Summary of
Arkansas' Strategic Plan for
Early Childhood Mental Health

Arkansas Early Childhood Comprehensive Systems
Social-Emotional Workgroup

2014 - 2015

Early Childhood Mental Health

Early childhood professionals often use the terms *early childhood mental health* and positive *social and emotional development* interchangeably. Social development involves skills like communicating needs, getting along with others and making friends. Emotional development involves skills like being able to be soothed when upset, recognizing feelings and expressing them appropriately, and beginning to understand that others have feelings too. When children experience healthy social and emotional development, they are able form satisfying relationships with others, play, communicate, learn and face challenges successfully. These are the skills children need to succeed in school, and later in the workplace and in relationships.

Adverse childhood experiences affect the body and brain into adulthood.

Early Relationships

Young children develop social emotional health through their relationships with others, especially the adults they depend on for their care. In fact, nurturing relationships are crucial for the development of trust, empathy, compassion, generosity, and conscience. They are critical for healthy brain development. When children do not have a strong emotional tie to a caregiver (parent, parent-figure, other caregiver), or that relationship has been disrupted, they are at increased risk for social, emotional, and behavior problems.

Vulnerability

Young children who are just learning how to regulate their emotions and behaviors can be profoundly affected by adversity and stress. Children with adverse childhood experiences are at higher risk for long-term health and mental health problems, and these experiences can have detrimental effects on the body and brain that are carried into adulthood. Examples include poverty; exposure to domestic and/or community violence; abuse and/or neglect; parental mental health problems, substance abuse, and/or incarceration; and extremely poor childcare environments. These experiences, especially without the mitigating influence of a secure and supportive caregiving relationship, can result in "toxic stress". Toxic stress actually damages the developing brain. This damage ultimately affects a child's cognitive functioning, ability to manage their emotions, and ability to develop social skills. We now understand that this damage is associated with lifelong mental and physical health problems.

Prevalence

A significant proportion of young children (i.e., birth to 5 years) suffer from mental health problems. In fact, the prevalence of such problems warranting a psychiatric diagnosis has been estimated to range from 10% to 20%, meaning that one in every five to ten children under 5 experience significant difficulties with behavior and emotions.

1 in 5

children have behavior & emotion difficulties

Arkansas

Number of Victims of Abuse or Neglect

Ages 2-5

2,780

Ages 0-1

1,057

The lifetime cost of an untreated high-risk youth is estimated at between

$1.7 - $4.4 million.

16%
of children screened in pre-K programs have significant behavioral concerns

18%
of Arkansas mothers have post-partum depression

High quality child care and early education programs are not available to all young children in need of services.

Surveys of mental health providers reveal that most are not trained in evidence-based interventions for children 0-5.

Arkansas is among a group of states with 4-7 expulsions per 1,000 preschoolers, a rate about three times higher than the rate in Kindergarten through 12th grade.

Treat Early!

Mental health problems can be temporary for some children, but for others these problems will persist and grow more severe. In fact, without early intervention, about 50% of children with early problems will continue to have serious difficulties in later childhood and adolescence. These children can be difficult to care for, resulting in high rates of preschool expulsion and child maltreatment. Although these problems are serious, the majority of mental health services are targeted to older children, with services for young children largely underdeveloped.

Very early mental health concerns that are not resolved provide fertile ground for the development of problems in the home, school and community. As children reach adolescence and adulthood, they are at high risk for problems such as substance abuse, risky sexual behavior, and criminality. These problems are taxing on many social service systems, and particularly demanding of medical and law enforcement/criminal justice resources.

Science of Support

Early interventions are much more cost effective and efficient than waiting until later in the child's life. This increased efficiency occurs for two major reasons:

❶ Promoting healthy brain development from the beginning is easier than the more intensive work required to repair early damage.

❷ As children age, their problematic behaviors, if unaddressed, frequently progress into more dangerous or costly behaviors.

Evidence-based programs for early childhood mental health problems can occur at the level of prevention, early intervention, or intervention. All of these programs focus on enhancing children's relationships with their caregivers (including parents, foster parents, teachers or other caregivers), building the skills of the caregivers and creating supportive classroom and/or home environments. Examples include home visitation programs, parenting education and mental health interventions for the parent and child.

Participation in high-quality child care and early education programs supports ECMH.

In fact, studies of children who receive early intervention and support in a high quality preschool setting, reveal they are more likely to graduate from high school, more likely to become employed and earn more money, and less likely to have been incarcerated or receive welfare services.

Action

The Social-Emotional Workgroup of the Arkansas Early Childhood Comprehensive Services Initiative identified the need to develop a comprehensive Arkansas State Plan for Children's Mental Health. The standing workgroup members identified and recruited key stakeholders to participate in the workgroup for at least one year to develop the plan. The group completed a series of tasks:

❶ Developed a shared understanding of information presented in the 'Background' section;

❷ Completed an environmental scan of existing programs that support ECMH in the state;

❸ Identified gaps and issues to be addressed through the plan;

❹ Identified 5 broad goals that focus on the gaps in existing programming in the state;

❺ Develop strategies under each goal;

❻ Emailed out for comment by workgroup members not present at final meeting.

The goals and strategies for the plan are outlined on the next page.

Long-Term Goals

Key Strategies

① The most at-risk families will be supported with services designed to keep families together.

Embed family support services into settings where high risk families have been identified (e.g., early care and education, substance abuse/ mental health treatment).

Support family-centered court systems through the development and expansion of evidence-based, collaborative practices (such as the Safe Babies Court Team model).

② Younger children and their families will be fully represented in state cross-systems initiatives to support mental health.

Increase collaboration across key state agencies (Departments of Human Services, Health and Education) to identify and implement best practices for young children and their families.

Identify the young child and their family as a priority in our behavioral health systems, in alignment with best practice principles for serving young children with their families (evidence-based programs across the continuum of promotion, prevention and intervention services).

③ Evidenced based screenings for social-emotional problems in young children and serious family risks will be expanded and referrals to appropriate services will be enhanced.

Increase routine screening to identify children at high risk for early onset of social-emotional difficulties based on their family risk factors (e.g. family substance abuse, domestic violence, mental illness).

Increase identification of children with early emerging social emotional problems through the expansion of routine standardized screening.

④ Early childhood mental health care providers and early care and education providers will receive the supports necessary to improve child social-emotional outcomes.

Advocate for the rollout of the Early Childhood Mental Health (ECMH) graduate certificate for behavioral health providers to work with young children..

Invest in training opportunities in promising evidence-based mental health services for young children and their families (e.g. Parent-Child Interaction Therapy, Child-Parent Psychotherapy).

Invest in training and support for early care and education in order to improve child social-emotional outcomes.

⑤ Public awareness of the mental health needs of young children will be increased.

Develop an ECMH toolkit of materials with simple messages about early childhood mental health designed for use with varied audiences

Launch a public awareness campaign to promote the importance of early childhood mental health and ways to promote children's social and emotional development.

full plan available at
aaimh.org

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Arkansas Access to Recovery

Arkansas Association for Infant Mental Health

Arkansas Department of Human Services, Divisions of Child Care and Early Childhood Education, Behavioral Health Services, Medical Services and Children and Family Service

Arkansas Prevention Certification Board

Child and Adolescent Service System Program

Community Development Institute Head Start Serving Tri-Region Arkansas

Counseling Associates Inc.

Health Resources of Arkansas Mid-South Health Systems

NAMI of Arkansas

University of Arkansas, Partners for Inclusive Communities

Project PLAY

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ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

Arkansas Association for **Infant Mental Health**