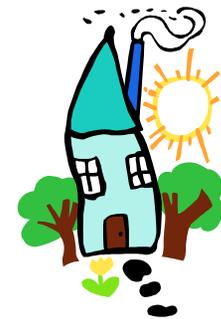




Early Childhood Mental Health

Benefits of Integration with The Primary Care Medical Home



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What We Know

- Impact of experience on brain development.
- Growth, development, and behavior are inextricably linked.
- Emotional development occurs in the context of a relationship (bonding, attachment, reading cues).



Toxic Stress

- Physiological responses to stress in the infant's environment affect the infant's social-emotional development.
- The activation of the physiologic stress response system results in increased levels of stress hormones.
- Persistent elevation of cortisol, can disrupt the developing brain's architecture in the areas of the amygdala, hippocampus, and prefrontal cortex (PFC), and therefore ultimately can impact learning, memory, and behavioral and emotional adaptation.

Prevalence and Risk

13% of preschool children have mental health problems.

This rate increases with the co-occurrence of other risk factors:

- Poverty
- Maternal depression
- Substance abuse
- Domestic Violence
- Foster care

Poverty

Severe child hunger associated with:

- Increased rates of internalizing behavior problems in preschoolers and school-age children.
- Increased rates of anxiety and depression at school age.

(U Mass Med study 2002)

Impact of Maternal Depression

- Infants are at risk for insecure attachment. Children with insecure attachment are more likely to have behavior problems and conduct disorder.
- Maternal depression in infancy is predictive of cortisol levels in preschoolers, which is linked with anxiety, social wariness and withdrawal
- When mothers experienced major depression, then attachment disorders, behavior problems, and depression and other mood disorders can occur in childhood and adolescence



Infant Attachment



- DC 0 – 3R
- 206: Reactive Attachment Deprivation / Maltreatment Disorder of Infancy
- Observed in the context of evidence of deprivation or maltreatment manifested by:
 1. Persistent parental neglect or abuse of a physical or psychological nature, of sufficient intensity and duration to undermine the child's basic sense of security and attachment;
 2. Frequent changes in, or inconsistent availability of, the primary caregiver, making an attachment to an individual caregiver impossible; or
 3. Other environmental compromises and situations beyond the control of the parent & child which are prolonged, interfere with the appropriate care of the child, and prevent stable attachments.



Foster Care

- Children of “risky families,” who have characteristics of conflict, aggression, relationships that are neglectful.
- “Risky” environment disruptive of biological stress-response regulatory systems, and to psychosocial functioning.

Foster Care

Children in foster care have increased rates over the general population of children for:

- Acute and chronic illness
- Growth and development problems
- Serious mental health problems
- Difficulty accessing health services

Disparities

- Minorities receive about 1/2 as much outpatient mental health care as whites.
- Most children who need a mental health evaluation do not receive services, and Latinos and uninsured children have especially high rates of unmet needs.
- Limited access to mental health services for parents (often underinsured/uninsured)

Disparities

- Children living in poverty have twice the rate of mental health problems as the general population of children.
- Rates of use of mental health services are extremely low among preschool children.

Disparities

System Capacity

- Workforce shortage of child and adolescent psychiatrists and clinicians who can work with children.
- Even greater workforce shortage of child psychiatrists and psychologists who can work with very young children.
- Shortage of mental health providers who can treat the mother-infant dyad

Service gaps

- >20% of children/youth have mental disorder
 - 20%-25% receive treatment
 - 40%-50% terminate services prematurelyFactors: lack of access, transportation, finances, stigma
- Chronically under-funded public mental health (MH) system focuses on individuals with severe impairment
- Little support for prevention or services to children with emerging or mild/moderate conditions

National Perspectives Mental Health in Young Children

- AAP: Task Force on Mental Health & COPACFH
- AAP: new Bright Futures guidelines
- AAP: new priority in strategic plan-early brain development
- NC Chapter of the AAP, Mental Health Committee: changes in Medicaid policy, PEDIATRICS, 110(6), December 2002, pp. 1232-1237.
- AACAP: Collaborative Mental Health Care Partnerships in Pediatric Primary Care
- ABCD (Assuring Better Child Health & Development) Projects: early childhood social-emotional development and mental health

Bright Futures

Health Promotion Themes include:

- Promoting Family Support
- Promoting Child Development
- Promoting Mental Health
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity
- Promoting Oral Health
- Promoting Healthy Sexual Development & Sexuality
- Promoting Safety & Injury Prevention
- Promoting Community Relationships & Resources

Bright Futures, the AAP, and Health Reform

- Coverage of Preventive Services under section 2713 of ACA, July 19, 2010
- All private health plans must cover, without cost-sharing all services described in Bright Futures: Guidelines for Health Supervision of Infants Children and Adolescents, 3rd Edition, as of Sept 23, 2010.
- Issues: grandfathered plans, language does not include Medicaid plans.
- AAP is directly advocating with Secretary Sibelius on these issues.

AAP: Task Force on Mental Health & Committee on the Psychosocial Aspects of Child & Family Health

- Chapter Action Toolkit, 2008
- The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care, PEDIATRICS, 124(1), July 2009.
- Supplement to Pediatrics (June, 2010)
- Addressing Mental Health Concerns in Primary Care: A Clinicians Toolkit (July, 2010)
- Incorporating Perinatal and Postpartum Depression Recognition and Management into Pediatric Practice (November 2010)
- Addressing Social Emotional Morbidity (pending)

AAP Defines Medical Home

- ❖ Accessible
- ❖ Family-Centered
- ❖ Continuous
- ❖ Comprehensive
- ❖ Coordinated
- ❖ Compassionate
- ❖ Culturally competent



Medical Home also means...

- Caring for the whole child
- Considering physical, developmental and mental health together
- “not separating the head from the body”



Promoting Healthy Social -
Emotional Development
in
Primary Care

Promoting Healthy Brains

- Nutrition
- Nurturance
- Optimal environment
- Parent/caregiver health & mental health
- Developmental screening and surveillance in the medical home.
- Parent – PCP partnership
- Anticipatory Guidance



Potential roles of primary care clinicians in MH care

- Prevention
- Early identification
- Early intervention / screening
- Engagement in treatment and/or referral
- Collaborative care (with MH / SA professionals)
- Monitoring progress in care
- Care coordination (as for other CYSHCN)

Opportunities for Prevention and Promotion in Primary Care

- Prenatal Visits
- Psychosocial and maternal depression screening
- Developmental & behavioral screening and surveillance in pediatric and family practice offices
- Social/emotional screening for children identified “at risk”

Implementation requires a QI approach to office process

Partner with Parents to Do Screening & Surveillance

Important linkages for Medical Home:

- Head Start, Early Head Start, Child Care, Preschools, Schools
- Part C
- Childcare/school nurses
- Home visiting nurses
- Nurse-Family Partnership
- Family support
- Community mental health providers



