

# Parent Mental Health Concerns and the Impact on Young Children:

## How California Can Support Whole-Family Wellness Through Two Generation Interventions Like Home Visiting and Dyadic Care

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### Executive Summary

**Parent Mental Health Concerns and the Impact on Young Children** describes the effects of parents' emotional health on infants and toddlers, programs that can support new parents, and recommendations for how California can increase access to these supportive programs. Through its Medi-Cal program, California can build on the progress it has made in recent years to further strengthen family relationships and positively influence children's development.

In the first years of a child's life, responsive relationships with parents strengthen the bond between parent and child, shape brain architecture, and support healthy child development. Parental mental health concerns like depression and anxiety can interrupt bonding, however. With household stress heightened by COVID-19, especially in households of color and with low income, family mental health has suffered. Even before the pandemic, perinatal mental health conditions were common among new parents, with one in five birthing people in California experiencing symptoms of perinatal depression or anxiety. In addition to the human toll, the societal costs of untreated perinatal mood and anxiety disorders in California is estimated to be \$2.4 billion per year.

Identification and treatment of parent mental health concerns in pediatric and family service settings is a proven pathway to foster or repair parent-child attachment, with two-generation approaches like dyadic care and home visiting recommended by the Centers for Disease Control (CDC) as key strategies for preventing adverse childhood experiences (ACEs) in early childhood. Dyadic care refers to serving both the parent and child together as a dyad in pediatric settings, and can help identify depression, provide referrals to services, and coach the parent-child relationship. Home visiting connects new and expectant parents with a designated support person who meets with them in their home or another preferred location, and provides screenings, case management, referrals, and family support or counseling.

The presence of dyadic care in California is modest, as there is no sustainable, broadly-available funding source for it. Clinics also have been hampered in drawing down Medi-Cal financing for dyadic care due to billing and reimbursement restrictions. Home visiting, meanwhile, exists in 51 of 58 California counties, operating through multiple state and federal funding streams including CalWORKs, federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) dollars, state general funds, and First 5 Proposition 10 dollars. Still, just 29% of families with children ages 0 to 2 who would benefit from home visiting actually receive it.



To better support families experiencing mental health concerns, there are three steps the State should take. One is to **use flexibility in the Medicaid program to finance home visiting and dyadic care through Medi-Cal to scale implementation**. Federal guidance has made clear that Medicaid may be used to finance core components of home visiting, and California has not taken full advantage of this opportunity. Furthermore, now that family therapy is a covered Medi-Cal benefit for children, there is an immediate opportunity for the State to **fully reimburse evidence-based dyadic care models in Medi-Cal**.

Another step is **ensure Medi-Cal providers, clinics, and managed care plans receive specific technical assistance so that new Medi-Cal billing opportunities are translated into improved services and outcomes for families**. Finally, the State must **provide continuous Medi-Cal coverage for all birthing people 12 months postpartum, and for children in their first five years of life**. Having reliable and continuous health care coverage is critical for accessing mental health supports. Currently, birthing people are covered for just 60 days and children for one year after birth, and many churn of and off coverage due to administrative hurdles—even though they are still eligible.

The first few years of a child's life is a vulnerable time for families, but also presents an opportunity to interrupt intergenerational cycles of trauma and foster healthy parenting and coping strategies. California has made strides to support parent emotional health in the last few years, including a new ACEs screening initiative, policy changes that facilitate family counseling, and laws to improve mental health screening and training in healthcare settings. With the additional stressors of COVID-19 on families, now is the time to take additional steps to support family mental health and young children's development.