

**Task Force on the Mental Health, Social, and Emotional Needs of  
Young Children and their Families  
Thursday, March 10, 2011  
North Carolina Institute of Medicine, Morrisville  
10:00am-3:00pm  
Meeting Summary**

**Attendees:**

*Workgroup Members:* Marian Earls (co-chair), Beth Melcher (co-chair), John Thorp (co-chair), Rosie Allen, Patti Beardsley, Karen Appleyard Carmody, Shannon Dowler, John Ellis, Beth Glueck, Catharine Goldsmith, Jill Hinton, Nana Lekwauwa, Tom Lesniak, Rhett Mabry, Judy McKay, Emma Miller, Robert Murphy, Laura Muse, Janice Petersen, Anthony Rawlings, Kevin Ryan, Terri Shelton, Jean Smith, William Smith, Joseph Turner

*Steering Committee Members:* Melissa Johnson, Marcia Mandel, Deborah Nelson, Susan Robinson

*NCIOM Staff:* Kimberly Alexander-Bratcher, Anna Bauer, Thalia Fuller, Sharon Schiro, Lauren Short, Pam Silberman, Rachel Williams, Berkeley Yorkery

*Other Interested Persons:* Gary Ander, Anne Bryan, Roy Etheridge, Cornell Gibson, Kelly Sullivan

**Welcome and Introductions**

*Marian F. Earls, MD, FAAP, Medical Director, Guilford Child Health, Inc.*

*Beth Melcher, PhD, Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse Services Development, North Carolina Department of Health and Human Services*

*John Thorp, MD, Division Director and Distinguished Professor, Division of Women's Primary Healthcare, Department of Obstetrics and Gynecology, UNC Health Care System*

Dr. Earls, Dr. Melcher, and Dr. Thorp, Task Force co-chairs, welcomed everyone to the task force.

**Charge to the Task Force and NCIOM Overview**

*Pam Silberman, JD, DrPH, President and CEO, North Carolina Institute of Medicine*

Dr. Silberman gave the task force an overview of the NCIOM, the task force process, and the charge to the task force. The Task Force on the Mental Health, Social, and Emotional Needs of

Young Children and their Families was convened by the North Carolina General Assembly to study the “needs of young children with mental health problems and their families” (Session Law 2010-152). The task force will give an interim report to the General Assembly for the 2012 session and a final report for the 2013 session. Dr. Silberman’s presentation can be found here: [Charge to the Task Force and NCIOM Overview](#).

### **Background on the Task Force**

*Melissa R. Johnson, PhD, Pediatric Psychologist, WakeMed Health and Hospital*

Dr. Johnson explained the origins of the task force and the definition of young child mental health. Over the past ten years, groups within Wake and Mecklenburg Counties had begun efforts to improve mental health services to children aged 0-5 years. After more recently joining forces to address state-wide issues, groups from both counties decided to approach the Legislative Oversight Committee on Mental Health to request an NCIOM study. The resulting task force will identify needs and resources, evaluate treatments, recommend ways to use resources to their maximum effect, and look at policy changes that would make a difference across North Carolina.

Young child mental health is positive social-emotional development which includes forming secure relationships; handling emotions; managing one’s own behavior; feeling safe, secure and loved; and exploring and learning. Between 9.5 and 14.2% of young children have social-emotional problems.

Dr. Johnson’s presentation can be found here: [Background on the Task Force](#).

Selected questions and comments:

- Q: What are some key things learned while setting the stage for this work? A: The group in Wake County began looking at what resources existed in the community. There were many resources that worked with young children aged 0-5 years but there was no capacity for mental health care. Other resources that had the capacity to work with mental health problems did not work with children that young. Our groups worked to bring in \$1.5 million worth of grants to start programs in the community.
  - Mecklenburg County has had a similar experience as far as available resources; however, the county has not had the same grant opportunities to begin programs. Instead, the group in Mecklenburg has worked with other groups that have an interest in young children such as Smart Start. Most of what has been accomplished is bringing awareness to the community and creating a common agenda.

- The initiative has been mostly a grass roots effort with people volunteering their time.
- Not all work has been around treatment of mental health problems. Prevention has been emphasized as well by offering screenings in pediatric offices, training providers to identify problems, funding teen parent programs, and determining needs in homeless shelters.

### **Why Early Childhood Mental Health is Critical**

*Kelly Sullivan, PhD, Assistant Professor, Center for Child and Family Health, Duke University Medical Center*

Dr. Sullivan explained models of early childhood mental health, child brain development, childhood trauma, and ways to promote early childhood mental health. Bronfenbrenner's Ecological Systems Theory postulates that a child is shaped by varying levels of the environment. This theory ties into the Ecological-Transactional Model which theorizes that outcomes and experiences are a balance of risk factors and protective factors in a child's environment. Attachment is another important factor in early childhood development. Secure attachment is created when a child's fears are soothed resulting in a feeling of security. Insecure attachment can lead to behavioral, mental health, and cognitive problems.

After birth, neurons cease to form and pruning of synapses, connections between neurons, begins. If a connection is not used, the synapse dies. Pruning allows the brain to find information that is needed faster; however, over-pruning can occur in areas of the brain related to thought and emotion in severely neglected children. The more positive experiences a child has, the more synapses he/she retains into adulthood.

Trauma in childhood occurs whenever an event is perceived to threaten survival. The Adverse Childhood Experiences (ACE) Study shows that the more traumatic events a child experiences, the more likely that child will have mental health and/or substance abuse problems as an adult.

Ways to promote early childhood mental health include multidisciplinary, developmental orientation, multigenerational, and prevention focused services as well as training current and future providers. Previous studies show early childhood mental health promotion is cost-effective.

Her presentation can be found here: [Why is Early Childhood Mental Health Critical?](#)

Selected questions and comments:

- The ACE Study included 17,000 participants. Not all participants had an early childhood traumatic event. Most of the participants were middle class and had insurance through Kaiser Permanente since Kaiser initiated the study. The outcomes of those with seven or more incidents were more likely to die 20 years earlier than those without incidents. Children with traumatic events were also more likely to develop cardiovascular disease, diabetes and other physical health problems later in life.
- More and more studies are showing that infant mental health development begins in utero.

### **Taking a Public Health Approach to Early Childhood Mental Health and Social and Emotional Well-Being**

*Marian F. Earls, MD, FAAP, Medical Director, Guilford Child Health, Inc.*

Dr. Earls discussed disparities, service gaps, and the benefits of integrating primary care with early childhood mental health. Prevalence of mental health problems increases with poverty, maternal depression, substance abuse, domestic violence, and foster care. Racial disparities also exist, with minorities receiving less childhood mental health care. Gaps in care exist due to lack of funding and lack of support for prevention and/or services for mild problems. Some gaps regarding access are addressed in the Affordable Care Act. All private health plans must cover services, without cost-sharing, described in Bright Futures' guidelines by September 23, 2010.

Integrating early childhood mental health into primary care includes prevention, early identification, early intervention, engagement in treatment/referral, collaborative care, monitoring progress, and coordination of care. These roles can be done as a part of prenatal care, maternal depression screenings, developmental and behavioral screening, and social-emotional screening for children at risk. Partnering with parents is also a crucial component of integrating care. Opportunities in North Carolina for integration include Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), CCNC primary care medical home practices and early learning settings, and foster care demonstrations.

Her presentation can be found here: [Early Childhood Mental Health—Benefits of Integration with the Primary Care Medical Home.](#)

Selected questions and comments:

- Q: What percentage of children are on Medicaid or Health Choice? A: When children on Medicaid or Health Choice are added together it is very close to 50%.
- Q: Are there any plans to link CCNC with other practices to encourage screening? A: There has been a lot of encouragement for local primary care practices to form

relationships with local management entities (LME). All CCNC networks have hired a psychologist for consulting; however, there is not a particular focus on early childhood. There is also interest to train primary care providers on motivational interviewing and providing intervention for early childhood mental health problems.

- Many children do not meet the DSM IV definitions and therefore do not receive treatment due to billing code restrictions, especially those on third party insurance.
  - Children that are at risk for mental health problems but not diagnosed are the ones that do not receive services.
- Integrating mental health care into primary care practices is friendlier to families with a stigma of diagnoses.

### **Task Force Future Meetings**

*Berkeley Yorkery, MPP, Project Director, North Carolina Institute of Medicine*

Ms. Yorkery summarized the task force's charge and the recommendation and report process. The task force will develop a roadmap for how North Carolina can foster the mental health, social, and emotional well-being of young children and their families. The task force must ensure certain values are met while looking at promotion, prevention, and intervention strategies: culturally, linguistically, and developmentally sensitive; individualized; child and family centered; home-, school-, and community-based; relationship based; and grounded in developmental knowledge and are evidence-based whenever possible.

Her presentation can be found here: [NCIOM Task Force Next Steps](#).

### **Discussion**

The workgroup discussed what kinds of information would be helpful in making recommendations. Suggested topics included:

- Where practitioners with expertise are and what resources exist across the state
- Effective workforce development strategies
- Evidence behind the impact of trauma in infants and fetuses
- Relationship between daycare star rating system and toxic stress in the classroom
- How much sex education is going on in schools
- Barriers to workforce development
- Cost benefit of early intervention
- Public systems in place that have missions addressing these issues and if those missions are being carried out

- What education or training there currently is in this area for providers
- How to integrate current system to provide seamless care
- What is going on in North Carolina regarding the role of fathers

**Next Meeting—April 29, 2011, at 10am**