

Child and Family Mental Health

Promotion, Prevention and Intervention
for
Social-Emotional Health

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Spectrum of Pediatric Mental Health Disorders, Problems, & Concerns

- 19% of children and adolescents in the U.S. have impaired mental health (MH) functioning and do not meet criteria for a disorder
- 13% of school-aged, 10% of preschool children with normal functioning have parents with “concerns”
- 13 – 20% of children and adolescents experience a MH disorder in a given year
- Suicide is the second leading cause of death in 10 -24 year olds
- Adults who had a childhood MH disorder – 6 x the odds of adverse adult outcomes (health, legal, financial, social)
- Adults who had impaired functioning in childhood – 3 x the odds of adverse adult outcomes
- 50% of adults in U.S. with MH disorders had symptoms by the age of 14 years

What We Know

- Impact of experience on brain development.
- Growth, development, and behavior are inextricably linked.
- Emotional development occurs in the context of a relationship (bonding, attachment, reading cues).

The “Big Picture”- Addressing Factors that Influence Healthy Social-Emotional Development

- Family/Environment Risks and Protective Factors
 - Social Drivers of Health
 - Caregiver mental health
- Healthy Social Emotional Development
 - Promotion
 - Prevention
 - Intervention for the dyad

Childhood Adversity

Science reveals that the environment in which children develop – family, community, and culture – impacts brain development, health and genetics

- Childhood adversity – wide range of circumstances that pose a threat to health and well-being
 - Adverse Childhood Experiences (ACEs) – a subset of Childhood Adversities
 - Social disadvantage, including homelessness, discrimination, community violence, historical trauma, structural racism
 - Trauma – one possible outcome of exposure to adversity
- Toxic Stress – occurs when adversity is extreme, long-lasting and severe (such as chronic neglect, domestic violence, severe economic hardship, ACEs) without the buffer of a caring adult.

Early Relational Health

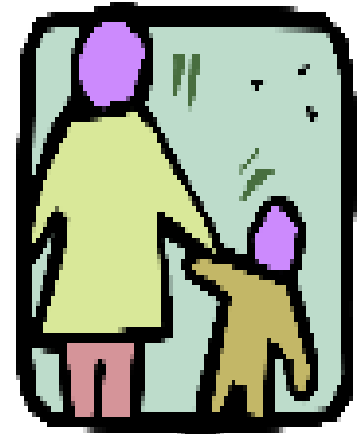
- The capacity to develop and sustain Safe, Stable, and Nurturing Relationships (SSNRs), which in turn prevent the extreme or prolonged activation of the body's stress response systems (toxic stress)
- Strengths-based approach, recognizes the evidence of the impact of Positive Childhood Experiences (PCEs)

1. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Andrew Garner, MD, PhD, FAAP; Michael Yogman, MD, FAAP Committee on Psychosocial Aspects of Child and Family Health., Section on Developmental and Behavioral Pediatrics, Council on Early Childhood.

2. Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatric. 2019:e193007.

American Academy of Pediatrics (AAP) Policy on Early Relational Health

- Endorses a paradigm shift toward relational health because Safe, Stable, and Nurturing Relationships (SSNRs) not only buffer childhood adversity when it occurs but also promote the capacities needed to be resilient in the future
- Encourages pediatric community to adopt a public health approach –
 - *vertical*: promotion, prevention, intervention, as well as
 - *horizontal*: across sectors of the community



AAP Policy on Perinatal Depression Screening

- Recognizes the impact of perinatal depression on the maternal-infant relationship
- Screen routinely at infant well-visits (inclusive of fathers, other primary caregiver)
- Discussion, linkage to supports - mental health, lactation consultants...
- Follow-up for the infant's social-emotional development with screening and referral for dyadic therapy if indicated

Integration of Perinatal Depression Screening

- Inclusion of screening as a component of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policy and payment
- Standardized communication: OB with pediatric primary care
- Centers for Medicare and Medicaid Services (CMS) support for coverage of dyadic therapy under the child's Medicaid
- Building the capacity of the Infant and Early Childhood Mental Health (IECMH) workforce
- Inclusion of the DC:0-5 (Diagnostic Classification for Children Ages 0-5) in Mental Health payment for appropriate assessment criteria and diagnosis in early childhood

Integration of Mental Health Competencies for Pediatric Practice

- Inclusion of psychosocial screening as a component of EPSDT policy and payment at well-visits ages 0-21 yrs. (social-emotional development, trauma, learning, anxiety, depression, and suicidality)
- Increased capacity of pediatric mental health resources with Child Psychiatry Access Programs in every state (HRSA PMHCA – Pediatric Mental Health Care Access)
- Support for integration of mental health professionals in primary care

What's Happening?

- AAP, American Academy of Child and Adolescent Psychiatry, Children's Hospital Association – Declaration of a National Emergency in Children's Mental Health, October 19, 2021
- Publication of AAP Mental Health Competencies in Pediatric Practice, 2019
- Addressing Social Health and Early Childhood Wellness Project – 7 AAP State Chapters and 66 practices, July 2020 – December 2021
- Support for integration of mental health professionals into medical home teams in many states
- Social-emotional health and kindergarten readiness – Oregon Medicaid, InCK projects
Family engagement and supports - Early Childhood Comprehensive Systems states

American Academy of Pediatrics Mental Health Site

<https://www.aap.org/en/patient-care/mental-health-initiatives/>

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