

Community Infant-Family and Early Childhood Mental Health Treatment Services: Impact on Children and Their Families

What is Infant-Family & Early Childhood Mental Health?

Infant-family & early childhood mental health is the development of social and emotional well-being in infants, toddlers and young children that includes the capacity:

- to turn to caregivers for TLC, solace, attention & guidance,
- to manage emotions and behaviors to developmentally appropriate expectations
- to have the initiative to explore, discover, learn and make friends.

Early social emotional relationships between young children and their caregivers have been predictive of academic readiness and social competence in preschool and kindergarten^{3,4} and later adolescent and adulthood outcomes, including health, mental health, education, employment, and substance use.^{5,6}

Statement of Issue

Preschool children are currently expelled at three times the rate of K-12 students¹. This high expulsion rate is one indicator that many children are not receiving the necessary mental health treatment support to ensure young children's positive social, emotional and behavioral development². Through the federally funded Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) Program, states must provide comprehensive mental health care services to low income children under 21 who are enrolled in full scope Medi-Cal. Thus, comprehensive infant-family and early childhood mental health treatment for infants, toddlers and young children who meet medical necessity should be provided by all County Departments of Mental Health. In addition, California has passed the Mental Health Services Act and the Children & Families Act that support bringing children's mental health toward a system of early intervention within a public health framework to all communities.

Infant-Family & Early Childhood Mental Health Treatment Access

Nearly a million and a half families are eligible for Early and periodic Screening, Diagnostic and Treatments (EPSDT). Of the children screened, **9-14% score positive for social emotional problems**⁸. However, pediatric health providers **seldom identify or refer children** under five years old to mental health treatment⁷.

Evidence-based infant-family and early childhood mental health treatment can support young children and their families to ensure positive social emotional outcomes. Evidence-based and practice-based interventions may include Child-Parent Psychotherapy (CPP), active parenting, Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Floor time, and Circle of Security⁷. However, mental health professionals often **lack specific evidence based training and experience** for supporting the mental health of infants and very young children⁷.

Research suggests that universal social emotional screenings are critical yet also insufficient⁸. After identification from failed social, emotional, behavioral screenings, infants, young children, and families need access to evidence-based mental health assessment and treatment. **Without these early mental health screenings, referrals, and evidence-based interventions, California's youngest and most vulnerable population is in danger of long-term developmental repercussions**⁸.

Recommendations

- The social, emotional, behavioral development of all Medi-cal young children screened and referred through well-check pediatric visits from birth through age five.
- Early childhood evidence-based mental health interventions available through all County Departments of Mental Health
- Mental health professionals trained in infant-family and early childhood evidence based treatment to support infant and young children's mental health and to ensure positive social, emotional and behavioral development.

¹Gilliam, W. S. (2005)

²<https://www.zerotothree.org/resources/series/preventing-expulsion-from-preschool-and-child-care>

³Curby, T. W., Brown, C. A., Bassett, H. H., & Denham, S. A. (2015)

⁴Denham, S. A., Bassett, H. H., Zinsser, K., & Wyatt, T. M. (2014)

⁵Jones, D. E., Greenberg, M., & Crowley, M. (2015)

⁶Raby, K. L., Roisman, G. I., Fraley, R. C., & Simpson, J. A. (2015)

⁷Rodriguez, G.M., Garcia, D., Blizzard, A. et al. (2018)

⁸Williams, M. E., Zamora, I., Akinsilo, O., Chen, A. H., & Poulsen, M. K. (2018)