



BUILDING STRONG FOUNDATIONS: Advancing Comprehensive Policies for Infants, Toddlers, and Families



Mental Health Services: Critical Supports for Infants, Toddlers, and Families

Infants, toddlers, and parents should have access to appropriate screening, diagnosis, and treatment services to meet their mental health needs. Babies' social and emotional development—also referred to as infant and early childhood mental health—is foundational to other aspects of early development. Social-emotional development—defined as the capacity to form secure relationships; experience, express, and manage a range of emotions; and learn and explore one's environment¹—influences infants' and toddlers' early cognitive development and later health and mental health outcomes. Mental health problems in young children can cause distress, interfere with relationships, limit the child's or the family's participation in daily activities, and hinder developmental progress.² For adults, mental health—which refers to their emotional, psychological, and social wellbeing³—is an equally critical component of their overall health and wellness, as well as that of their children. Adult mental health problems, or mental illnesses, are generally characterized by disturbances in mood, thought, or behavior that can make it difficult to function in work, school, and social situations.⁴

Infants' and toddlers' early experiences in the context of close relationships with the adults who care for them play a role in shaping their social-emotional development.⁵ Starting from birth, secure relationships with parents and other close caregivers provide a strong social-emotional foundation that promotes confidence and curiosity, paving the way for the development of positive self-esteem and the complex social and cognitive skills necessary for success in school and life.⁶ Many factors can negatively affect children's social-emotional development, including psychosocial stressors (e.g., poverty, traumatic events, exposure to violence, and parental mental illness and/or substance abuse) and genetic and other physical health conditions.⁷ Notably, babies' social-emotional health is closely

intertwined with that of their adult caregivers. When parents' own stressors inhibit them from responding to their children's needs, children's development may suffer as well. Left unaddressed, traumatic or ongoing threats to social-emotional development can lead to identifiable mental health disorders and developmental delays. Mental health problems in very young children manifest differently than in adults, but babies can and do develop mental health disorders, including those that are specific to a certain stage of development (e.g., Excessive Crying Disorder) as well as more general disorders (e.g., Social Phobia) that manifest in particular ways in infants and toddlers.⁸

Parents' mental health is important for their own wellbeing and that of their families. Positive mental health is associated with higher earnings, positive relationships with friends and family members, better physical health, and lower risk of mortality.⁹ Mental health problems in adults can stem from a variety of factors, including genetic predispositions, chronic medical conditions, extreme stress, or trauma, including past trauma.¹⁰ Untreated mental illness can diminish parents' ability to maintain employment and care for themselves and their families, which puts the household under additional economic stress and can harm parent-child relationships.

Importantly, mental health problems are both treatable and preventable, especially in very young children. Regular screenings from trained professionals can promote early social-emotional development and prevent problems in their early stages from taking root and becoming more difficult to address as children grow. Professionals can help facilitate children's and parents' access to appropriate diagnosis and treatment when needed. Infant and early childhood mental health treatment is often dyadic—an approach that considers and addresses the needs of both the child and the parent within the context of their relationship. Interventions can include developmentally appropriate psychotherapy, support services, medication (primarily for older children and adults), and a combination of services.¹¹ Ideally, services are community-based, allowing individuals in need of care to continue to participate fully in their families and communities. Public health initiatives can increase the likelihood of identifying and treating problems early by reducing stigma and increasing awareness about the importance of supporting early social-emotional health as well as available treatments and resources in the community. Promotion and prevention services are often embedded in or connected to other child-serving settings, such as primary care, early childhood education, community health centers, and home visiting programs.

Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) all play a key role in ensuring that families can access necessary mental health services. Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides coverage for mental health services for children through age 21, although reimbursement for age-appropriate, multigenerational treatments may not be available.¹² Several states offer benefits to CHIP enrollees that are similar or equivalent to EPSDT.¹³ Medicaid also provides comprehensive coverage for mental health services to eligible adults, and more low-income adults can get mental health services in states that expanded Medicaid under the ACA.¹⁴ The ACA further raised the standards for private health insurance plans by requiring them to cover services for mental health and substance use disorders at the same level as general medical benefits.¹⁵

The Community Mental Health Services Block Grant is the primary federal funding stream directly supporting mental health services. States use it for comprehensive community mental health services to adults with serious mental illnesses and children with serious emotional disturbances. The Children's Mental Health Program supports community-based services for children and adolescents with serious emotional, behavioral, or mental disorders.¹⁶ Additional funding streams and supports for mental health services more directly relevant to parents and young children, and especially to prevention and early identification of problems, form a "patchwork" system that spans the health and early care and education spheres.¹⁷ The 2016 21st Century Cures Act included a modest grant program to support the development of infant and early childhood mental health policies and multigenerational practices in states. The Act also established a program for the identification and treatment of maternal depression. However, both of these programs remain unfunded.¹⁸ Head Start and Early Head Start programs are

required to provide routine developmental screenings and mental health consultation to support social-emotional development and connect families to mental health services.¹⁹ Eligible infants and toddlers may also be able to receive mental health services in some states through the early intervention program in Part C of the Individuals with Disabilities Education Act.²⁰

Despite the prevalence of mental health problems, many children and families are unable to get the help they need. Researchers estimate that roughly 10 to 14 percent of children ages 0 to 5 experience an emotional or behavioral disturbance, but many cases go unidentified or unreported.²¹ Even among those young children who are identified as needing services, more than half do not receive them, according to a national survey.²² Mental health problems are more common among adults, but access to services is similarly limited. Approximately 19 percent of adults report experiencing a mental health problem each year,²³ yet 57 percent do not receive treatment.²⁴

Barriers to access occur at many levels. For one, mental health problems for both children and parents are missed due to the challenges associated with conducting regular screenings in primary care contexts, as well as a lack of awareness about the signs and symptoms.²⁵ Lack of public awareness about mental health issues is compounded by the shortage of qualified mental health professionals and the pervasive stigma against seeking services.²⁶ Moreover, some families continue to face barriers to treatment due to inadequate insurance,²⁷ despite dramatic improvements in coverage for mental health services after the ACA.

Inadequate investments in mental health care further hamper access to services. During the Great Recession, states collectively cut almost \$2 billion from programs that support mental health services, and many are still struggling to recuperate.²⁸ Funding for numerous federal grant programs has fallen in recent years as well.²⁹ Medicaid has become an increasingly important driver in mental health policy because it has long been the largest funding source for mental health services and has shouldered an increasing share of the cost burden in the years during and after the recession.³⁰

Barriers to services are particularly pronounced for very young children. Infants' and toddlers' mental health problems manifest differently than those of older children and adolescents, and parents and professionals may be more likely to dismiss them as normal or transient behaviors.³¹ Moreover, the field of infant and early childhood mental health is often overlooked in mental health policy, service delivery, and financing, which results in a lack of integration into child-serving settings, a lack of trained clinicians, and inadequate health insurance reimbursement for appropriate treatments that focus on the parent-child relationship. Effective infant mental health services require clinicians trained in the foundations of infant and early childhood mental health, developmentally appropriate assessment and diagnosis, and evidence-based treatments, which require working with children's primary caregivers.

To improve access to mental health services broadly, states can leverage their Medicaid policies to increase coverage for such optional benefits as rehabilitative services, prescription drugs, and community-based behavioral health services. States can better serve families of infants and toddlers by ensuring that Medicaid providers are using recommended guidelines to screen and evaluate for mental health disorders. States should make certain that appropriate diagnostic tools are used to assess young children and that interventions serving both parents and children are covered.³² Moreover, states can consider strategies to better integrate mental health care into existing health and early care and education systems.³³ Yet, the fact remains that greater investments are needed to ensure a robust system for the promotion, prevention, identification, and treatment of mental health services for young children and their families.

Infancy and early childhood present a prime opportunity to nurture positive mental health for children and parents alike, enhancing wellbeing and saving costs from mental health problems down the road. Mental health and primary care practitioners need to have greater awareness of the interplay between parental and early childhood mental health. Policymakers can and should move family-oriented mental health initiatives to the forefront by prioritizing the funding of mental health services and ensuring

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that services are age-appropriate and accessible. Attending to children's and parents' mental health from the start is essential to promote the positive long-term development of infants, young children, families, and communities.

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