

LAUNCH-ING MINNESOTA EARLY CHILDHOOD MENTAL HEALTH INTO THE FUTURE

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EXECUTIVE SUMMARY

What is Social-Emotional Development?

The foundation for lifelong mental health, including social and emotional development, is established early in life and shaped by children's relationships with parents, caregivers, and peers.⁹ This foundation is critical to all aspects of healthy development and growth in early childhood.² Social-emotional development can be defined as "the capacity to form secure relationships; experience, express, and manage a range of emotions; and learn and explore one's environment."¹

Why is it Important?

When children fail to develop social-emotionally, mental health symptoms begin to emerge and can "cause distress, interfere with relationships, limit the child's participation in daily activities, and hinder further developmental progress".¹ Research has shown a connection between childhood mental health issues and the following: suicide, substance abuse, self-mutilation, suspension, expulsion, and involvement in the juvenile justice system.² Access to timely and adequate treatment can promote a return to healthy development and increased functioning, whereas a lack of treatment could lead to reduced functioning in the home, academic, and community settings, as well as, increased health care costs in addition to incurred costs on other systems over the child's lifetime.⁵ Although the American Academy of Pediatrics recommends it, there is no universal screening tool being used in primary care settings. A universal screening tool would allow all children to be screened and data to be collected on children with mental₁ health.

What can be done?

According to the National Survey of Children's Health, more than 90% of children across the nation had seen their primary care provider in the last year.⁸ In the United States, but especially in Minnesota, children's mental health is inconsistently addressed in the primary care setting to formally address children's mental health, especially the birth to five population. To better meet the social-emotional needs of children in Minnesota, a state-wide, universal screening tool should be identified and implemented. The tool would aim to guide discussions with parents to address their concerns in every well-child visit to promote not only physical, but social-emotional development, as well.⁵ Furthermore, providers do not receive adequate training in child psychopathology and development which leaves them feeling ill-prepared and uncomfortable addressing mental health concerns with parents.¹¹ Due to the aforementioned shortcomings and lack of a mandated universal screening tool, primary care providers under-identify social-emotional issues in young children 80% of the time.⁸

Regular virtual training should be required through DHS for a variety of practitioners that serve in pediatric primary care settings including, but not limited to: Nurses, OB/GYN, Pediatricians, Mental Health Professionals. The training will ensure practitioners understand the tool, how to have conversations about the results with parents, and how to set up a network of community-based referrals to provide their patients with easy access to local mental health care.

The policy recommendations are not endorsed by Minnesota State University, Mankato



Figure 1. Ways in which biological, social and psychological aspects all influence youth ages 0-5 mental health.

Understanding the Problem

Mental health is as important as physical health and should be treated as such in the pediatric primary care setting. Early identification of mental health symptoms is critical to healthy development, for both children and families; early identification leads to early intervention which can prevent significant mental health problems from developing over the course of the child's life.^{2, 15, 18}

How many children are impacted?

Nearly 1 in 7 US children aged 2 to 8 years has a mental, behavioral, or developmental disorder (MBDD).⁵ According to the CDC, 18.6% of children in small rural areas are diagnosed with an MBDD, whereas 15.2% of children in urban areas are diagnosed.⁶ Additionally, 50% of mental health problems present themselves before the age of 14.² The Minnesota Department of Human services shares that an estimated 17,565 children between the ages of 0-5 have serious mental health needs.¹³ According to the Center on the Developing Child at Harvard University, mental health impairment occurs at the intersection between a child's genetic predisposition and exposure to adverse experiences.⁹

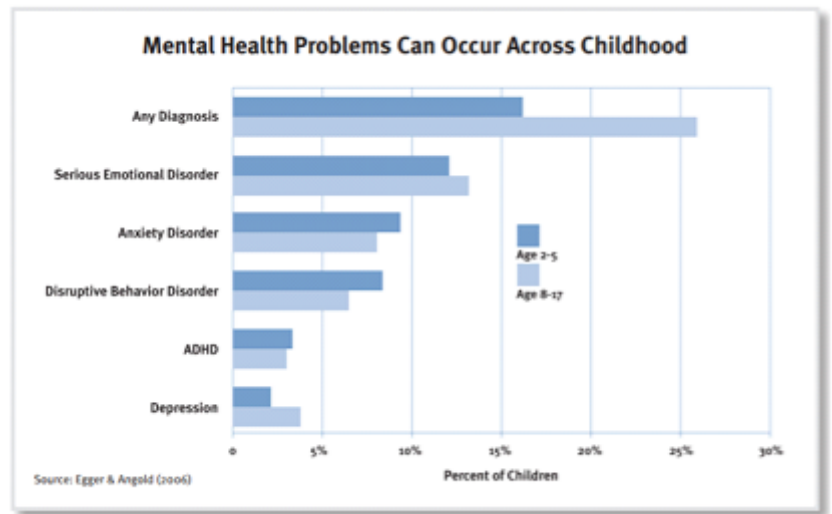


Figure 2. Number of children impacted by various mental health diagnoses from the Center on the Developing Child: Harvard University.⁹

Young people need mental health care.

Access to timely and adequate treatment can promote a return to healthy development and increased functioning, whereas the lack of treatment could lead to reduced functioning in the home, academic, and community settings, as well as, increased health care costs in addition to incurred costs on other systems over the child's lifetime.⁵

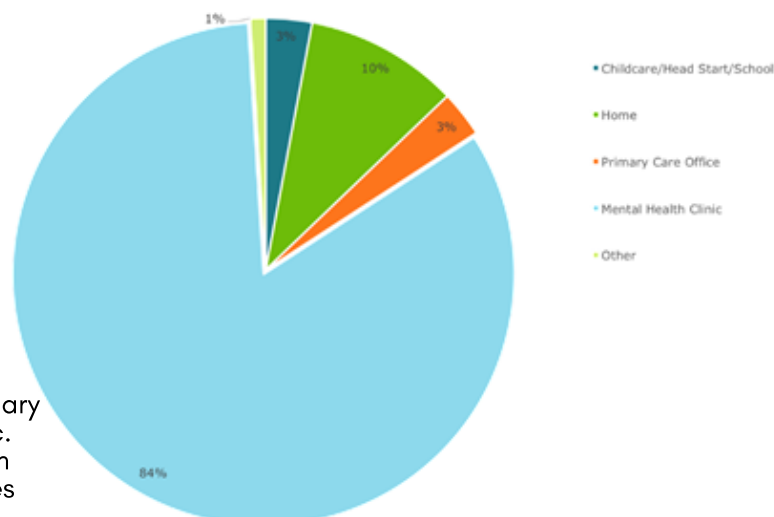
Pediatric Primary Care and Mental Health

An estimated 80% of mental health conditions are treated in the primary care setting with limited or no support of mental health professionals.¹² Furthermore, there is no consistency in the pediatric primary care setting across health systems to formally address children's mental health and their social-emotional development, particularly for the birth to five population. The issue lies with a lack of training for pediatric professionals. Pediatricians do not receive an adequate amount of training in child psychopathology and development which leaves them feeling ill-prepared and uncomfortable addressing mental health concerns with parents. Additionally, short appointment times offer little time to devote to this important topic. These barriers lead to a large number of social-emotional concerns being left unaddressed during pediatric appointments.¹¹

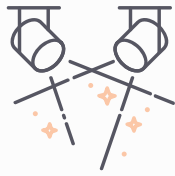
It is imperative that providers take parental concerns and screening tool responses seriously.^{8, 17} The pediatric primary care setting is optimal for early identification of behavioral health problems because of its family-centered, prevention-focused approach.^{5, 19}

Furthermore, according to the National Survey of Children's Health, more than 90% of children across the nation had seen their primary care provider in the last year.⁵

Figure 3. Lack of mental health care taking place in the primary care office. It is now taking place in the primary health clinic. Which in many cases is unavailable to the general population due to lack of accessibility and funding. -Teacher Chris Jones



PROJECT LAUNCH



The purpose of Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development.¹⁴ It is a federal project grounded in the public health approach as it aims towards utilizing coordinated programs that take a comprehensive view of health and well-being of children.¹⁴ It seeks to improve outcomes at the individual, family, and community levels by addressing risk factors and promoting protective factors.¹⁴

Grantees apply five core prevention and promotion strategies: (1) screening and assessment in a variety of child-serving settings, (2) enhanced home visiting through increased focus on social and emotional well-being, (3) mental health consultation in early care and education programs, (4) family strengthening and parent skills training, and (5) integration of behavioral health into primary care settings.¹

What does Project LAUNCH promote?

Screening and Assessment:

- Use of valid screening tools and protocols
- Parent education regarding the importance of screening and results
- Referral to appropriate services, follow-up, and ongoing care coordination
- Training for providers on screening and assessment using valid tools
- Systemic efforts to implement universal screening

Integration of Behavioral Health into Primary Care Settings:

- Cross-sector training on topics such as behavioral health, social and emotional development, and trauma
- Use of developmental and social-emotional screenings in primary care settings
- Use of infant/early childhood mental health specialist in primary care settings at various levels
- Referrals, follow-up, and care coordination with community-based services
- Parenting support and health promotion activities



What is Minnesota doing?

- In 2008 Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure coverage for mental illness and addiction. In November of 2013 the federal government released the rules to implement the MHPAEA.²⁰ This is a federal mandate that states there must be annual or lifetime dollar limits for mental illness and that they must not be lower than the limits of medical or surgical benefits covered.²⁰ It is federally mandated that mental health treatment for all ages be covered.
- Minnesota is developing a comprehensive, evidenced based early childhood mental health system to focus on early intervention for children ages zero to five.⁸
- Minnesota Department of Human Services promotes the use of the parent-informed Ages and Stages Questionnaire: Social Emotional (ASQ:SE) in primary care clinics to screen for and identify early mental illness in children.⁸
- Minnesota DHS places an emphasis on having systems that families feel comfortable with assist in screening, resulting in integration of mental health services.⁸
- Minnesota is contracting with 27 mental health agencies, including two tribal mental health entities to do the following: ⁸
 - Have licensed clinical staff trained and certified in state-selected evidenced based practices for children birth to five.
 - Provide clinical assessments and treatment to uninsured and under insured children ages birth to five and their families.
 - Provide mental health consultation to State selected childcare providers.
- In 2009, state legislature approved \$1,023,000 per year for building children's mental health infrastructure.⁸
- \$400,000 of the Community Mental Health federal block grant is used to train providers in evidenced-based practices.⁸

Policy Recommendations

- To better meet the social-emotional needs of children in Minnesota, a state-wide, universal screening tool should be identified and implemented. The tool would aim to guide discussions with parents to address their concerns in every well-child visit to promote not only physical, but social-emotional development, as well.^{1,2,4,5,8,9,14}
- DHS should have access to and track data gleaned from the universal screening tool including its implementation and appropriate use in pediatric primary care settings across the state.¹⁵
- Further develop coordinated system of early childhood mental health care and grantee program by:
 - Offering virtual training for a variety of practitioners that serve in pediatric primary care settings including, but not limited to: Nurses, OB/GYN, Pediatricians, Mental Health Professionals. The training will ensure practitioners understand the tool, how to have conversations about the results with parents, and arm the practitioners with resources.^{1,2,4,9,10}
 - Continuing to establish referrals, follow-up, and coordination with community-based services to ensure ease of access to care.^{1,9,14}
 - Establishing a network of parent support programs and health promotion activities in all communities, with priority on rural areas. Treatment of childhood mental health symptoms must occur in the context of their family and community. To address a child's stressors, one must also address the family stressors.^{1,2,7,9,14}
 - Start planning for future co-location of mental health specialists in pediatric primary care settings across the state.^{1,2,3,4,5,10,14,15}
 - DHS Early Childhood Mental Health should consider submitting an application to Project LAUNCH.

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