

Why is Early Childhood Mental Health Critical?

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A Baby on a Therapist's Couch?

-Charles H. Zeanah

- Wrong image for so many reasons
 - No verbal language
 - Incorrect stereotype of therapy in general
 - Where's the parent?
- Myth of infancy and early childhood
 - “I have no memories from that time so...”
(Kyle Pruett, former president of Zero to Three)
 - Caring for an infant comes completely naturally

What is Early Childhood Mental Health?

- Early Childhood mental health is
 - Birth to 5 years
 - Amazingly wide range of capabilities across this age span
 - From sheer survival to some independent functioning

What Is Infant Mental Health?

The ability to develop physically, cognitively, and socially in a manner which allows [infants] to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system.

WAIMH Handbook of Infant Mental Health, vol 1, p. 25

What is
Infant Mental Health



and
Why is it Important?

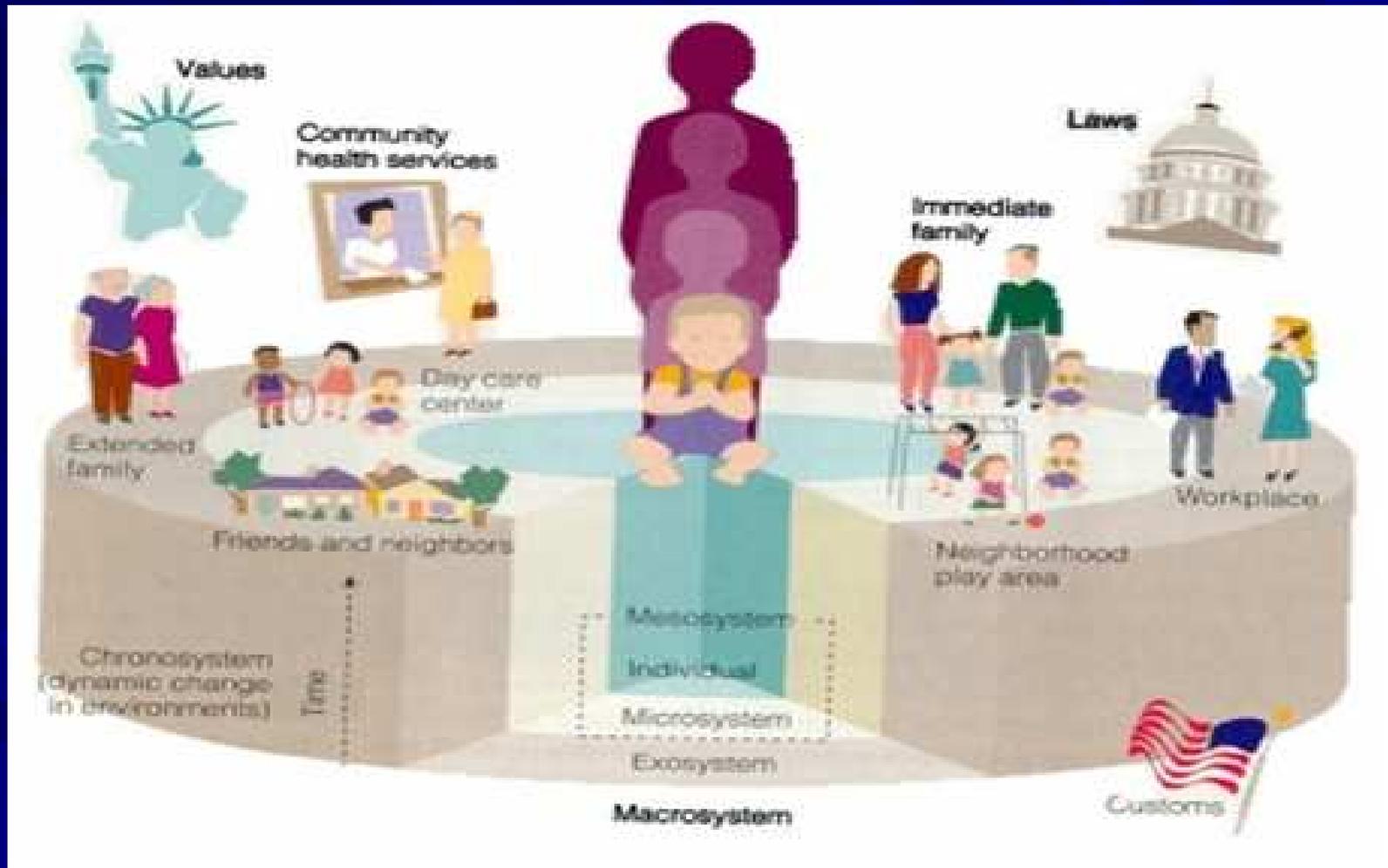
Louisiana State University Health Sciences Center
New Orleans

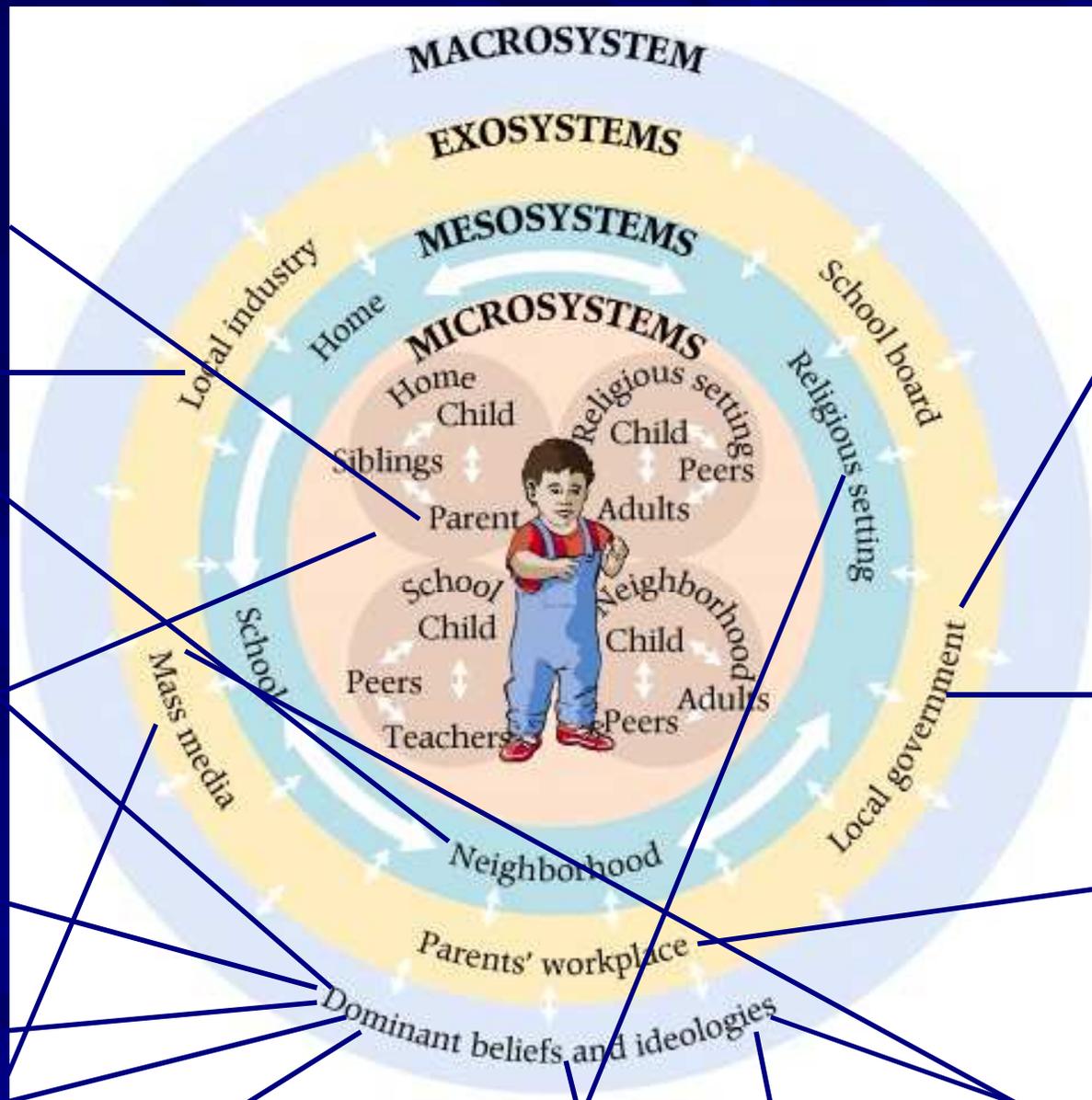
What Is
INFANT MENTAL HEALTH?



Why Is It Important?

Bronfenbrenner's Ecological Systems Theory





Social supports:
any? positive?
negative?

Unemployment

Availability of
substances

Tolerance of
some
interpersonal
violence, but
not discussed

Gender
stereotypes

Racism,
sexism...

Parent or child
needs/wants
come first

Parenting
should come
naturally

"Spare the rod,
spoil the child"

Shame about
needing help
parenting

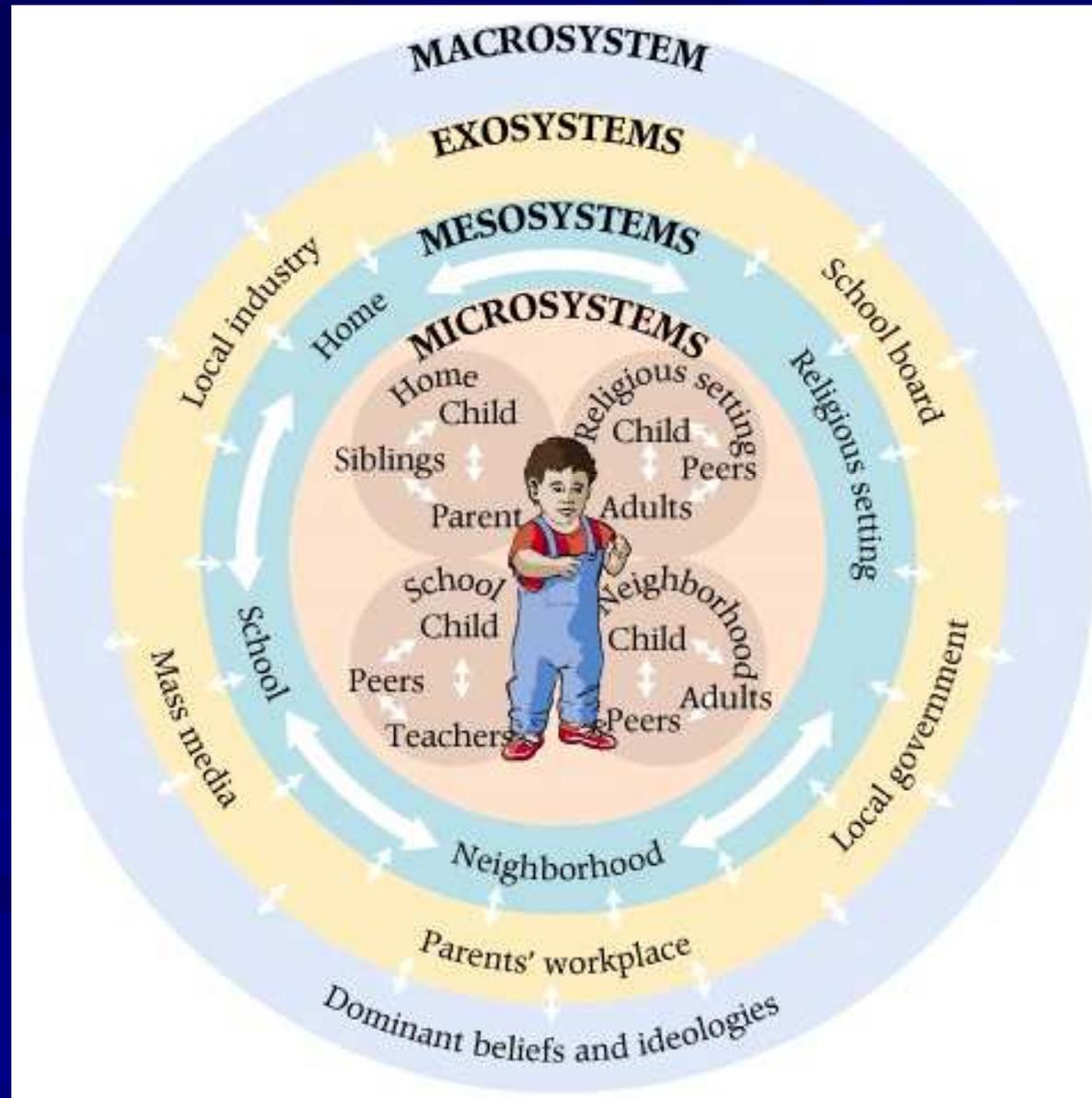
Material possessions
demonstrate that I care for
my child

Immigration
status

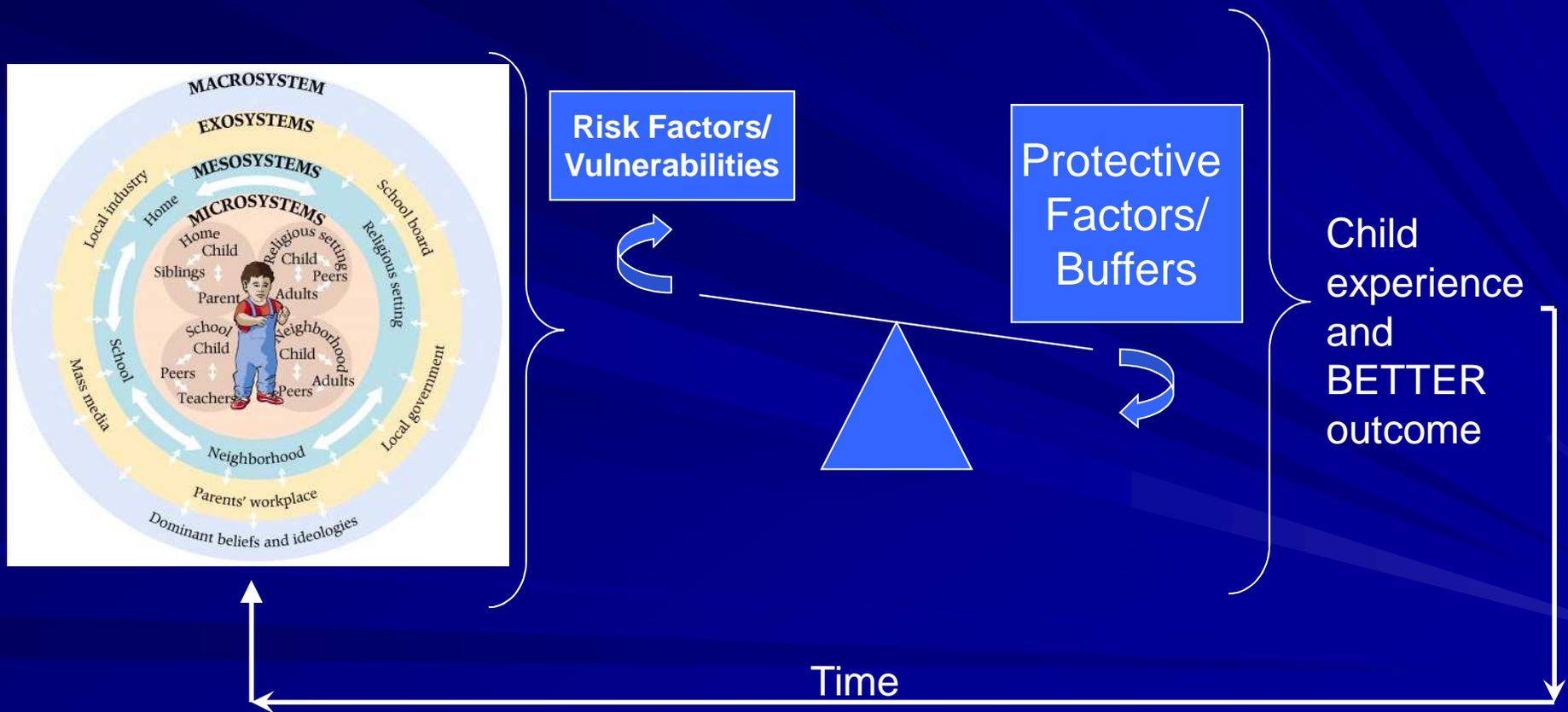
Easily
accessible
services for
children and
families

Child friendly
work
environment

Example: Fast food

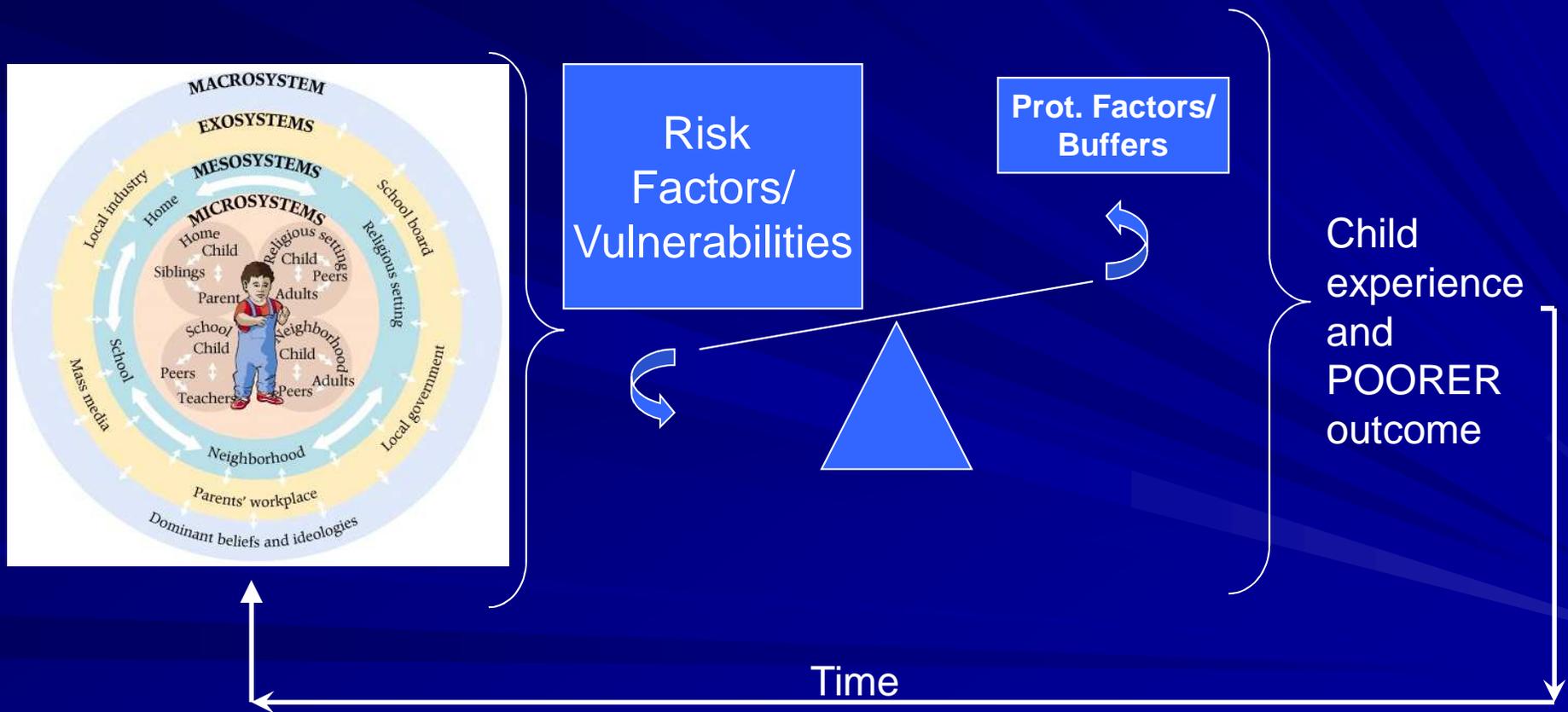


Ecological-Transactional Model



Adapted from Cicchetti, Toth, & Maughan (2000) by Karen Carmody

Ecological-Transactional Model



Adapted from Cicchetti, Toth, & Maughan (2000) by Karen Carmody

Role of Attachment

- Keeps humans alive
- Affect regulation
- View of self as worthy and competent
- View of world as safe
- *Buffers impact of trauma*



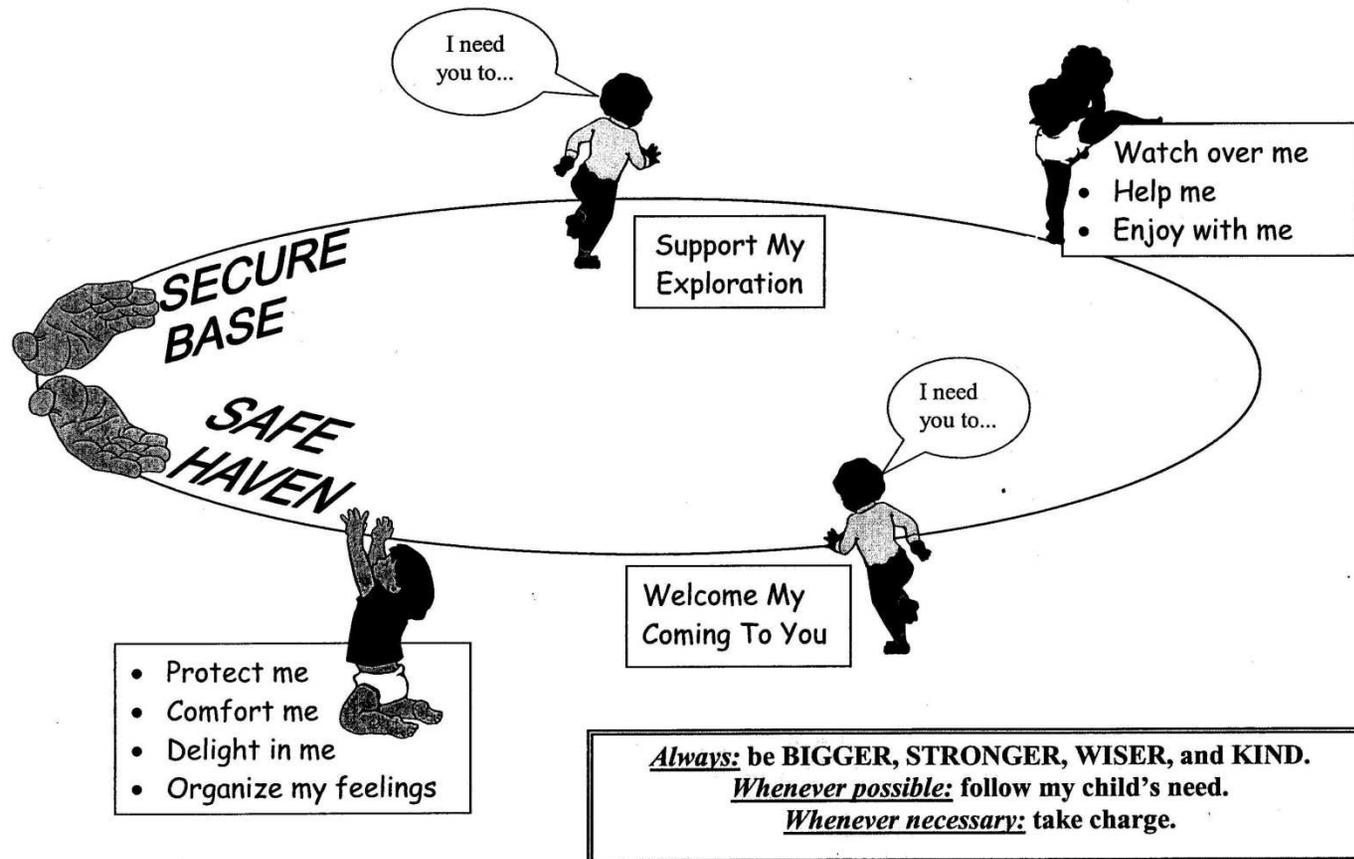
Process of Developing Secure Attachment

“Repeated experiences of parents reducing uncomfortable emotions (e.g., fear, anxiety, sadness), enabling child to feel soothed and safe when upset, become encoded in implicit memory as expectations and then as mental models or schemata of attachment, which serve to help the child feel an internal sense of a secure base in the world.” (Siegel, D.)



CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



© 2000 Cooper, Hoffman, Marvin & Powell

Estimates of secure attachment in low-risk samples ranges from 55 – 67% (Van IJzendoorn and Bakermans-Kranenburg, 1996; Karen, 1990 in Hanson and Spratt, 2000)

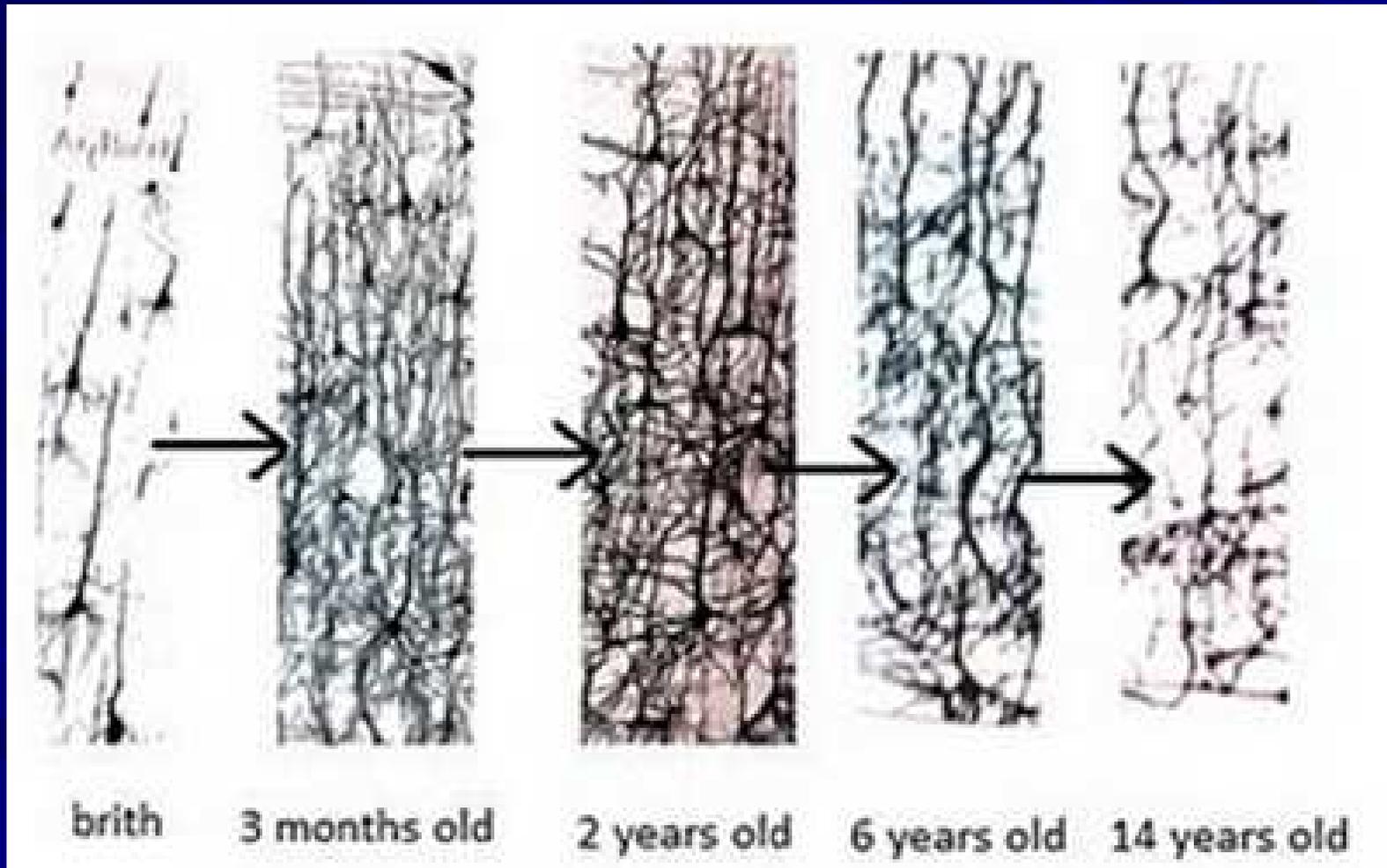
Insecure Attachment is an Important Risk Factor

- Poor self-esteem and self regulation
- Aggressive/rejecting and/or withdrawn/isolating relations with peers
- Low frustration tolerance
- Less positive affect
- Lags in cognitive, developmental and academic competence (Egeland, Carlson, and Sroufe, 1993)
- Elevated levels of behavioral symptomology (Van IJzdoorn and Bakermans-Kranenburg)
- Different attachment patterns may be associated with different biological responses to stress in inhibited toddlers.

Early Brain Development

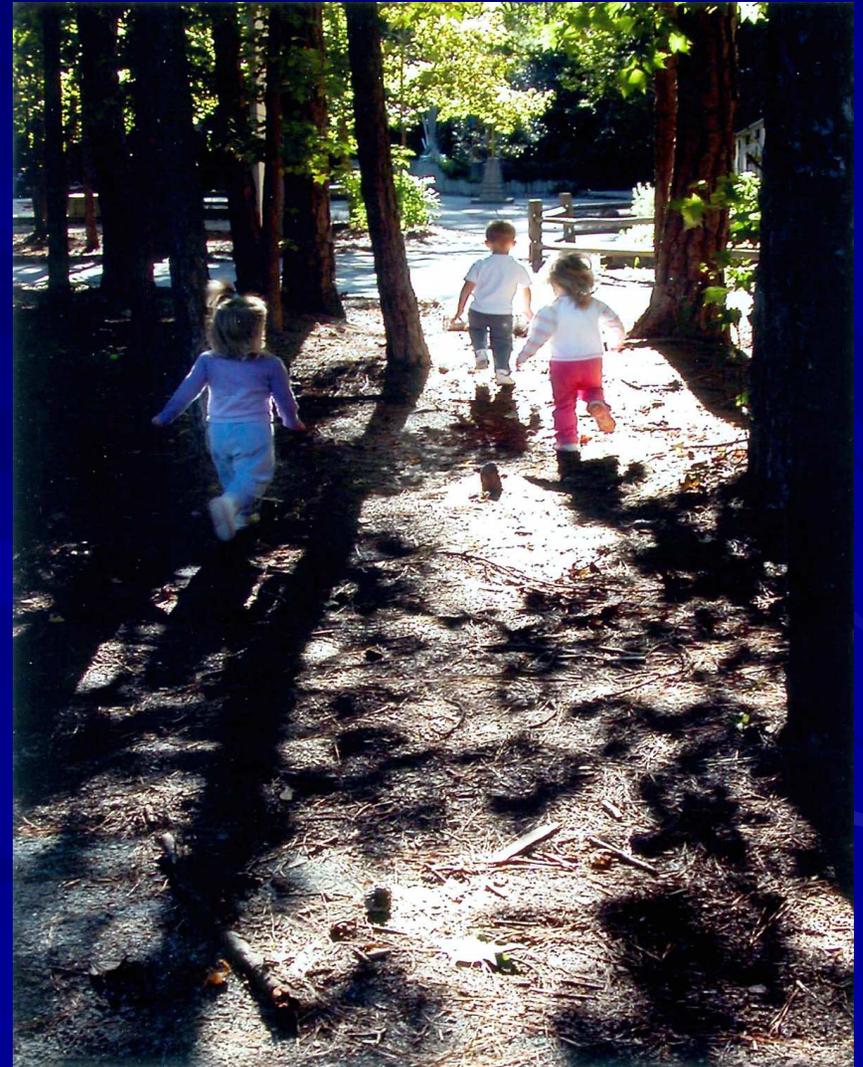
- After birth no new neurons are formed
- Connections (synapses) between neurons (Huttenlocher, 1994)
 - At eight months approx. 1,000 trillion synapses
 - From 1 year to age 10 pruning exceeds synapse formation, results in 500 trillion synapses
- Animal studies: early experiences affect the final number of synapses (Turner & Greenough, 1985)

Synapse Formation in Childhood

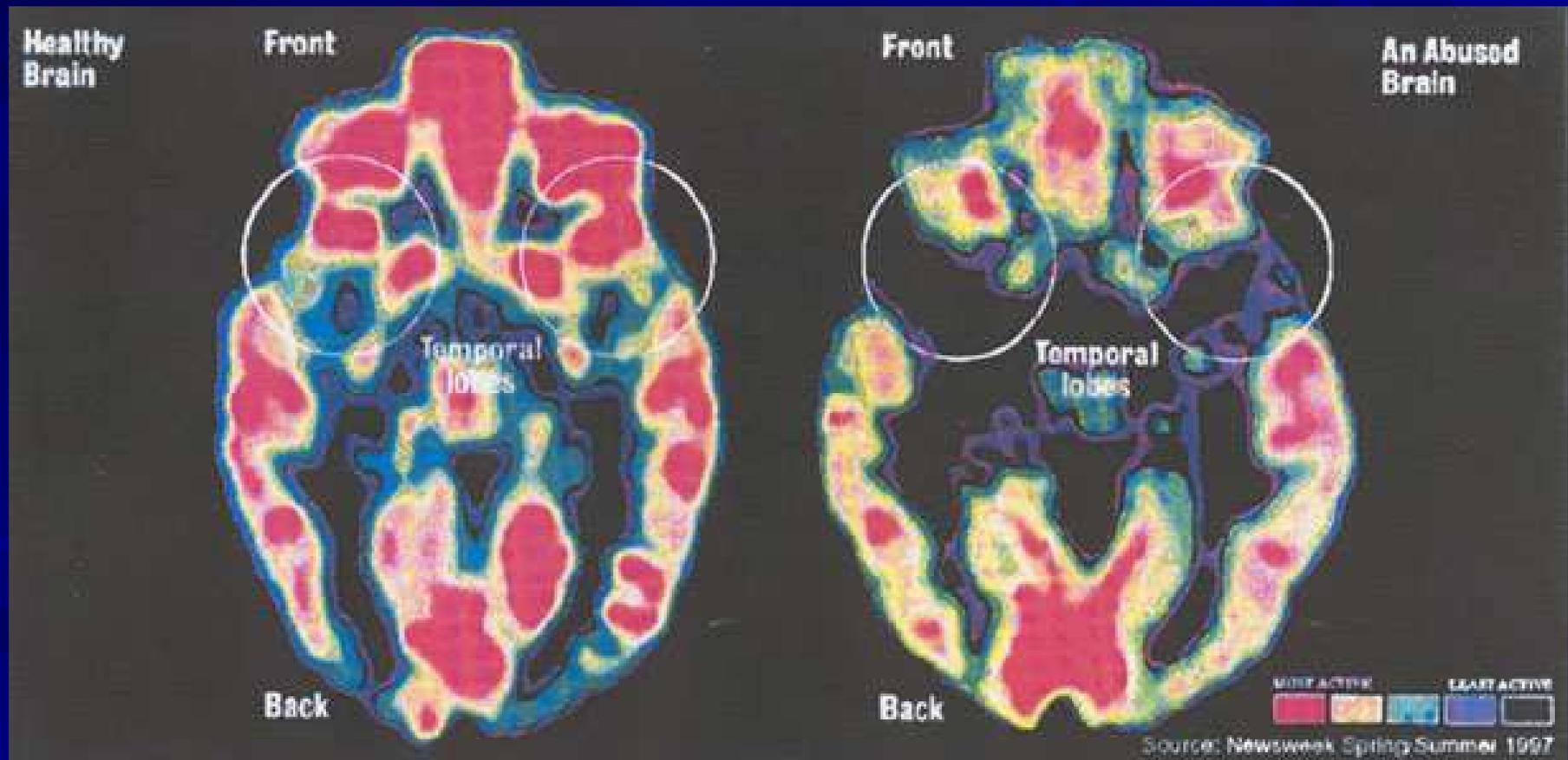


“Use it or lose it”

- Interaction with people and objects forms the brain
- Predictability is key



“Use it or lose it”



Early Brain Development Controversy

THE SCIENTIST IN THE CRIB

MINDS, BRAINS, AND
HOW CHILDREN LEARN



Alison Gopnik, Ph.D.
Andrew N. Meltzoff, Ph.D.
Patricia K. Kuhl, Ph.D.

THE MYTH OF THE FIRST THREE YEARS

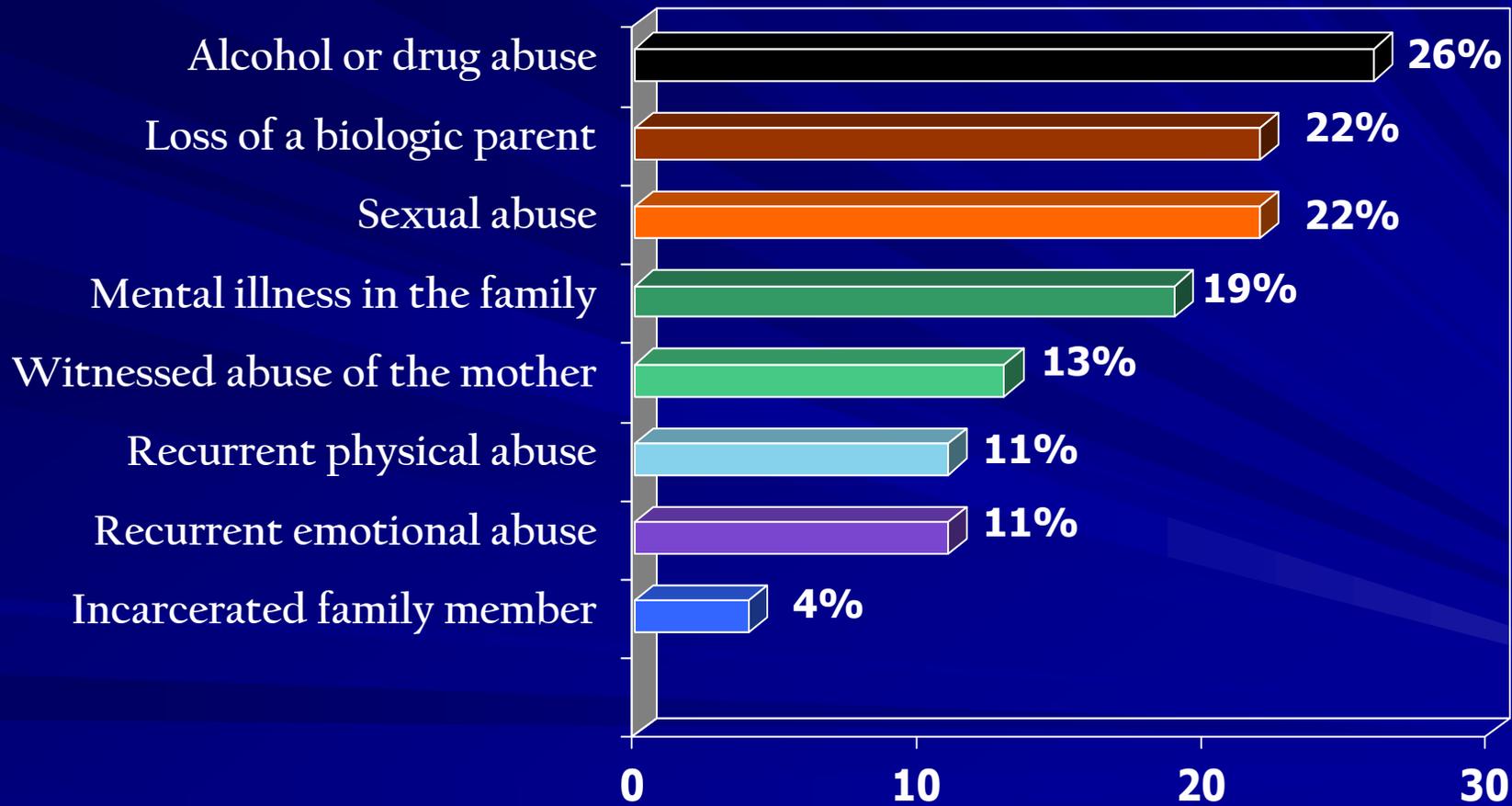


A NEW UNDERSTANDING OF
EARLY BRAIN DEVELOPMENT
AND LIFELONG LEARNING
JOHN T. BRUER, Ph.D.

Prevalence of Trauma in Childhood

- Trauma = perception that some experience threatens survival
- Adverse Childhood Experiences (ACE) Study
 - Largest study examining the health and social effects of adverse childhood experiences over the life span (over 17,000 participants)

Prevalence of ACEs



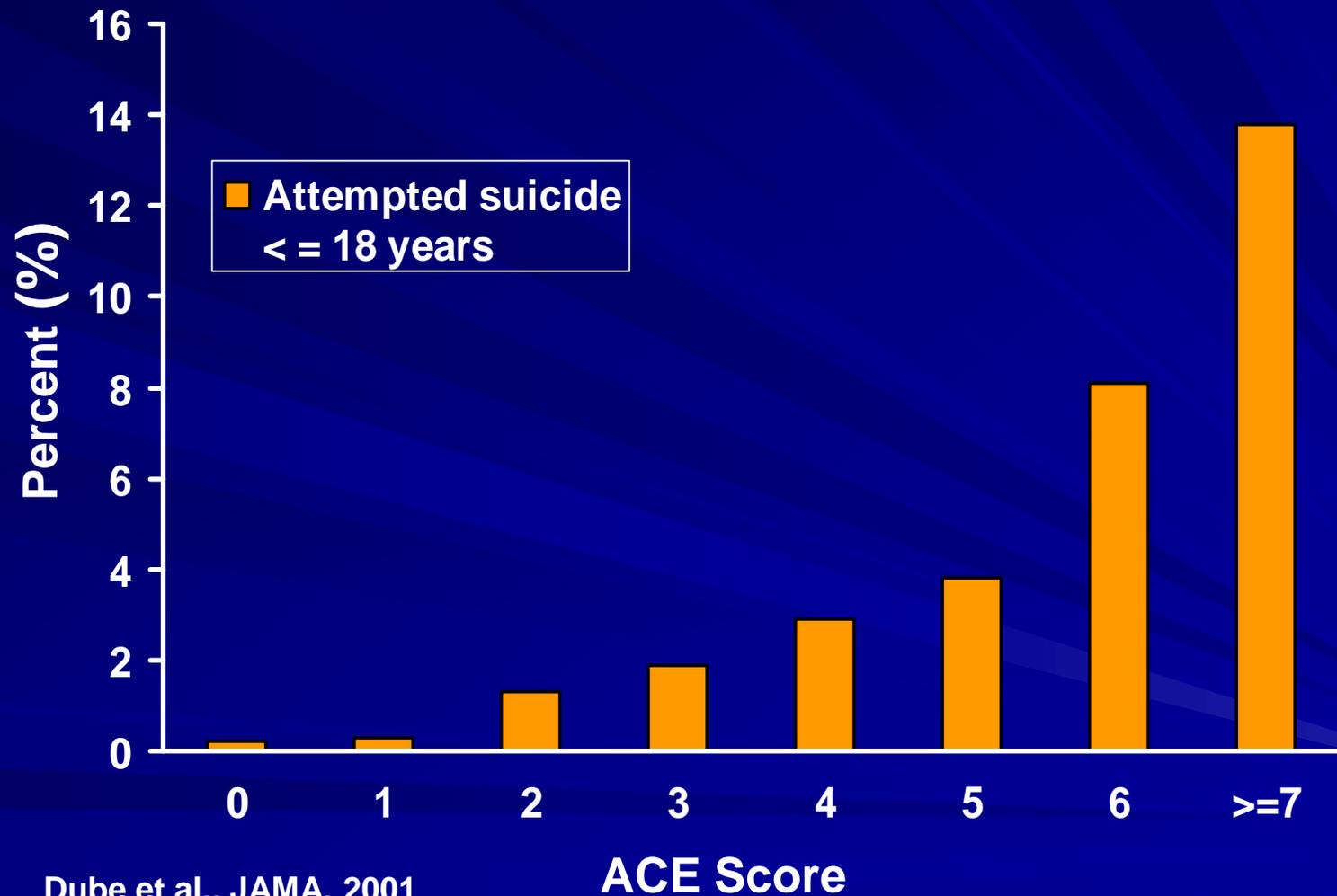
Source: Felitti and Anda

Adverse Childhood Experiences (ACE) Score

Number of individual adverse childhood experiences were summed...

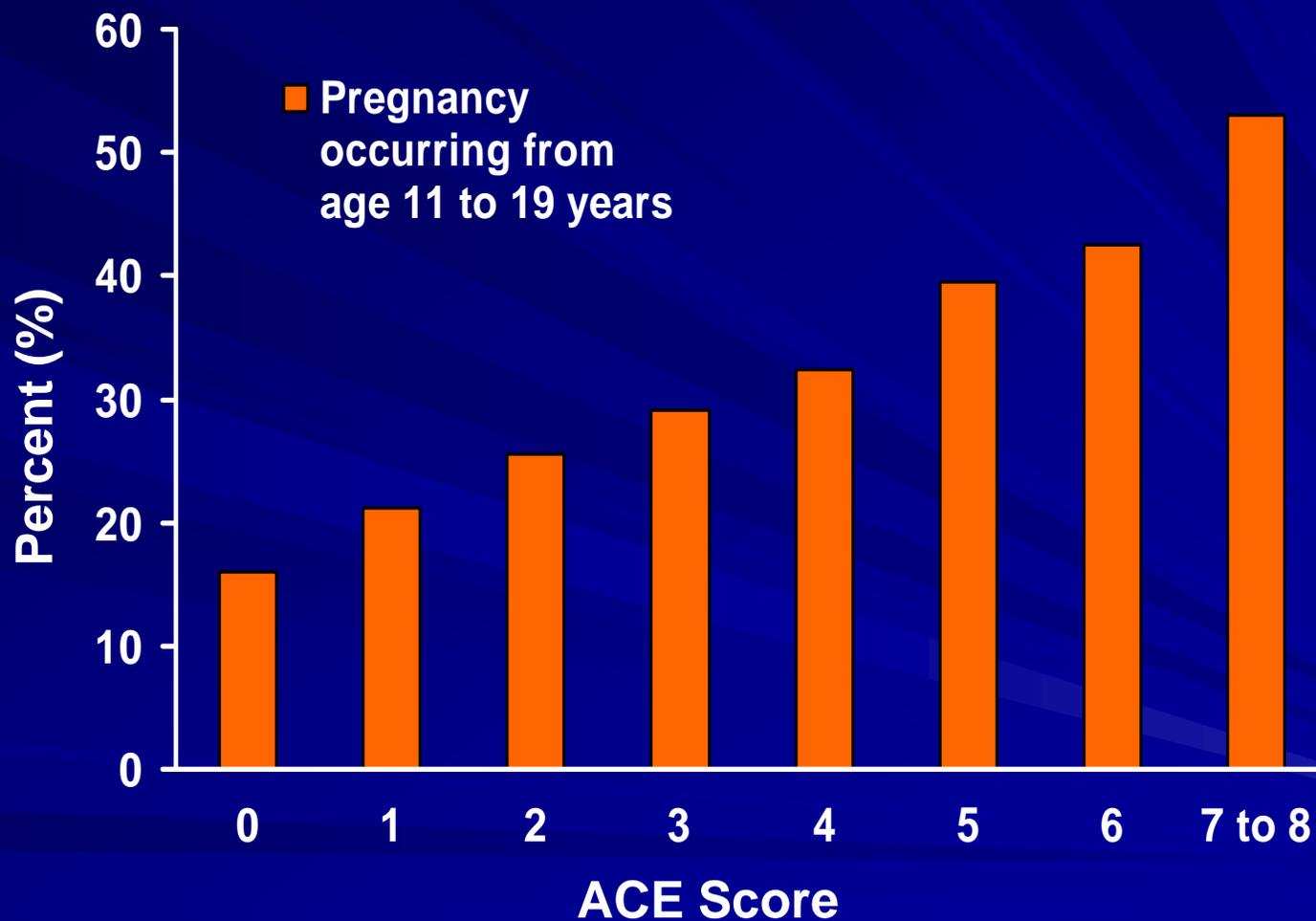
<i>ACE score</i>	<i>Prevalence</i>
0	36.4%
1	26.2%
2	15.8%
3	9.5%
4	6.0%
5	3.5%
6	1.6%
7 or more	0.9%

Relationship Between the ACE Score and Suicide Attempts During Adolescence



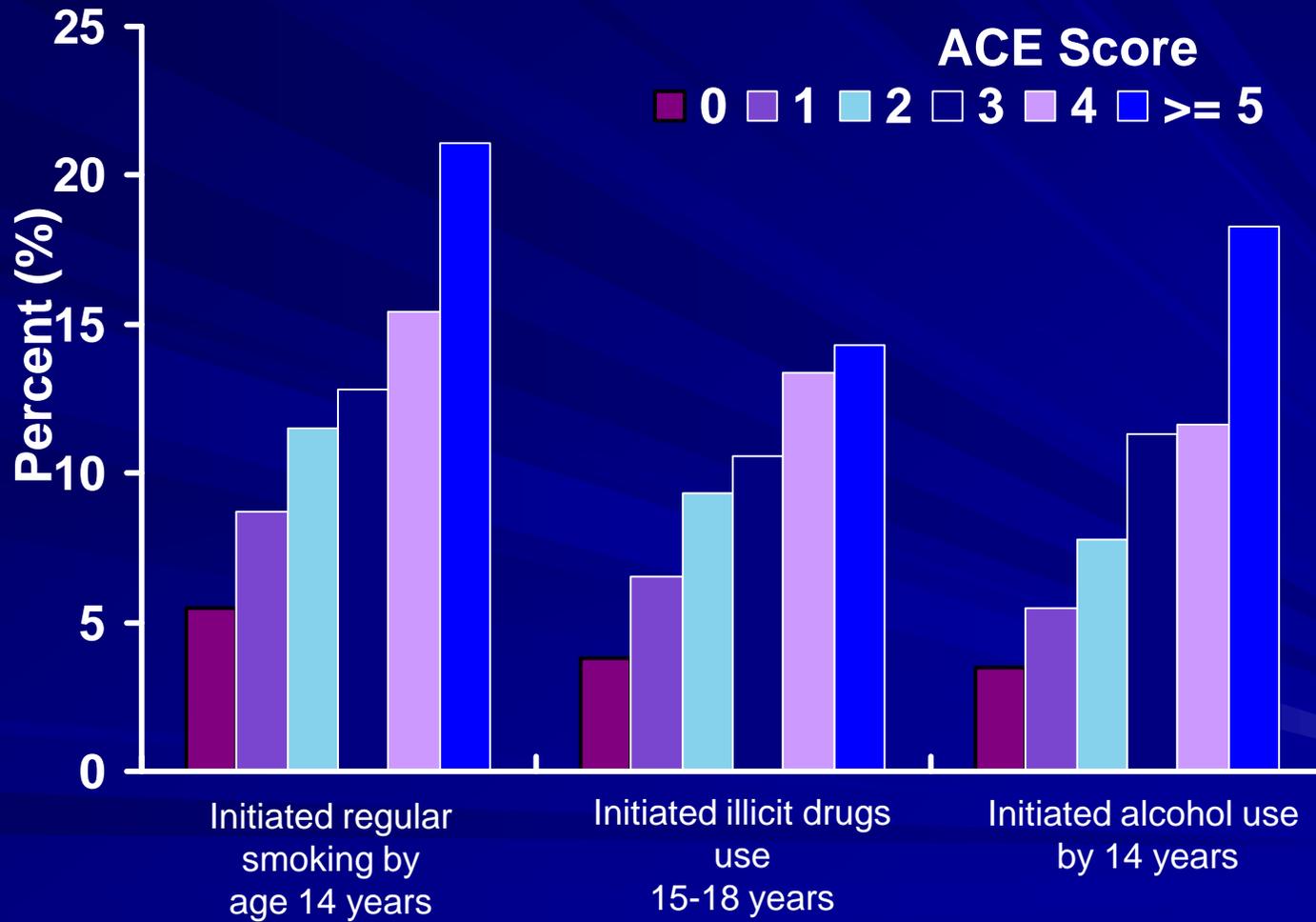
Dube et al., JAMA, 2001

Relationship Between ACE Score and Adolescent Pregnancy

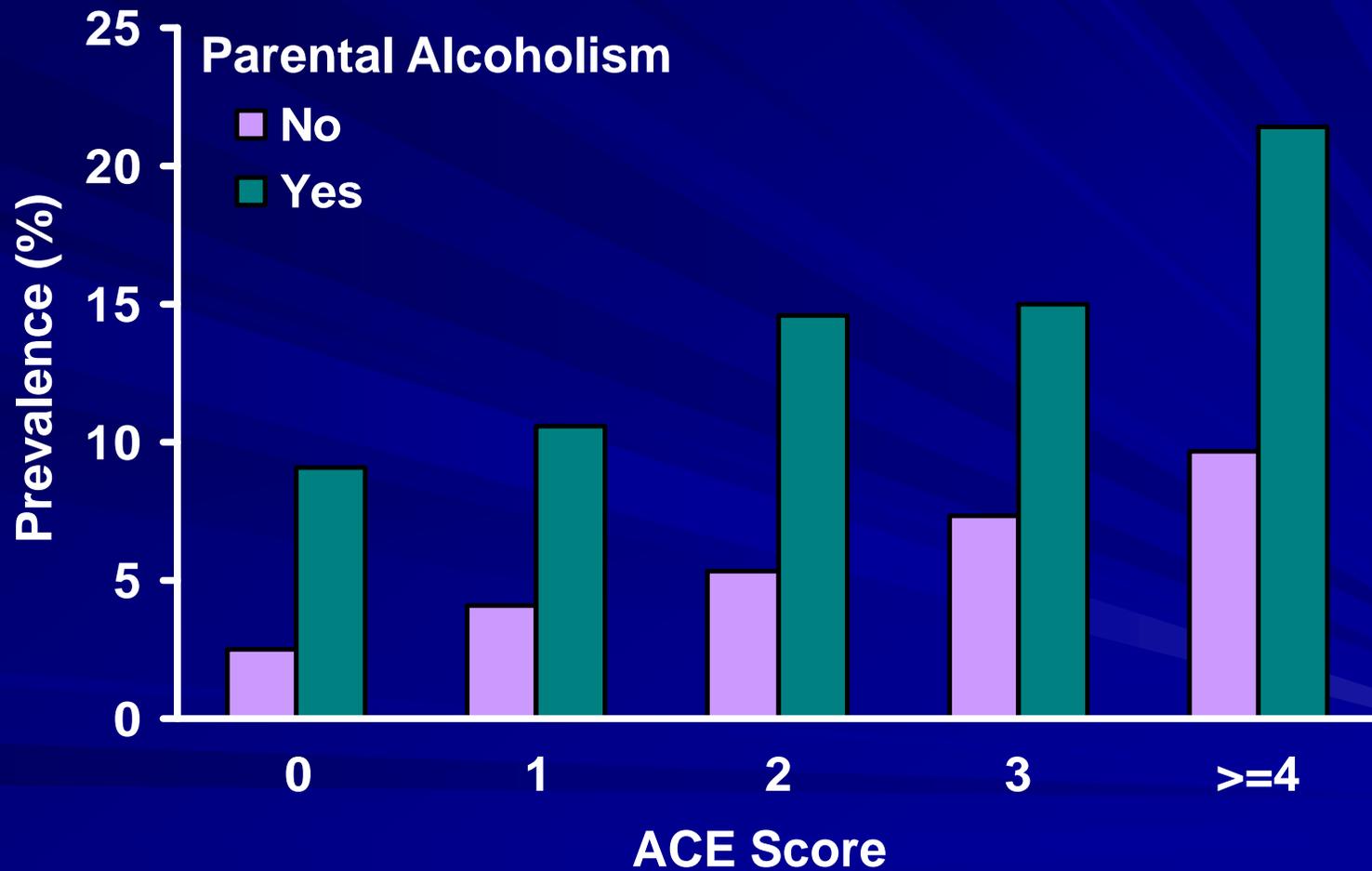


Hillis et al., Pediatrics, 2004.

Relationship Between ACE Score and Adolescent Substance Use

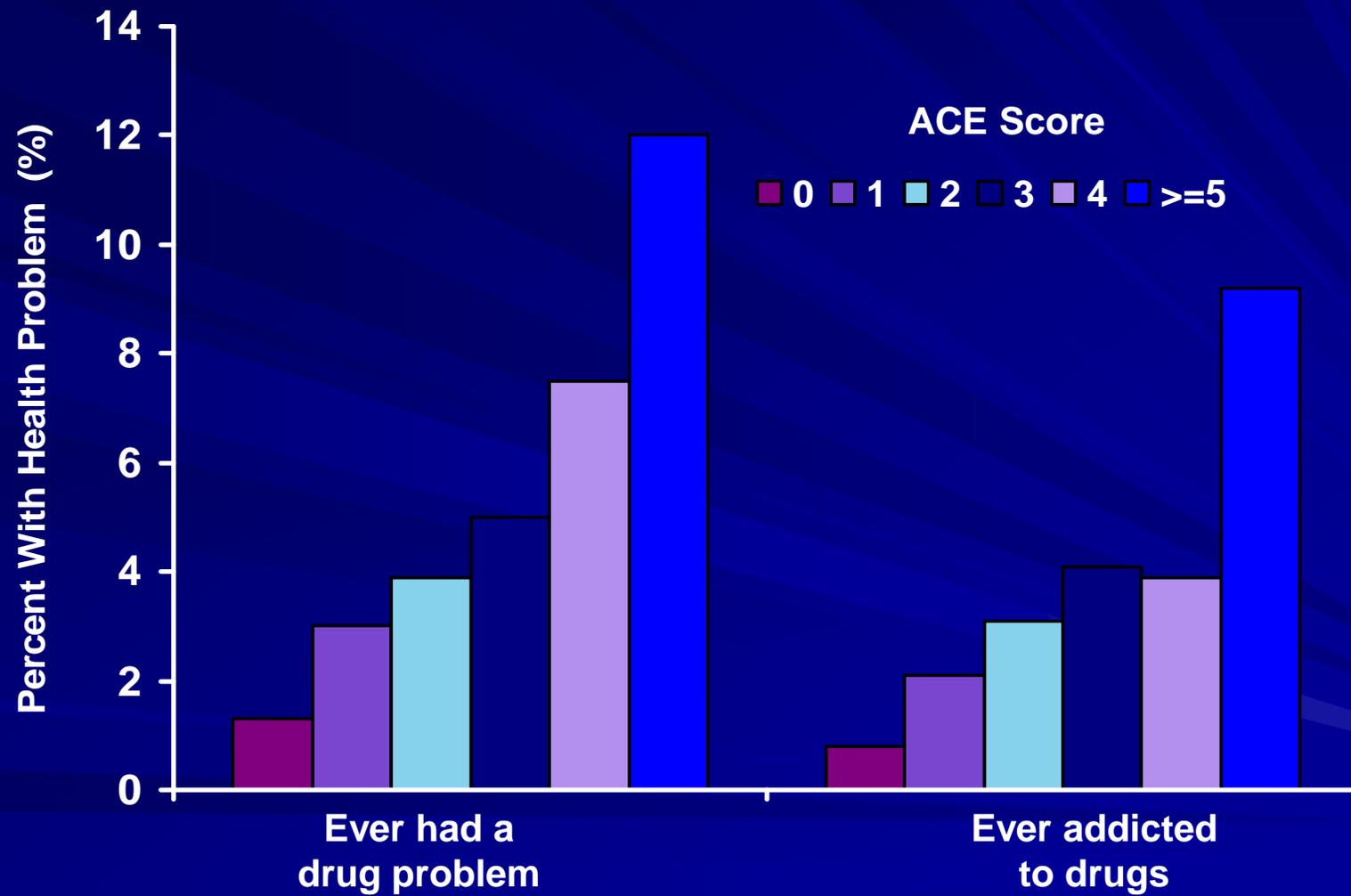


Relationship Between ACE Score and the Risk of Self-Reported Alcoholism



Dube et al., 2002, Addictive Behaviors.

ACE Score and Drug Abuse



How Much Should We Care About Early Childhood Mental Health?

- Children 0 - 3 represent 26% of child maltreatment reports
- 50% of domestic violence cases within families include children under 5 (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997)
- 14%-26.4% of 2 - 5 year olds met criteria for a DSM disorder (Egger, Angold, 2006)
- Cumulative risk factors in early childhood predicts behavior problems in adolescence (Appleyard, Egeland, van Dulmen, Sroufe, 2005)
- Animal studies demonstrate early stress and trauma impacts brain development

Early Chronic Interpersonal Trauma*

Potentially leads to

Attachment Problems*

Potentially leads to

Oppositional Defiant Disorder (earlier onset worse prognosis- 3X more likely to develop CD)**

Potentially leads to

Conduct Disorder (for about 30% of ODD kids)**

Potentially leads to

Antisocial Personality Disorder (for about 10% of ODD and 40% of CD kids)**

14% comorbid ADHD,
14% anxiety, or 9%
mood disorders

(As described in *Lyons-Ruth & Jacobvitz, 2008; ** AACAP Practice Parameters for ODD, 2007)

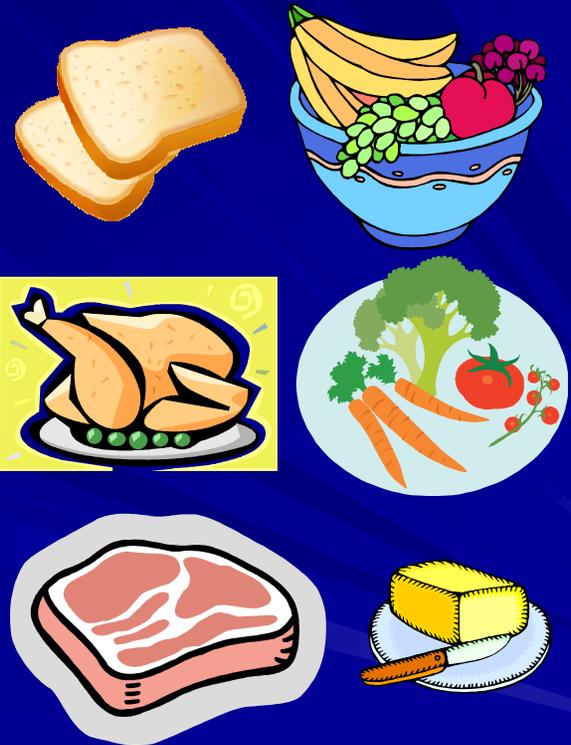
How Do We Promote Early Childhood Mental Health?

■ Services

- Multidisciplinary
- Developmental orientation
- Multigenerational perspective
- Prevention focused

■ Training

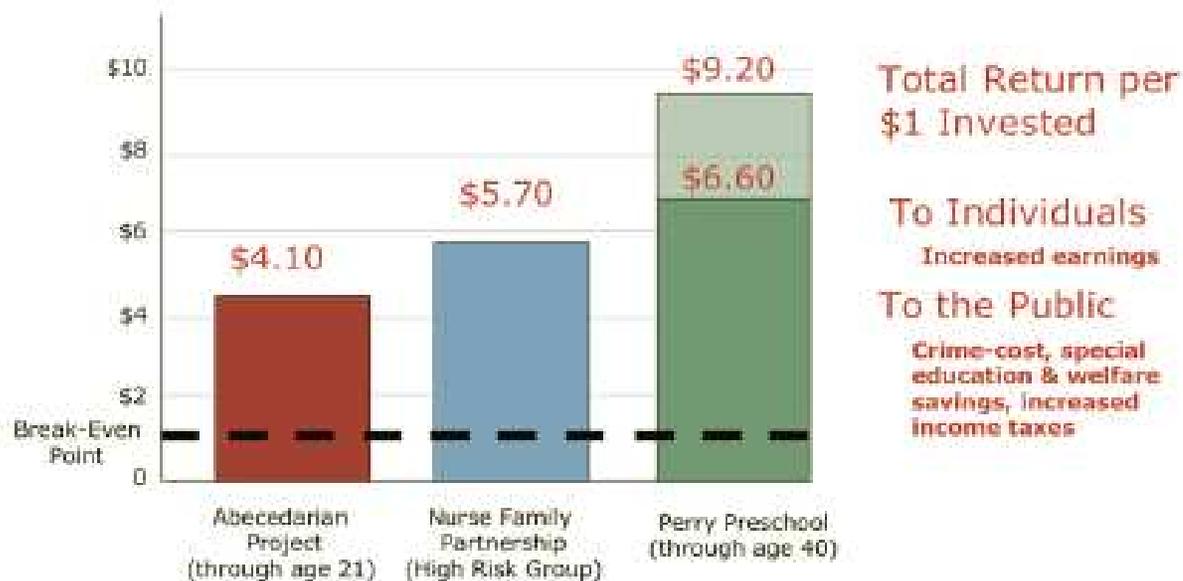
- Merrill-Palmer Institute/ Wayne State University in Michigan
- Harris Professional Development Network



Is Early Childhood Mental Health Promotion Cost Effective?

NATIONAL FORUM ON EARLY CHILDHOOD POLICY AND PROGRAMS

Cost/Benefit Analyses Show Positive Returns Early Childhood Programs Demonstrate Range of Benefits to Society

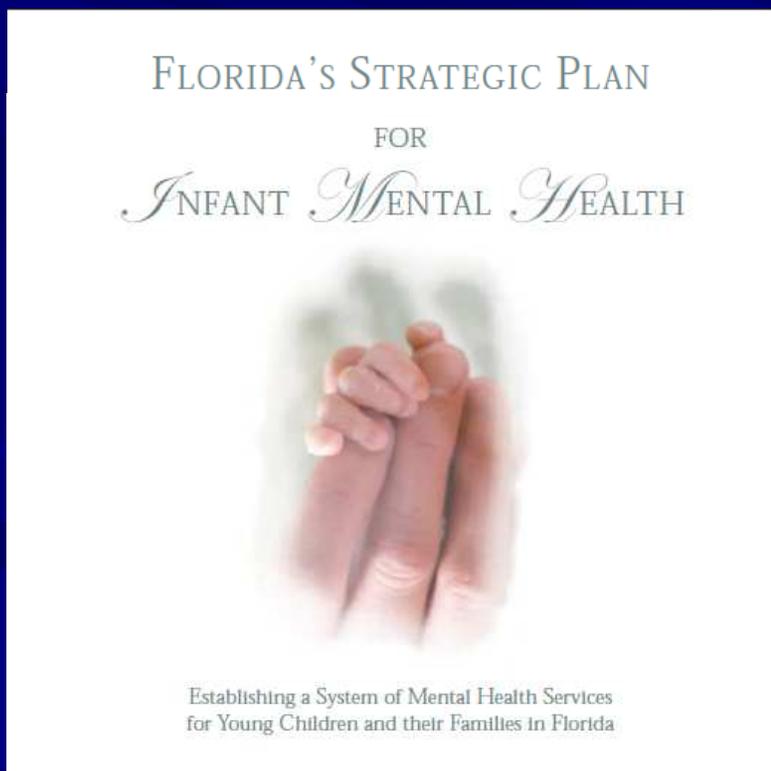


Sources: Masse & Barnett (2002) Karoly et al. (2005) Heckman et al. (2009)

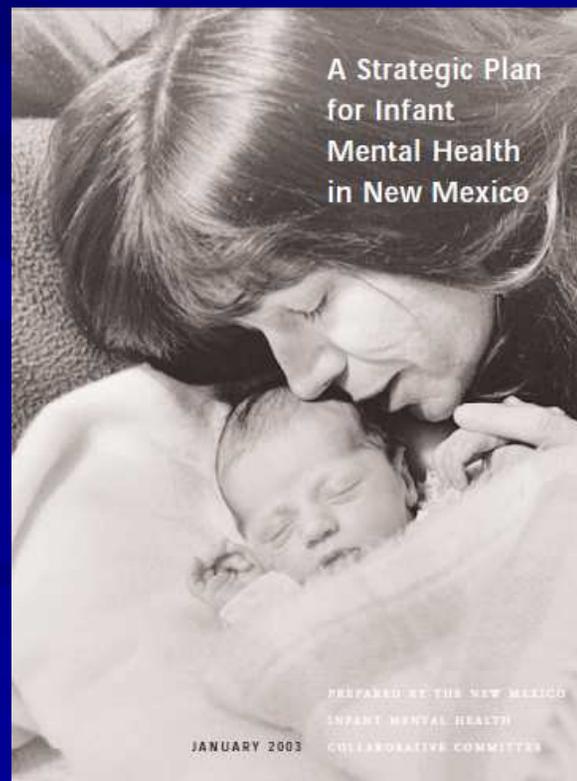
Do Other States Care About Infant Mental Health?

- Two states have a strategic plan

Florida



New Mexico



Statewide Change Report



STATE CASE STUDIES OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH SYSTEMS: STRATEGIES FOR CHANGE

D. Russell Lyman, Wendy Holt, and Richard H. Dougherty
DMA Health Strategies

July 2010

ABSTRACT: This report examines the efforts made in Colorado, Indiana, Massachusetts, and Rhode Island to develop mental health systems of early identification and intervention for children from birth to age 5. While each state is in a different stage of development, together they provide a picture of progress and opportunities for national change in this evolving area of health care. The study focuses on the process of change and identifies common strategies for achieving innovation. State profiles, examples of major initiatives, and descriptions of exemplary practices illustrate ways that states can improve services and policies. Conclusions underscore the value of articulating a national vision of comprehensive infant and early childhood developmental and mental health systems of care, in which child and family well-being are promoted and needs are identified and treated as early as possible in life.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. To learn more about new publications when they become available, visit the Fund's Web site and [register to receive e-mail alerts](#). Commonwealth Fund pub. no. 1427.

- Describes mental health identification and intervention systems for 0 - 5
 - Colorado
 - Indiana
 - Massachusetts
 - Rhode Island
- Focuses on
 - State achievements
 - Process of change

National Resources

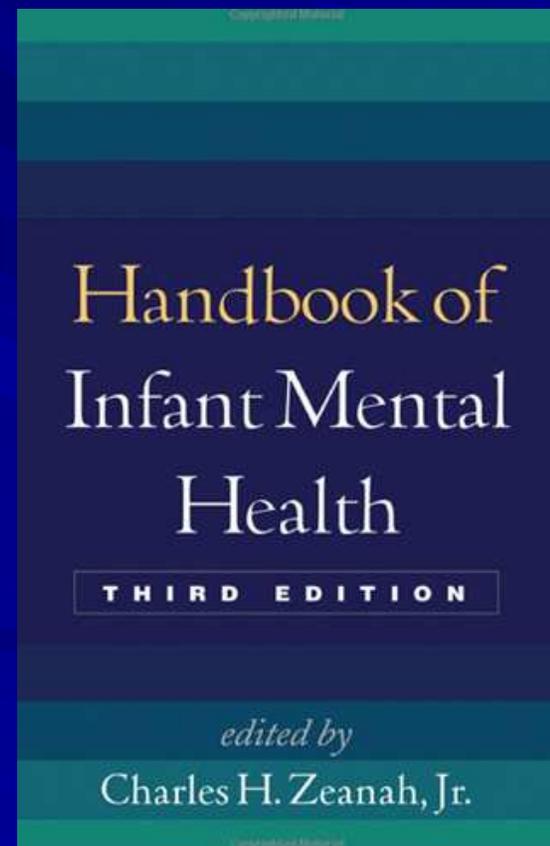
- National Center for Infant and Early Childhood Health Policy
 - Houses a number of reports and briefs focusing on infant health with some publications specifically on IMH
 - <http://www.healthychild.ucla.edu/Publications/NationalCenterPubs.asp>
- World Association for Infant Mental Health
 - 24 states have WAIMH affiliates (not NC)
 - <http://www.waimh.org>

Other Resources

- Infant Mental Health Journal (since 1980!)



- Handbook of Infant Mental Health



Policy Pocket Card from ZERO TO THREE

What We Can Do

As a nation, **we know what to do** for America's infants and toddlers to create the sturdy architecture on which their future will be built. Now we need the **determination** to make these policies a reality.

- Improve the quality and availability of infant-toddler **child care**, because only 16% of eligible infants and toddlers receive CCDF support and poor quality care diminishes a child's in-born potential.
- Expand **Early Head Start** to provide its proven high-quality, comprehensive child development services, because only 4% of eligible children are receiving them.
- Provide infant and early childhood mental health services in all child-serving settings, because 12% of 2- and 3-year-olds experience **social-emotional** problems that affect school readiness.

Now Is When the Payoff Begins

As Nobel Laureate James Heckman demonstrated, everyone gains when we invest in, develop, and sustain America's greatest natural resource – its people.

- INVEST** in educational and developmental resources for disadvantaged families to provide equal access to successful early human development.
- + DEVELOP** cognitive skills and social skills in children early from birth to age five when it matters most.
- + SUSTAIN** early development with effective education through adulthood.
- = GAIN** more capable, productive and valuable citizens that pay dividends to America for generations to come.

The Future Starts Now

Help All Babies Realize Their Full Potential

Experiences in the first three years shape the architecture of a baby's brain and build the foundation for **lifelong learning, good health, and success in the workforce.**



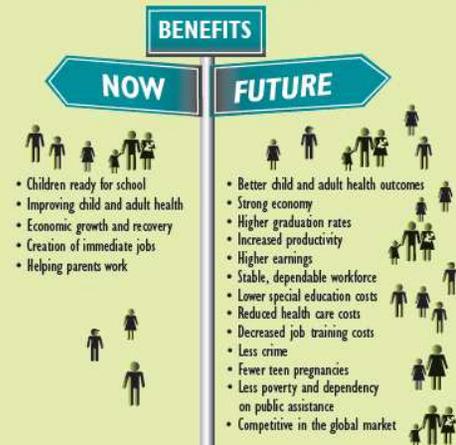
Too many infants and toddlers are born into, and grow up in, environments that narrow the opportunities for realizing their potential. This comes at a great cost to all of us. Our nation's prosperity is jeopardized when the future of so many children is compromised.

What We Know

- The brain develops rapidly in the first three years of life, forming **700 new neural connections every second**. Yet a baby's experiences and environment can change that course. For low-income babies, differences in word learning and development appear by 16 to 18 months of age, and patterns that suggest widening gaps are established by age 3.
- Almost **1 out of every 4 infants and toddlers is poor**, and almost half of all children under age 3 live in low-income families. Poverty in the early years is associated with challenges in adulthood, including fewer years in school, less earnings, higher crime rates, greater dependency on public assistance, and increased teenage pregnancy.
- Positive **cognitive development and social-emotional capabilities** – such as perseverance, self-esteem, motivation, and self-control – go hand in hand to promote a child's success. They drive educational achievement, which ultimately results in economic strength for individuals and society.
- **We all pay the price** when babies and toddlers experience trauma or other adverse experiences, because they increase the likelihood of developmental delays and problems in children, as well as heart disease, diabetes, and depression in adulthood.

We All Benefit From Quality Early Childhood Experiences

We all benefit now and in the future when children get a good start in life – with a talented workforce, stronger economy, a healthier society, and a responsible citizenry.



What We Can Do

- Prioritize abused and neglected infants and toddlers (who comprise almost 1 out of every 3 children entering foster care) by providing **child welfare** services that support their unique stages of development.
- Strengthen developmental screening, referral, and intervention by permanently authorizing and fully funding **Part C** of the Individuals with Disabilities Education Act, because two-thirds of infants and toddlers with a developmental delay or disability are not identified in a timely way resulting in more expensive and less effective special education services.
- Ensure infants, toddlers, and families have access to prenatal care, **well-child** visits, and nutritious food, because the origins of life-long illness and disability lie in early childhood.
- Ensure the TANF program includes a focus on **high-quality developmental** services for infants and toddlers, because the adverse effects of poverty are greatest for young children.