided interagency collaboration at the state and local levels by working with several state early childhood serving agencies and programs including Part C Early Intervention, home visiting, Medicaid and child care. Initially supported by a federal demonstration grant, the governor created a line item to sustain the work of this initiative, and the legislature has allocated state general funds (to be matched with Medicaid and/or Title IV-E funds) to continue this work. The initiative provided direct mental health services for approximately 500 new families per year with children between birth and age 6 who are experiencing or are at risk of experiencing serious emotional disturbance; more than 1,300 consultations per year for early care and education programs to enhance their ability to meet the social, emotional and behavioral needs of the children they serve; more than 200 interagency trainings per year on early childhood mental health for parents and direct service providers from mental health, health, early care and education, and related fields.[38] Early childhood programs are working together to ensure coordinated services for families and avoid unnecessary duplication.

Preventing Mental Health Disorders or Their Consequences

Fully implement federal referral requirements under the Child Abuse Prevention and Treatment Act of 2003 (CAPTA) and the Individuals with Disabilities Education Act (IDEA) Part C Reauthorization of 2004

A prevention and intervention approach can target the most vulnerable—young children who have been maltreated. These children may show signs of delayed social-emotional development, language acquisition, cognition and behavior. Infants and toddlers in foster care have rates of developmental delay approximately four to five times greater than those found among children in the general population.[39] To address developmental delays and disabilities early, new CAPTA and IDEA provisions require states to develop provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse and neglect to Part C of IDEA

State legislators can direct the State Interagency Coordinating Council for Part C to create procedures for CAPTA and IDEA referrals; establish a legislative task force to examine the scope and possible strategies to address the problem; fund a pilot study to determine an appropriate referral and data-sharing process; and require the creation of interagency agreements among all appropriate state agencies to fully implement the federal requirements.

Example: Massachusetts Early Childhood Linkage Initiative. The **Massachusetts** Early Childhood Linkage Initiative (MECLI), is designed to establish a formal link between the child welfare system and Part C Early Intervention. The objective of MECLI is to maximize early identification and intervention for young children who are at heightened risk for serious developmental problems. Current policy requires the child welfare system to refer to the Part C system all children under age 3 who have a newly opened abuse or neglect case. In the future, the policy could expand to require additional agencies to make referrals to Part C, including the welfare system (especially families that are reaching TANF time limits) and the child care system (especially for children who are expelled from child care).[40] Seventy-five percent of MECLI-referred children with completed evaluations have been found to be eligible for early intervention services. Sixty-nine percent of MECLI-referred children who were found eligible for Early Intervention have developmental delays, which suggests that the MECLI pilot program is acting as an expanded form of "child find" rather than introducing a new population to Early Intervention.[41] Massachusetts supplements federal funds for Early Intervention services with Medicaid funds, private insurance, state funds, and sliding scale fees for parents. This Child Welfare to Early Intervention referral demonstration project is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, and several foundation grants.

PROVIDE MENTAL HEALTH CONSULTATION TO EARLY CHILDHOOD PROGRAMS TO ADDRESS CHALLENGING BEHAVIORS

One effective way to reach young children and their families is through early childhood providers who have direct contact with them. Families with children may have contact with one or more current programs or settings such as child care settings, Part C early intervention programs, home visiting programs, Head Start and other preschool programs, and their pediatrician's office. These settings provide learning environments that can support healthy social and emotional development. By providing mental health consultation and training in these various settings, staff can prevent behavioral problems, support relationships with families, and identify early warning signs of mental health disorders.

Example: Kentucky Kids Now. One component of **Kentucky's** early childhood initiative, *Kids Now*, provides mental health consultation and educational services to child care providers who serve young children with mental health needs. Funded through a portion of the state's tobacco settlement funds, *Kids Now* provides assessments for young children between birth and age 5 with mental health needs, therapeutic treatment services (e.g., family therapy) for their families, and consultation and education services to child care program staff who serve this population. One goal of the initiative is to prevent young children and families from being expelled from early care and education settings due to problem behaviors. Recent data showed that of the 108 children identified as being "at risk" for expulsion, 95 were maintained in the program—a success rate of 88 percent.[42]

EXPAND EARLY IDENTIFICATION APPROACHES

Many mental health disorders begin in the early years and can be identified and treated before they affect other areas of learning and development. The use of high-quality, developmentally appropriate screening and assessment tools for infants and toddlers are necessary to enable providers to identify need and provide effective interventions for young children and parents. Autism, for example, typically begins in early childhood and impairs thinking, feeling, language

and social interaction. The use of reliable screening tools, however, has made the early diagnosis of autism possible as early as age 2.[43]

State legislators and other policymakers can:
- Require insurance contracts, HMO contracts and Medicaid contracts to include coverage for developmental and behavioral screening;
- Improve financing by allowing mental health providers to bill for prevention and early intervention services in addition to treatment services;
- Direct state agencies and their contractors or vendors to use high-quality screening tools and developmentally appropriate diagnostic tools; and
- Require Medicaid and State Child Health Insurance (SCHIP) reimbursement to use targeted diagnostic tools such as DC:0-3R for young children.

Example: North Carolina's Screening System. **North Carolina** improved the early identification of early childhood mental health disorders by improving screening procedures that are conducted at the pediatrician's office. The procedure, rolled into an easy-to-use Office Resource Guide, is used during well-child visits and includes standard use of the Ages and Stages Questionnaire (ASQ) screening tool. Information gathered from the screening process was followed up with care management, referrals (if necessary), and information sent to parents about their children's growth and development. North Carolina also formed a state advisory group to identify changes needed to improve state policies and reimbursement mechanisms.[44]   North Carolina's state Medicaid agency updated its state regulations to expand social and emotional screening to the pediatric setting.[45]

INVEST IN FAMILY MENTAL HEALTH SERVICES AND SUPPORTS

The emotional wellness of parents plays a significant role in the mental health of their children. Parents with positive mental health are better able to foster a healthy parent-child relationship than those with mental health disturbances. The absence of a healthy, strong, emotional bond between parent and child poses a great risk to a child's development, especially if another consistent and sensitive caregiving adult is unavailable to mitigate this risk. Family mental health disturbances may include maternal depression, anxiety disorders, substance abuse and family violence. Each disrupts parenting and interferes with a parent's ability and availability to nurture a child's social and emotional development. State policymakers can consider family mental health in the context of the goal of improving both child and adult outcomes. For example, policymakers can target services to pregnant women and new mothers to identify and treat maternal depression. In addition, policymakers could support the treatment of parents and infants together (called dyadic therapy) by expanding definitions in the state's Medicaid state plan.

Example: Illinois Maternal Depression Focus. **Illinois** is working to improve maternal and child health outcomes by improving the early identification, screening, referral and treatment of maternal depression. The state provides reimbursement to health care providers who conduct risk screening during pregnancy and after delivery; offers training workshops designed for primary health care practitioners on how to recognize, assess, screen and treat perinatal depression; and funds a clinical consultation line where professionals from the health care setting can call psychiatrists to tap their expertise on maternal depression. Psychiatrists provide expertise on treating patients with depressive symptoms during pregnancy and postpartum. In addition, consultants provide on-site assistance in implementing screening, assessment and treatment programs.[46]

Treating Early Childhood Mental Health Disorders

PROVIDE SPECIALIZED TREATMENT TO CHILDREN WHO ARE AFFECTED BY CHILD ABUSE, SUBSTANCE ABUSE AND DOMESTIC VIOLENCE

Children who are affected by maltreatment, substance abuse or domestic violence are extremely vulnerable to mental health problems.   For example, research indicates that when infants and toddlers are exposed to violence and trauma—either through witnessing domestic violence in their homes or experiencing abuse and neglect—their very sense of basic trust is threatened.[47] Many of these children exhibit signs of traumatic stress, including withdrawn behavior, fearfulness, anxiety, aggression, disorganization and sadness.[48] State legislators could ensure that children affected by child abuse, substance abuse and domestic violence receive priority for mental health services; develop an effective system for referral and follow-up; fund mental health services for young children and families involved in child welfare, early intervention, and drug/alcohol addiction services; or require the state mental health systems of care to include early childhood/family mental health objectives.

Example: Florida Young Children's Mental Health Pilot. The **Florida** Legislature funded the Infant and Young Children's Mental Health Pilot Site in Florida's Miami-Dade Juvenile Court to address the well-being of infants, toddlers and their families who are at risk of involvement in the child welfare system. All infants, toddlers and their mothers who come to the attention of the court receive screening and assessment services. Babies are screened for developmental delays and referred for services.   An Early Head Start program, the first designed specifically to meet the needs of maltreated children, is connected to the Court. A parent-infant psychotherapy intervention is available to a select number of mothers. Three years of data from this court-directed therapeutic intervention show substantial gains for babies and families who are seen in the Miami-Dade Juvenile Court. Following treatment, reports of abuse or neglect were reduced from 97 percent of children to 0 percent. Upon completion of the pilot project, 100 percent of infants were reunified with their families.[49] The success of the work in Miami-Dade County has led to new federally funded pilot projects in Fort Bend County, Texas, Hattiesburg, Mississippi, and Des Moines, Iowa.

EXPAND THE NUMBER OF MENTAL HEALTH CLINICIANS WHO ARE TRAINED TO ADDRESS EARLY CHILDHOOD MENTAL HEALTH ISSUES

The quality of a service system depends upon the individuals who deliver the services. The gap in the number of trained clinicians is a barrier to improving the system of treatment for young children. Training clinicians includes addressing recruitment, continuing education, and retention of these professionals and a credentialing process to ensure that clinicians have the specialized skills necessary to meet infant-family mental health needs.

State legislators and policymakers can review the availability of early childhood mental health training programs in colleges and universities in the state; create special training projects in higher education to recruit and graduate mental health clinicians, including those who are bilingual; include early childhood mental health in agency professional development initiatives; review licensure and certification requirements to ensure that they do not create barriers; and work with state mental health associations to identify training needs and strategies.

Example: Ohio Information and Training. The **Ohio** legislature has made "enabling every child to succeed" a state priority. The General Assembly directed the Department of Mental Health to ensure that mental health clinicians, early childhood professionals, local mental health administrators, and parents receive training and information about how to support the healthy social and emotional development of young children from birth to age 6. Training was made available to mental health professionals who were then able to serve as consultants to an array of early childhood programs, including Help Me Grow (Part C Early Intervention program), Early Head Start, Head Start, child care and preschools. Funds also were used to pay for the training of center- and home-based early childhood providers and parents to enhance caregiving skills. Since 2003, statewide training sessions have been provided to more than 200 mental health and early childhood professionals to develop consultation skills. Nearly 2,500 educational sessions have been provided to approximately 1,500 parents and 3,000 early childhood staff. Almost 300 cross-system trainings have been provided to 1,861 participants.[50]

Conclusion

During the first years of life, babies and young children acquire the skills that are necessary for healthy growth and development, setting the stage for later success in school and life. These skills are acquired in the context of relationships with family members as well as with other important caregivers. Children need nurturing, responsive and loving care to inspire their initiative, curiosity and hunger to learn. They also need help from their parents and well-trained professionals when they are struggling.

State policymakers have a unique opportunity to have a significant, lasting effect on young children's successful development by supporting effective policies and programs designed to support healthy social-emotional development. As school readiness continues to be a crucial issue for policymakers, there are opportunities to implement effective policies that improve social and emotional development in very young children. Effective approaches include promoting greater awareness of social and emotional development, implementing effective prevention and intervention approaches, and ensuring high-quality treatment. By building the social and emotional foundations for school readiness, state policymakers can ensure that young children are fully equipped for success in school and in life.

Additional Resources for State Policymakers

Building a Coordinated System of Early Childhood Mental Health

Florida's Strategic Plan for Infant Mental Health—A document that establishes an action plan to develop a system of mental health services for young children and their families in Florida; www.fsu.edu/~cpeip/IMHplan.pdf.

Project Bloom—A Colorado initiative designed to weave mental health service delivery into early childhood supports and services and improve system infrastructure to establish a system of care for all children; www.projectbloom.org.

Wisconsin Infant and Early Childhood Mental Health Plan—Presents a blueprint for a comprehensive system of care that includes prevention, early intervention and treatment; www.wiimh.org/documents/PLAN.pdf.

Financing Early Childhood Mental Health

Bazelon Center for Mental Health Law. *Mix and Match: Using Federal Programs to Support Interagency Systems of Care for Children with Mental Health Care Needs.* Washington, D.C.: Bazelon Center, 2003. Available at www.bazelon.org/issues/children/publications/mixmatch/matrix.htm.

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Information about Screening, Assessment, and Diagnostic Tools

Early Head Start National Resource Center @ ZERO TO THREE—Provides a description of several early childhood screening and assessment tools; www.ehsnrc.org/Information/Resources/Resourcearticles/ftscreen.htm.

ZERO TO THREE: National Center for Infants, and Toddlers, and Families—a developmentally based approach to the classification of mental health and developmental difficulties in the first four years of life in *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised Edition DC:0-3R);* www.zerotothree.org/imh.

U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities; www.cdc.gov/ncbddd/autism/actearly.

Key Measurement Issues in Screening, Referral, and Follow-Up Care for Young Children's Social and Emotional Development; www.nashp.org/Files/measurement_paper_for_web_final_4.7.05.pdf.

National Organizations

ZERO TO THREE: National Center for Infants, Toddlers, and Families—national organization that promotes the healthy development of infants and toddlers by supporting and strengthening families, communities and those who work on their behalf, including parents, programs, professionals and policymakers; www.zerotothree.org. See also Policy Center site for policy briefs on infant mental health, www.zerotothree.org/policy.

Georgetown University Center for Child and Human Development: National Technical Assistance Center for Children's Mental Health—National organization that helps states, tribes, territories and communities discover, apply and sustain collaborative solutions that improve the social, emotional and behavioral well being of children and families; http://gucchd.georgetown.edu/programs/ta_center/index.html.

National Academy for State Health Policy—National organization dedicated to helping states achieve excellence in health policy and practice; www.nashp.org.

National Center for Children in Poverty—National research and policy organization that identifies and promotes strategies that prevent child poverty and improve the lives of low-income children and families; www.nccp.org.

National Child Traumatic Stress Network—Develops treatment for infants, toddlers and preschool-aged children who have been exposed to trauma either in their families or by witnessing violence in their communities; www.nctsnet.org/nccts/nav.do?pid=hom_main.

National Conference of State Legislatures—Bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues; www.ncsl.org.

National Mental Health Association—National organization that works to improve the mental health of all Americans through advocacy, education, research and service; www.nmha.org.

National Scientific Council on the Developing Child—A council of interdisciplinary scientists that seeks to enhance the early development of children through the design and implementation of effective public and private policies and programs; www.developingchild.net.

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