

Addressing infant and early childhood mental health needs: opportunities for community solutions

FIRST 5 CENTER FOR
CHILDREN'S POLICY



Executive Summary

California's children and families are under significant and escalating toxic stress, from both the COVID-19 pandemic and longstanding historical and systemic issues such as poverty, racism and other forms of community and individual trauma.

This moment in history could be pivotal in the landscape of California's early childhood mental health. Conditions created by the pandemic, such as isolation, economic stress, and community trauma, are all proven to negatively impact a child's ability to thrive. It is vitally important that young children and their parents and caregivers receive the interventions necessary to support their mental health during this critical time.

Young children under age 5 can — and do — suffer from mental health conditions. These conditions are difficult for providers to identify and address because young children handle emotional experiences and traumatic events differently from adults and older children. During these early years a child's brain is developing more rapidly than at any other point in their life. Very young children are also uniquely dependent on the adults in their lives to meet their social-emotional needs and bounce back from stressful experiences. Thus, interventions must focus on caregivers to provide a nurturing, loving relationship that encourages the child's social-emotional growth and supports the foundational brain development that will enable them to flourish.

Using information gathered from program data of early-childhood and family serving programs, interviews with state leaders and program administrators and staff and relevant literature, this report seeks to describe the wide range of community-based promotion, prevention and early identification and intervention programs for California infants, toddlers and preschoolers.

This paper focuses on community-based programs in California supporting infants, toddlers, and preschoolers' social-emotional health, as well as their goals, service models, and funding sources. In community-based programs, care and support are delivered in spaces children and their families frequent and allow families to play an active role in their delivery. Community-based services are

distinct from mental health services, such as the new dyadic care Medi-Cal benefit, which, in addition to community-based services, are an essential part of the mental health system for young children. Services at the community level might look like facilitated playgroups, parenting support classes or mental health consultation for early care and education providers, among others. These programs are uniquely positioned to help families overcome barriers to mental health care access, and they can connect families and educators with more intensive health, mental health, or early intervention services as needed. Community-based programs are also most likely to reach families from historically marginalized communities, including immigrant and low-income families of color.

Existing programs for young children are often limited by a lack of resources, lack of workforce and lack of public understanding and political will. New state and federal funding in response to the pandemic have the potential to wrap culturally relevant, trauma-informed services and systems around infants, toddlers, and preschoolers. California, under the leadership of its Surgeon General, has set a bold goal of reducing Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation. An increasing number of policy changes show the California Governor and legislature's growing commitment to support mental health, and funding is increasingly being provided to mental health services for children and youth. However, more must be done to ensure that these investments reach our youngest children in community-based settings that offer critical opportunities for prevention and early supports.

This report recommends a multilayered approach that builds on the work that has already been done to promote protective factors to reduce the effects of toxic stress and ACEs that were exacerbated by the pandemic. California must braid funding sources, create system-level coordination, and ensure every community offers broad prevention efforts to support caregivers and young children.

Recommendations include:

- » Expand Infant and Early Childhood Mental Health community-based services for Medi-Cal eligible children and families. The Children & Youth Behavioral Health Initiative offers the promise of transforming and vastly expanding children's mental health services. The strategies that make up that initiative should explicitly target young children in community-based settings in recognition of the special needs of this age group.
- » County Mental Health Services Act funding should prioritize young children to effectively promote well-being and prevent mental health conditions. This paper recommends the State Mental Health Services Act Commission identify children ages 0 to 5 as a priority population, given the unique opportunities for positive development as well as the significant vulnerabilities faced by young children and their families.
- » Expand early childhood education providers' access to Infant and Early Childhood Mental Health consultation, an evidence-based model, through state contracts with early childhood education providers and additional technical assistance.
- » Expand and support the Infant and Early Childhood Mental Health workforce. There is a significant need for policies to increase the number of licensed and non-licensed professionals who are trained in infant and early childhood mental health and development, particularly professionals of color who are multilingual.
- » Increase awareness of infant and early childhood mental health. Broad, accessible and informative public information campaigns can play a role in reducing stigma and opening doors to prevention and early intervention services.