
PUBLIC POLICY BRIEF

Second in a Series of Policy Briefs on Mental Health and Families

"Early child development can be seriously compromised by social, regulatory and emotional impairments. Indeed, young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma, loss, and early personal rejection."¹

Highlights From Recent Research

The preschool years are vital in laying the foundation for emotional development and for future social and cognitive learning. Paying attention to mental health needs in these formative and dynamic years is critically important, and new research sheds light on how to do this well.^{1,2}

Mental health, like physical health, is an essential part of a person's identity. Like physical health, mental health moves back and forth along a continuum throughout life, beginning during prenatal development.^{1,3}

Sometimes mental health problems stem from environmental stressors and sometimes they stem from biological factors. For every child, a complex interaction of these two factors exists, combined with the individual process of personality development. *"Children affect their environment at the same time that their environments are affecting them."*² Environmental factors are the factors people have the most control over, and therefore more information is available about how to tip environmental factors in a positive direction for healthy emotional development.^{1,4,5}

"Children affect their environment at the same time that their environments are affecting them."

Environmental Influences: *"For infants, toddlers and preschoolers, the influences of their parents, extended family, child care staff, and others with whom they have regular contact profoundly impact their emotional, cognitive, and social development"*² Attentive caregivers learn to watch for the cues babies give to signal their physical needs. However, an infant's emotional or mental health can be more difficult to interpret. The complex interaction between infant and caregiver is based primarily on the infant's attempts to obtain attention, comfort and support.³ Reading the emotional cues of the child and responding in an attentive, caring manner is as important as meeting physical needs.^{1,4,6,5}

Genetic Influences: *"Human development is shaped by a dynamic and continuous interaction between biology and experience."*² Every child is born with powerful inborn tendencies, and these tendencies can work both for and against a child. When a child is born with a genetically predisposed tendency toward mental health problems, the environment becomes critically important to support and guide the child in a positive, healthy direction. This adds stress to the already difficult job of parenting.^{6,7}

Additional Highlights From Recent Research

Culture strongly influences human development and childrearing beliefs.² Knowledge, attitudes and beliefs about parenting are what shape the way that parents and caregivers interact with their children.⁸

The pervasive stigma about mental health problems continues to contribute to the lack of prevention, early identification and adequate services for all children, especially the very young.^{3,6,7}

Young children who display severe behavioral and emotional problems have a 50% greater chance of continuing to struggle with mental health problems into adolescence and even adulthood.²

Assets, or protective factors, include good prenatal care, a healthy birth, a secure attachment to a primary caregiver, high quality care and education, love, nurturing and freedom from violence. Challenges, or risk factors, include maltreatment, social isolation, prenatal exposure to alcohol, drugs or other harmful chemicals, poverty, discrimination, and poor mental health in parents. Our job as adults is to find ways to "maximize the positive and minimize the negative."^{1,3,5,7,9}

Note: The use of a clinical mental health diagnosis is often avoided to prevent labeling children at a young age. However, the importance of identifying problems when they do exist cannot be overemphasized, and often a diagnosis is needed to obtain payment for services. The terms "emotional or behavioral" problems or disorders are typically used to acknowledge the existence of a problem that needs addressing, without clinically labeling the child.

Policy Recommendations

Increasingly, the research shows that prevention and early intervention make a difference in achieving and maintaining good mental health.

Develop and implement sound public policies that are based on solid research in all service delivery and educational systems for both adults and children. Recognize the importance of mental health, beginning prenatally and continuing over the lifespan.^{5,7,10}

Public policies, programs and family interventions should focus on the strengths of the child and family and be driven by the family to the greatest degree possible.^{2,9}

High quality and culturally appropriate early child care and education significantly contribute to a child's mental health. Accessible, adequately funded, and fully supported early care should be developed and made available to families in all geographic, educational and socio-economic areas.^{1,5,7,10}

Parents need a variety of opportunities to learn about the growth and development of children, including emotional and mental development. Schools, community organizations and businesses can partner in providing educational opportunities and support for all parents.^{1,2,4,5,6,10}

All early childhood programs, including home visiting programs, need easy and timely access to mental health consultants and information.⁷

Increasingly, the research shows that prevention and early intervention make a difference in achieving and maintaining good mental health. Easily accessible screenings and assessments in child care and health care settings, along with appropriate community-based services to respond to identified needs, foster early health and well-being.^{1,2,4,5,7}

The deep and pervasive stigma about mental health problems is an enormous barrier to developing a quality system of care that identifies problems early, provides appropriate treatment, and supports optimal mental health. Public awareness and policies should move toward eliminating stigma and, consequently, the barriers to accessing high quality services.^{1,2,11}

Mental health parity laws will reduce the health disparities between who receives quality care and who does not.^{2,6,12}

A public-private health infrastructure throughout the state is needed to address the fragmentation and lack of availability of mental health services for young children.^{1,2,4,6,7}

References, and for more information:

¹U.S. Dept. of Health and Human Services, Early Childhood Mental Health Consultation. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Copies available from: National TA Center for Children's Mental Health, Georgetown University Child Development Center. Ph: 202/687-5000

²National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press: 2000. www.nap.edu

³Zero to Three: Publication of the National Center for Infants, Toddlers and Families, "Attachment Theory and Research: A Framework for Practice with Infants, Toddlers and Families." Washington DC. Oct./Nov. 1999. www.zerotothree.org

⁴U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: 2000.

⁵Children, Youth and Family Consortium, University of Minnesota and the Suburban Ramsey County Collaborative, Early Childhood: A Good Beginning for a Better Tomorrow. Research findings and policy recommendation paper. Minneapolis, MN: Children, Youth & Family Consortium, University of Minnesota, 2002. www.cyfc.umn.edu

⁶Minnesota Department of Children, Families and Learning, Early Childhood and Family Initiatives, Minnesota Early Childhood Indicators of Progress: A Resource Guide. 2000.

⁷Center for Early Education and Development, College of Education and Human Development, University of Minnesota, Early Report. Winter, 1999 and Spring 2001. www.education.umn.edu/ceed/publications/earlyreport/default.html

⁸U.S. Dept. of Health and Human Services, Mental Health: A Report of the Surgeon General. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

⁹Erickson, Martha Farrell & Kurz-Riemer, Karen. Infants, Toddlers and Families: A Framework for Support and Intervention. Guilford Press, 1999.

¹⁰Citizens League of Minnesota, Meeting Every Child's Mental Health Needs: A Public Priority. Final Report of the Citizens League Committee on Children's Mental Health. Minneapolis, MN, 2001.
www.citizensleague.net/studies/mental-health/children/report.htm

¹¹Columbia University School of Public Health, National Center for Children in Poverty, Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness. New York, 2000. www.nccp.org

¹²David and Lucile Packard Foundation, The Future of Children: Caring for Infants and Toddlers. 2001.
www.futureofchildren.org

**For additional information, contact the Children, Youth and Family Consortium at (612) 625-7849. For links to on-line studies and resources, visit the Consortium's mental health website at:
<http://www.cyfc.umn.edu/policy/issues/health.html>**