Family Mental Health: Building a Supportive Continuum

NURTURING DEVELOPING MINDS 2020
GREENVILLE, SOUTH CAROLINA
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History and Impacts of IECMH

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Historical Foundations of IECMH

Early Attachment Theory: Bowlby (1944) and Harlow (1958)

- **BOWLBY:**
  - Children need to form attachments in order to survive.
  - Child forms one strong base attachment for exploration of world.
  - Attachment relationship is a prototype for all social relationships and disruption has severe consequences.
  - Care and responsiveness is the primary determinant of attachment vs. food or other external sources.

- **HARLOW:**
  - Baby monkeys raised in isolation from mothers had difficulty in developing social behaviors.
Other Early Research: Multiple Attachments

• Schaffer & Emerson (1964):
  • specific attachments started at about 8 months and then infants became attached to other people.
  • By 18 months very few (13%) were attached to only one person; some had five or more attachments.

• Rutter (1972):
  • several indicators of attachment (such as protest or distress when attached person leaves) have been shown for a variety of attachment figures – fathers, siblings, peers and even inanimate objects.
Implications of Attachment Theory

• Maternal Deprivation - familiar term for disrupted attachment.

• First 2 years are critical in forming stable attachment-- lays foundation for social-emotional development.

• Irreversible outcomes if strong bond does not occur in first 24 months.

• Long-term consequences of maternal deprivation may include:
  • delinquency
  • reduced intelligence
  • increased aggression
  • depression
Bronfenbrenner’s Ecological Systems Theory

**Microsystem**: Context closest to an individual and encompasses interpersonal relationships and direct interactions with immediate surroundings.[1]

**Mesosystem**: Interactions between various aspects of the microsystem, ie, relationship between a child’s family and the child’s school.

**Exosystem**: Aspects of structures within the microsystem: family financial difficulties, parental job loss, and so forth may affect a child, but do not involve the child directly.

**Macrosystem**: the outermost layer of Bronfenbrenner's model. This system includes social or cultural ideologies and beliefs that affect an individual's environment, ie, laws.

**Chronosystem**: Bronfenbrenner suggested that individuals constantly interact with these systems. He also stated that both individuals and their environments constantly affect one another.
Representation of Bronfenbrenner’s Theory
Bioecological Systems Theory

• Bronfenbrenner and Ceci (1994)
• Based on Bronfenbrenner’s Ecological Systems Theory
• Model of gene-environment interactions in human development
• Emphasizes importance of bidirectional influences between individuals’ development and their surrounding environmental contexts.
• Has relevance to contemporary child contexts and the influence of the environment on the child’s development.
Impacts of IECMH: Children, Families and Society

• General lack of attention to young children’s social-emotional development versus cognitive and language development in the U.S.

• Early childhood mental health has an impact on the child, the family, and the larger community and society.

• Bronfenbrenner’s Ecological Theory helps us to understand the reciprocal impacts of IECMH.
Impacts of IECMH on the Child

• Brain and neurological development
• Social and emotional development
• Physical development and motor skills
• Sensory development and capacity to explore environment
• Expression, range, and regulation of emotions
• Future social skills and ability to negotiate early learning settings
• Ability to develop secure relationship with adults and peers
• Ability to problem solve and utilize cognitive capacity
Impacts of IECMH on Parents, Teachers and Caregivers

• Dynamics and relationships with parents, caregivers, and extended family members
• Parents’ emotional and mental health well-being
• Parents’ ability to work and stay focused
• Parents’ ability to interact with other parents, caregivers, and extended family members
• Parents’ sense of competence as parents
Impacts of IECMH on Community and Society

• Peers in educational and care settings of the child
• Relationships with teachers in the educational and care settings of the child
• Administrators in the education and care settings of the child
• Workforce productivity and well-being of parents of the child
• Workplace satisfaction, retention, and stress levels of early childhood teachers and other professionals
Impacts of IECMH on Community & Society, cont.

• Toxic stress in the home, early learning setting, and the larger neighborhood and community

• Adolescent and adult health problems, as evidence by the ACES research

• Expanded need for health care and related financial support for health and educational services such as special education, vocational training, and mental health interventions.

• Suspension and expulsion of young children from early care and education settings
Implications of IECMH for Future Research Questions

• What are the impacts of various **comparative intervention approaches**?
• How do we align interventions with **specific populations** (Zeanah, 2019)?
• How can we determine the **effectiveness of delivery methods**: frequency, intensity, sequencing, and duration of treatment. (Zeanah, 2019)?
• How do we provide information for **preparation of professionals** in to effectively support children’s social and emotional development?
• What role does **reflective supervision** play in supporting the child- and family-serving workforce (e.g., reducing burnout)?
• What are ways in which **higher education programs** can effectively prepare multidisciplinary professionals to support early childhood mental health?
Implications of IECMH for Future Policy Needs

• Creating **workforce** prepared for the work of supporting IECMH.

• Making **investments in professional development** of workforce & course content in higher education institutions preparing future workforce.

• Developing **interdisciplinary competences** (health and education) for professionals working with the 0-5 child population

• Developing **interventions** focused on repairing and supporting attachment between child and caregiver.

• **Assessment** procedures to early identify young children with IECMH needs

• Practices that support **wellbeing of ECE workforce** and providing compensation and benefits to address the **mental health needs of caregivers and parents**.
Summary Statements

• IECMH is linked to early attachment theory and research.

• Bronfenbrenner’s Ecological Systems Theory illustrates the reciprocal nature of the child within a growing and complex set of environments.

• IECMH impacts the child’s development in all areas: physical, cognitive, social, emotional, and language.

• IECMH impacts the parents and caregivers; this interaction is dynamic and reciprocal.

• IECMH impacts the community and our society and reflects a need for expanded health services, policies that support children with mental health needs, more child-oriented suspension and expulsion practices, family mental health support, and preparation of professionals who work with the birth to five child population.
Interventions and Strategies
Infant and early childhood mental health is social and emotional development.

The quality of children’s relationships is tied to emotional, behavioral, and cognitive outcomes.

Safe and secure relationships offer protection from the negative effects of adverse experiences.

Adverse experiences can alter the structure and function of the brain.

IECMH and Relationships
The Impact of the Early Years

Early experiences have long-lasting impacts

It is critical to support early childhood mental health and promote healthy outcomes
IECMH Interventions and Strategies

- Help others foster children’s healthy social and emotional development
- Interdisciplinary and delivered across sectors
- Requires specialized training
- Strategies vary in audience and intensity
## Intervention Strategies

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<th>Description</th>
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| Promotion              | Widely available to the general population with a common purpose of encouraging healthy development in all children[^1] | • Parent education  
                         |                                                                          | • Advocacy efforts  
                         |                                                                          | • Awareness campaigns |
| Prevention             | Designed to decrease risk or causal factors and increase protective factors that shield children from adverse experiences and build resilience | • High quality early care and education programs  
                         |                                                                          | • Maternal-child home visiting programs (e.g., Nurse-Family Partnerships)  
                         |                                                                          | • Early childhood mental health consultation that supports the family- and child-serving workforce[^2][^3] |
| Screening              | Implemented in order to recognize when children may benefit from additional support | • Developmental screening tools, such as the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)  
                         |                                                                          | • Based on screening results there are organizations and programs, such as Help Me Grow, that support families by connecting them to a variety of beneficial resources |
| Treatment and Intervention | Delivered by early childhood mental health professionals and focus on strengthening the child-caregiver relationship; designed to meet the emotional needs of children and caregivers and are grounded in identifying, supporting and enhancing family and caregiver strengths[^4] | • Child-Parent Psychotherapy (CPP), Attachment and Biobehavioral Catch-Up (ABC)  
                         |                                                                          | • The Circle of Security (COS) |

* Examples of well-researched or well-known activities are provided here for context; not an exhaustive list.
Preparing South Carolina!

South Carolina Infant Mental Health Association (SCIMHA)
- Pronounced “skim-uh”
- scimha.org

Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health
Endorsement®

Complements your professional license and/or credential

Demonstrates that identified infant and early childhood mental health competencies have been met

Requires documentation and verification to demonstrate that you have met various competencies
Endorsement Categories

- Infant/Early Childhood Family Associate (Promotion)
- Infant/Early Childhood Family Specialist (Prevention)
- Infant/Early Childhood Mental Health Specialist (Treatment/Intervention)
- Infant/Early Childhood Mental Health Mentor (Leadership)
What is the Cost of Endorsement?

The BlueCross BlueShield of South Carolina Foundation has partnered with SCIMHA to provide support for the first 50 individuals to obtain Endorsement.

This covers:
- SCIMHA membership fee ($45)
- Easy Registration ($20)
- Endorsement Application (~$100)
- Endorsement Exam ($25)
To Learn More

Visit SCIMHA.org to complete the Endorsement Interest Form

Questions?
- Email: endorsement@scimha.org
Maternal Mental Health: Combining Research & Reality

Megan Carolan
Institute for Child Success
Family Mental Health

Key Time Periods

**Perinatal MH**
Before/after birth
Depression, anxiety, OCD
Paternal depression

**Child Mental Health**
Infant/toddler
Preschool
Bidirectional
Elementary school – early symptoms of adolescent diagnosis

**Adolescence**
50% of lifetime cases of mental illnesses by age 14
Suicidal ideation as possible outcomes

**Parental MH**
Depression, stress, anxiety not related to birth
Multi-generational impacts
Inter-parent conflict

...impacted by

Stigma * Trauma * Substance misuse/exposure
* Complex child health need *
Disparities – economic, racial, linguistic, immigration status
Why perinatal metal health?

Depression before birth
- reduced participation in prenatal care
- transmit maternal stress hormones
- preterm and/or at low birthweight births

Depression after birth
- impede parent-child interactions
  → impacts social-emotional & lang. development
- increase risk of child maltreatment
- child’s risk of depression, separation anxiety, and difficult behavior

1 in 2 low-income mothers may experience depression
The Ideal Pathway

Screening throughout pregnancy & after birth

Diagnosis

Treatment

Symptoms improve

(But research documents challenges at every point of this pathway)
Screenings

• Ideally: during pregnancy; 1-, 2-, 4-, and 6-month visits

• Difficult to estimate screening rate:
  • multiple providers before and after delivery
  • screeners over time
  • only reported to insurers if submitting reimbursement

• Mothers reporting doctor/nurse spoke to them about what to do if they experience postpartum depression
  - 72% prenatal & 76% postnatal

• Actual screening rates lower

• SC covers maternal depression screener under a child’s Medicaid eligibility
Prevalence

- 8% of SC mothers felt “down, depressed, or hopeless”
- Higher rates for mothers...
  - On Medicaid
  - Whose babies were very low birthweight
  - Are young (ages 18 & 19)
Referral & Treatment

• Nationally, only about 20% of moms with high screener scores follow

• Data lacking on referrals & follow-up rates in SC

WHY?

- Lack of access
- Lack of insurance/financial concerns
- Stigma & cultural perceptions
- Child care
- Transit
- Schedule
Research Based Opportunities

Depression screening
- Prenatal: OB/GYN visits
- Postpartum through 6/12 months: OB/GYN follow-up, Pediatrician
- Continued screenings through primary care physician

Appropriate PPD follow up for treatment & resource referrals;
Community-based interventions and home-visiting models

Dyadic treatment for mothers & children where PPD would interfere with child well-being *

*May require Medicaid change – heavy lift

What are the daily realities of these opportunities?
Challenges We’ve Heard from Providers

• Screenings
• Not enough time in appointments
• “Screener fatigue,” when already using a child development screening
• Concern about billing
• Is screening Mom really our role? Is it a risk?
• Too much time behind a computer screen already

• Referrals and Services
• Not enough options to refer mom
• Lack of follow-up on referrals – logistical, or no reason given
• Mom lacks insurance after Medicaid eligibility expires
• Family legal concerns (documentation, fear of child welfare system)
Moving to Middle School

Alexis Herschkowitsch, MPA,
Innovation Fellow, Institute for Child Success
The Need: Mental Health Providers in Schools

- Approximately 16% of all children receive mental health services
- Of those, 70-80% receive care in a school setting
- Roughly 25% of children in need of mental health services actually receive the care they need
- Of the 1,500 school-based health centers nationwide, about 60% have mental health staff on hand

http://healthinschools.org/issue-areas/school-based-mental-health/background/fact-sheet/#sthash.7tnJEH1Q.dpbs
Telemedicine: TWITR

34,000 students screened

3,500 flagged for counseling services

300 flagged for telepsychiatric care

25 removed from school
Telemedicine: NYU Langone

- Psychiatrists based in New York City work with inpatient psychiatric units and school-based programs within 5 rural counties upstate.
- The program uses vertical dual monitors with the camera placed in the middle.
- Upstate, a mental health clinician is in the room with the child and family. They use pan-tilt-zoom camera.
Graduate Interns

Napa Valley Unified School District Mental Health Intern/Trainee Program

Irvine Unified School District ERMHS & Wellness Intern Program
Innovation Highlight: Florida Center for Early Childhood

- Works in partnership with School District of Sarasota and Community Foundation of Sarasota
- Provides mental health counseling to students in 15 Sarasota County schools
- Also provide counseling services for child and their family
Innovation Highlight: Chicago Public Schools

Chief of Social Emotional Learning

• Emphasis on Restorative Justice

• Use of talking circles to resolve conflict
Innovation Highlight: Chicago Public Schools

65% Reduction in Suspensions

57% Drop in Expulsions
Audience Questions