

5 CRITICAL NEEDS FOR BABIES IN COVID-19: Supporting Strong Social-Emotional Health



ZERO TO THREE
Early connections last a lifetime

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Disasters Can Threaten Strong Social-Emotional Health

What families and their babies have experienced with the COVID-19 pandemic is akin to an earthquake: a swift, unexpected event, that disrupts an otherwise predictable world of a family—impacting everyone without prejudice. But what often accompanies an earthquake is a tsunami that spreads across the ocean, disproportionately impacting those that cannot make it to higher ground. This unseen disaster is what very young children and their caregivers are continuing to experience as the pandemic rolls on. Family [stressors are mounting](#) as economic supports have expired and older children are requiring more [support in remote learning](#). Much more needs to be done to ensure that all children and families can weather the storm of what research suggests and families report to be a hidden mental health crisis. The pandemic has made abundantly clear that we lack the infrastructure and means to address the mental health needs of young children that, we know from previous disasters, will arise.

Why is this need critical?

- **Critical for young children's needs to be addressed:** A baby's social-emotional development is the bedrock on which all later learning and relationships are built. Babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Early problems can be prevented when properly identified and treated.
- **Critical because young children are vulnerable in disasters:** Experience with disasters such as Hurricanes Katrina and Sandy showed that infants and toddlers can experience long-term effects if their trusted adults are not able to support and nurture them.
- **Critical because of the conditions in the pandemic:** The crucial adult capacity to provide nurturing care may be impacted by illness, stress, fear, and mental health conditions that are intensified and possibly going untreated during this time.
- **Critical because we are unprepared to meet babies' mental health needs:** A shortage of infant and early childhood mental health clinicians means we could not meet the need for assessment, diagnosis, and treatment services for the 0-5 population before this pandemic and will hamper the ability to respond now.

Potential Solutions:

We know that babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Early problems can be prevented when properly identified and treated. However, this requires a highly skilled and adequately funded interdisciplinary clinical workforce. While we need to be prepared to address the mental health needs of our babies and toddlers and their parents to ensure they have a strong foundation for future development, the unfortunate truth is that we lack the national structure for providing foundational mental health services to the youngest children. Even finding conduits for federal funding to expand services can be challenging.

A mother in Maryland shared this concern:

“My 2-year-old is upset by the sudden change in routines, separation from extended family and friends, and our stress. She isn’t sleeping well, is having accidents again, is crying much more than usual, and is very clingy and nervous to be away from me. Her distress is adding to our challenge of managing work and child care.”

Congress should expand funding for infant and early childhood mental health (IECMH) services and build for the future with a specialized workforce by providing:

- **\$50 million in emergency funding to the National Child Traumatic Stress Network (NCTSN)** for sites demonstrating expertise in infant and early childhood mental health to be used to fund services and other activities supporting children age 0-5 and their families. This will support the rapid mobilization of infant and early childhood mental health services including expanding access to tele-behavioral health services for young children and families and providing mental health consultation to professionals serving young children. This approach was used in the aftermath of hurricanes Katrina and Sandy;
- **An increase of \$25 million in funding for the SAMHSA administered Infant and Early Childhood Mental Health Grant Program.** The grant program was created by the Helping Families in Mental Health Crisis Act of 2016 to better integrate infant and early childhood mental health into state systems. Increasing funding for this program will allow states and localities to further incorporate IECMH services into public health programs; and,
- **\$25 million to establish a federal clinical workforce development program, the Infant and Early Childhood Mental Health Clinical Leadership Program (IECMH-CLP).** This program builds on the bipartisan, bicameral “RISE from Trauma Act (HR 3180/S 1770) and would establish and fund centers of excellence to provide graduate, post-graduate, and mid-career interdisciplinary training including emergency response and trauma-focused training to address the dire workforce shortage and increase the number of mental health clinicians with specialized training to more permanently meet the needs of young children.

At this moment, we face a critical nationwide shortage of mental health clinicians with the specialized training to provide mental health services to very young children. We were unable to meet the need for assessment, diagnosis, and treatment services for the 0-5 population before this pandemic, and the current situation playing out across the country will undoubtedly severely exacerbate this shortage. By investing in early mental health promotion, identification, and treatment, as well as training, coordination and integration among providers through evidence-informed approaches, we can promote positive emotional development from the start and reduce the need for treatment later in life, when it becomes much more difficult, time intensive, and expensive. These measures have the potential to meet an immense need for IECMH treatment services around the country and fill serious gaps in the mental health workforce based on the needs of these localities. By expanding these funds and directing resources where the foundations of strong mental health are laid – with young children, starting from birth- Congress is investing in the future stability and capacity of our nation.