



Early Childhood Behavioral Health: Focusing on Early Intervention and Prevention

groundWork Recommendations for the SFY 2010-2011 Budget for Early Childhood Behavioral Health:

- Include an additional \$350,000 per year for the Early Childhood Mental Health Consultation Program to meet the 2009 level of funding at \$2.5 million per year.
- Put the Early Childhood Behavioral Health Treatment Program into permanent language, and increase funding to \$5 million over the biennium.

What is Early Childhood Behavioral Health?

Early childhood behavioral health is the capacity of the child from birth through age six to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Infant mental health refers to how these issues affect development in the first three years of life. Early childhood behavioral health is synonymous with healthy social and emotional development.¹

Early Childhood Behavioral Health: Behaviors that Warrant Concern

Infants and Toddlers (birth to age 3)

- 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
- Excessive hitting, biting and pushing of others

Preschoolers (ages 3 to 5)

- Engages in compulsive activities
- Throws wild, despairing tantrums
- Withdrawn, anti-social behavior
- Repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental achievements

National Council of State Legislatures, September 2005.

Need for Early Childhood Behavioral Health Interventions in Ohio

Appropriate social and emotional development is important for a child’s success in school and beyond – as important as literacy and number skills.² During the early years a child develops the capacity to experience and manage both positive and negative emotions and develop close, healthy relationships with adults and other children. Early experiences either support or undermine this process and can affect the way a child relates to his world for the rest of his life.³

Infants as young as four months old can experience depression and infants and toddlers can have serious psychiatric disorders.^{4,5} Without early identification and treatment, affected infants, toddlers and preschoolers will enter the school system where they may not be able to relate well to others, may have distrust of adults, are not able to calm themselves or act aggressively toward others.⁶

The Ohio Department of Mental Health reports that between 7 and 20 percent of young children have behavioral health problems, of which ten percent are considered to be severe.⁷ In fact, 11 percent of children in Ohio (200,000) have a behavioral disorder that affects their daily functioning, and 30 to 40 percent of children in the Ohio child welfare system are diagnosed with a mental illness.⁸

Additionally, the Ohio Department of Mental Health estimates that up to 20 percent of preschool and early school-aged children have significant levels of disruptive aggressive behaviors severe enough to qualify for a mental health diagnosis. Research shows that 60 percent of these children will later manifest high levels of anti-social and delinquent behaviors.

Several barriers exist that prevent young children from accessing the behavioral health care that they need. First, access to screenings and assessments of young children's social and emotional needs is limited because primary care providers, child care centers, and many of the other places families bring their young children are not equipped with the training to identify such needs. Second, the cost can be prohibitive for many families. More than 1,000 families gave up custody of their children to the state of Ohio because they could not afford to pay for their children's mental health treatment.⁹ Third, Medicaid funds are not eligible to pay for some behavioral health services.

Ohio's Early Childhood Mental Health Program: Training and Support for Child Care Providers and Families

To address the behavioral health needs of Ohio's youngest children, the Early Childhood Mental Health Program (ECMH) was created in 2000. The ECMH Program is based on the research that early relationships and experiences at home and in early care and education environments set the stage for how a child learns, manages emotions, and develops relationships. This initiative uses evidence-based training to equip parents and caregivers of young children with knowledge and skills they need to help their children develop into mentally healthy individuals.¹⁰

The ECMH Program addresses the social and emotional needs of young children through the following interventions:

Early Childhood Mental Health Consultation: Giving Caregivers the Tools to Support Healthy Development

Ohio implemented the Early Childhood Mental Health Consultation (ECMHC) Program in 2000 as part of the Early Childhood Mental Health Initiative. The goal of the ECMHC Program is to identify and support innate strengths in children and families and educate parents and caregivers on how these can be used to overcome challenges to a young child's emotional well-being or to recover from the trauma of abuse and neglect.

In a recent random-controlled national study ECMHC was assessed an effective means for reducing disruptive classroom behaviors that are likely causes of prekindergarten expulsion.¹¹ In Ohio specifically, for the last three years at least 90 percent of the children at risk for removal from their early childhood setting due to behavioral problems were able to remain in their child care center through the trainings services provided by the ECMH Consultant. Maintaining these relationships with their providers not only provides a child with stable, nurturing relationships in the present, but the tools that children and families learn will provide a foundation for later school success.

Early Childhood Mental Health Treatment: Direct Intervention for Children and Families

In SFY 2009-2009, \$1 million was allocated from the General Revenue Fund for Early Childhood Mental Health Treatment. A total of 13 local mental health boards out of 29 that applied were funded through a competitive grant process to provide treatment to children and families who were identified as being in need of further mental health services through the Early Childhood Mental Health Consultation Program. A total of 356 children and families have been served from February through June 2008. The 18 month project will continue into SFY 2009 and a final report will be provided.

Early childhood behavioral health treatment involves a multi-pronged approach of individual, family, and school counseling. Treatment regimens can include: developing a predictable structure and routine for daily activities and transitions for the child and care givers, helping the toddler use words to express his feelings, reducing the child's aggressive behaviors, providing assurance and support, improving and managing the intensity of interactions with adults, siblings and peers. Additionally, speech, language, and physical therapies can be critical to a successful treatment plan.

Early Childhood Behavioral Health Interventions: A Smart Economic Decision

There is an economic return to society when public funds are invested to support programs, such as Ohio's Early Childhood Mental health Consultation Program, that identify and serve children at-risk of missing social and emotional milestones. According to the 1999 Surgeon General's Report, the indirect cost of mental illness in Ohio is more than \$3.5 billion per year due to lost productivity at work or school, incarceration, or foster and kinship care placements. Over time, additional returns come from lower crime rates, higher levels of workforce involvement and the ability to better care for their own children.^{12, 13} If behavioral issues are addressed early in a child's life, it could save children from being misdiagnosed, families from having to relinquish custody of their children and government entities from increased costs. It's a good, early commitment that can yield high, long-term returns for Ohio's families and children.

¹ Zero to Three. *Promoting Healthy Social-Emotional Development*. www.zerotothree.org

² Zero to Three Policy Center. *Infant and Early Childhood Mental Health Promoting Healthy Social and Emotional Development*. May 2004.

³ National Conference of State Legislatures. *Early Childhood Research and Policy Report. Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development*. September, 2005.

⁴ Luby, J. (2000). Depression. In C. Zeanah (Ed.). *Handbook of Infant Mental Health*.

⁵ Zeanah, C.H., Boris, N.W., Bakshi, S., & Lieberman, A.F. (2000). Attachment disorders of infancy. In J.D. Osofsky & H.E. Fitzgerald, (Eds.), *WAIMH Handbook of Infant Mental Health*. New York: Wiley and Sons.

⁶ Zero to Three Policy Center. *Infant and Early Childhood Mental Health Promoting Healthy Social and Emotional Development*. May 2004.

⁷ Ohio Department of Mental Health. *Mental Health and School Success, What We Are Learning*. 2003.

⁸ Coalition for Healthy Communities. *Failure to Enact Mental Health Parity: Consequences for Ohio Businesses and Communities*. July 2006.

⁹ Reducing the Costs of Untreated Mental Illness in Ohio, April 2005, NAMI Ohio.org

¹⁰ Ohio Department of Mental Health, Office of Children's Services and Programs. *SFY 2008 Child Mental Health Consultation Program Report: July 1, 2007 – June 30, 2008*. September 2008.

¹¹ The Foundation for Child Development. *Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems*. January 2008.

¹² J. Heckman and D. Masterov, *The Productivity Argument for Investing in Young Children*, Invest in Kids Working Group Working paper No. 5 (Washington, D.C.: Committee for Economic Development, 2004).

¹³ R. Weissbourd, *The Vulnerable Child: What Really Hurts America's Children and What We Can Do About It*. (Reading, Mass.: Perseus. 1996).

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