



The Origin of the NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families

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

March 10, 2011



Background and origins of this effort- from local to state level

- Over 10 years ago, Wake County group began meeting to try to improve MH services to children/families 0-5
- Over time, received small \$\$ and wrote grants resulting in new programs, training, mentorship, networking
- In last 5 years, Mecklenburg began similar effort; groups communicated about needs beyond our counties
- Discussions began about statewide issues; evident that resources varied greatly
- But how to proceed to help entire state move forward?



Results of our discussions

- We recognized gaps in knowledge about the resources, needs and concerns around the issue of 0-5 social-emotional/mental health across the state; meeting with several legislators about our concerns clarified how much was not known
- Without this knowledge, hard to make useful recommendations or plans to improve the system
- Where/how to develop this knowledge and thus effective strategies?



Institute of Medicine

- Designed to do exactly what we needed: bring together statewide expertise to systematically evaluate needs, resources and strategies around health-related issues
- Possesses knowledge about system for improving health care delivery
- Decision made to approach the Legislative Oversight Committee on Mental Health to explain why an IOM study on this issue would be valuable
- Presentation made to LOC, resulting in funding bill passing, and our meeting today...



Goals of the Presentation to the Legislative Oversight Commission for Mental Health, Development Disabilities and Substance Abuse Services

- Demonstrate the need for strengthening mental health services for children birth to 5
- Request an Institute of Medicine study to determine statewide needs and suggest effective strategies
- Suggest expanding the capacity of existing services to include professionals skilled in addressing mental health issues in infants, toddlers, preschoolers and their families



What is young child mental health?

Positive social-emotional development

Developing the ability to:

- Form secure relationships
- Handle emotions
- Manage one's own behavior
- Feel safe, secure, and loved
- Explore and learn



Why is this need so urgent?

- Now is the perfect time to include birth-5 issues while the mental health system is being re-examined and improved.
- Healthy social/emotional development in young children builds the foundation for a well-functioning, economically vibrant community
- Effective support of birth-5 mental health will reduce future costs to the mental health, substance abuse, education, foster care, and juvenile justice systems, and create healthier, happier, and smarter citizens.

- 
- Up to 20% of teens and adults have mental health problems
 - In the first five years, we can OFTEN identify the children likely to have problems later AND intervene effectively
 - The earlier the intervention, the more cost-effective; the costs of remediation increase with age

- 
- Cognitive development is dependent on positive social-emotional development
 - Mental health support from birth-5 can actually enhance the development of the growing brain
 - Conversely, “toxic” environments without such support can damage developing brain structure and function

What children are we talking about? A few examples...

- Toddlers moved from foster home to foster home due to uncontrollable tantrums
- Preschoolers expelled from multiple day care centers, causing parents to lose jobs
- Children arriving at kindergarten unable to get along with other children despite normal intelligence
- Child witnesses or victims of violence
- Babies whose growth is stunted due to lack of nurturing care.

A few numbers...

- NC is 5th highest in pre-K expulsions among the 40 states with data; rate is 1 in 77 pre-K children expelled!
 - (Gilliam et al., 2005))
- Between 9.5 and 14.2 % of children 0-5 have social-emotional problems
 - (NCCP, 2009)
- Behavior problems in preschoolers: 10-20% at home or day care; for children in poverty, 20-50%
 - (Williford & Shelton, 2008)
- FPG study: screening resulted in 18.8% of pre-K children being referred for MH services
 - (Barbarin, 2007)



What do services entail?

- Helping families function more effectively
- Helping parents understand and support their child's emotional needs by enhancing their interactions with their child.

Intervening in child care settings AND the home to help children in distress

- Helping children develop competence in social and emotional tasks such as forming relationships, developing self-control, tolerating frustration, sharing, communicating needs appropriately

Isn't NC addressing this already?

YES AND NO

Agency	Mission	Mental Health Services for 0-5
Smart Start	High quality comprehensive system of care and education for every child	Local Smart Start partnerships provide family support and health-related programs.
Child Development Services Agency (CDSA)	Helping children with development delay	Many infants and toddlers with mental health issues do not meet CDSA eligibility requirements; CDSA lacks access to full array of mental health services
Preschool Services	Meeting educational needs to prepare for school success	Not the focus; intensive family work not possible

Agency	Mission	Mental Health Services for 0-5
Child Protective Services	Keeping children safe	Mental health issues in 0-5 are part of a complex balance of family problems, domestic violence, employment, housing, substance abuse...
Health Care System	Mental, as well as physical, health of 0-5 often evaluated here first	Very limited access to mental health resources
Mental Health System	Currently designed for older children and for severe, persistent mental illness in children and adults	Limited family-based interventions available or funded. Limited access to research on effective methods. Few clinicians trained in the unique skills and strategies that work for 0-5 age group.



How can we move forward?

- Integrate, collaborate, and support the resources of each system to address the mental health needs of children from birth to five
- Obtain more information for our entire state, not only Wake and Mecklenburg.



An Institute of Medicine study could...

- Examine the needs, gaps, strengths and resources of service systems throughout the state as they affect 0-5 mental health
- Evaluate recent treatment research for its potential to work with our children
- Recommend ways to move forward, using our limited resources to best effect
- Spearhead policy shifts that will make a difference across North Carolina



Incorporating Birth to Five into current system

- If we consider the unique needs of this group in all our current efforts, we will be most effective in serving North Carolinians throughout life.