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Babies Have Mental Health Needs Too! *Supporting Infant Mental Health in New Jersey*

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Our country, as well as our state, has seen an increase in rates of mental health concerns among children, which have been exacerbated by the COVID-19 pandemic. In response, a National State of Emergency in Children's Mental Health was declared by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA)¹ to highlight and address this crisis. However, despite trending conversations about the importance of addressing emotional well-being, the mental health of our youngest residents, especially infants and toddlers, is still largely misunderstood and services for this population remain limited.

Children born shortly before or after March 2020 will have only known a world amidst a pandemic. These "pandemic babies," did not have the same opportunities to interact with other children and adults or participate in in-person educational opportunities as infants and toddlers in the years before. Their parents may have experienced increased stress from financial hardship, food insecurity, social isolation and trauma from the loss of family and friends, impacting their capacity to support their young ones. In addition, the traditional support systems for babies and their families have also been disrupted by the pandemic. **And all of this is taking place at a time when babies' brains are growing most rapidly.**

While research demonstrates that early prevention and treatment of mental health concerns is beneficial and more cost-effective than treating emotional difficulties and their effects on learning and health after they become serious, several barriers exist that impact a family's ability to access mental health services for their infant or toddler, including:

- A lack of awareness that babies can experience mental health issues and that services for this age group even exist;
- A shortage of qualified providers willing to treat infants and toddlers with behavioral health needs, resulting in long waiting lists for an appointment or need to travel a distance to access care;

Incidence of Infant and Early Childhood Mental Health Concerns

- An estimated 10% to 16% of young children in the US experience mental health conditions.²
 - 1 in 6 children between the ages of two and eight (17.4%) had a diagnosed developmental, behavioral or mental health disorder.³
 - The incidence of mental health concerns jumps to 22% for children living in poverty due to a disproportionate incidence of trauma and exposure to toxic stress referred to as Adverse Childhood Experiences (ACEs).⁴
 - The NJ Department of Children and Families, Children's System of Care receives approximately 600 unique calls per year regarding mental health concerns for children under age three.⁵
- A lack of age-appropriate diagnostic codes for insurance reimbursement; and
 - Low insurance reimbursement rates to provide mental health services.

Increased investments in infant mental health services and the workforce, combined with policy changes to current Medicaid and private insurance billing practices, would help to ensure more New Jersey babies and families have access to the full continuum of services to prevent lifelong mental health challenges and help prepare young children for school, bolster their physical health and lessen the need for more intensive services later in life.

What is Infant and Early Childhood Mental Health?

Infant and Early Childhood Mental Health, or "early relational health," refers to how well a child develops socially and emotionally. Between the ages of birth to three, babies are learning to form secure, trusting and caring relationships with the adults around them.

Children who have positive and engaging interactions in their earliest years are more likely to enjoy good physical and mental health over their lifetimes. They are also better able to experience, regulate, and manage their emotions—key skills for later school readiness. While positive early childhood experiences promote strong emotional health, negative experiences can adversely impact brain development, with serious lifelong consequences.

As is the case with a child’s physical development, it is equally as important to support an infant’s emotional well-being. When an infant or toddler’s social and emotional development suffers significantly, they can, and do, experience mental health problems. Depression can be observed in the first 2-3 months of life, as can attachment disorders, problems with the regulation of behavior and emotions and other developmental difficulties.⁶ Stressful or traumatic events at an early age can also develop into behavior and learning difficulties in school. The depth of the problem is reflected in the fact that children in early education settings are suspended and expelled due to behavioral health issues at three times the rate of school-aged children. Nationally, research shows that Black preschoolers are 3.5 times more likely to be suspended than their white counterparts.⁷ In a New Jersey study of preschool expulsion and suspension practices, Black/African American children were over three times more likely and Hispanic children twice as likely to be expelled.⁸

New Jersey Infant and Early Childhood Mental Health Initiative

Several initiatives are currently being implemented to address the mental health needs of New Jersey’s infants and toddlers. These services are offered in a variety of settings, including child care, home visiting, early

intervention, pediatric health care and child welfare. Additionally, New Jersey supports professionals who work with young children to develop their skills in addressing mental health and behavioral needs, ranging from general training on the developmental needs of babies and young children to clinical training to provide intensive therapeutic services.

Key programs/initiatives include:

- **Infant Mental Health Clinics** - Currently, there are three known infant mental health clinics in the state dedicated to serving this population: Youth Consultation Services (YCS) Institute for Infant and Preschool Mental Health, Montclair State University (MSU) Center for Autism and Early Childhood Mental Health (CAECMH) and the Center for Great Expectations. Licensed clinicians and advanced candidates in mental health and allied fields provide a range of services related to infant mental health including family and dyadic services for infants and their families, training and consultation.
- **Infant Mental Health Consultation** - Montclair State University’s Center for Autism and Early Childhood Mental Health’s Socio-Emotional Formation Initiative (SEFI) provides infant and early childhood mental health consultation (IECMHC) services to early care and education programs throughout the state. Infant mental health consultation is a prevention-based approach to facilitating children’s healthy social and emotional development. Specially trained infant and early childhood mental health consultants are paired with early childhood educators in various settings such as child care, home visiting, maternal-infant health care and early intervention. The approach builds caregivers’ capacities and skills to facilitate young children’s social and emotional development before more intensive behavioral interventions are needed.

 INFANT MENTAL HEALTH IS **NOT** "BABIES ON COUCHES"



 **INFANT MENTAL HEALTH** IS PROMOTING THE SOCIAL AND EMOTIONAL DEVELOPMENT OF A BABY, HELPING THEM DEVELOP THE CAPACITY TO:

- form close and trusting relationships
- experience and manage emotions
- explore their environment and learn

 **IT CAN** ALSO PREVENT AND REPAIR THE DAMAGE TOXIC STRESS CAUSES TO THE DEVELOPING BRAIN.

These supports benefit both children and early childhood professionals alike. With current funding, the SEFI program can provide services to a total of 160 child care programs per year.

- HealthySteps** - HealthySteps is an evidence-based program that serves young children from birth to age three and their families in a pediatric healthcare setting. The program is currently being piloted in three pediatric practices in low-income communities. Child development professionals, known as HealthySteps Specialists, are housed in the doctor's office as part of the healthcare team. They serve as liaisons between the child and family and the healthcare team and offer a range of services including mental health screenings, support services and connections to mental health services, as needed. This removes the burden from parents to navigate an often complicated mental and behavioral health system. The New Jersey HealthySteps pilot currently serves approximately 2,000 families annually.
- Connecting NJ County Hubs** - These hubs are county-based, single point-of-entry systems that simplify and streamline the referral process for obstetrical and prenatal care providers, community agencies and families. Early Childhood Specialists are based in each county to provide intake, case management and referrals to families with young children to promote social-emotional development, assess parent/child IECMH needs and facilitate IECMH clinical referrals and/or other supports.

Workforce initiatives include:

- New Jersey Department of Children and Families, Children’s System of Care (CSOC)** – CSOC serves children and adolescents, as well as their families, with emotional and behavioral health care challenges, developmental and intellectual disabilities and substance use. Currently, CSOC is engaged in the *Zero to Five: Helping Families Thrive initiative*, which is focused on ensuring that children under the age of five are serviced through the system and receive age-appropriate treatment. As part of this initiative, CSOC staff members from mobile response units and Intensive In-Community units are receiving intensive training in infant and early childhood mental health.
- Infant Mental Health Professional Resource Center for Early Relational and Developmental Wellness (PRC)** - The Professional Resource Center establishes a state-wide system of access to professional formation, coaching and consultation in early relational and



developmental health for the prenatal, infant, early childhood and family workforce. The Professional Resource Center also offers systems coordination rooted in equity for all prenatal through Kindergarten serving systems in New Jersey to centralize relational and emotional wellness across systems. Keeping Babies and Children in Mind training, developed in response to Hurricane Sandy to promote awareness about the unique social and emotional development of our youngest children, has been offered for free for all early childhood professionals for almost a decade.

- New Jersey has also launched an effort to train Early Intervention professionals, Home Visiting professionals and Early Head Start/Head Start mental health specialists in infant mental health and reflective supervision.
- Infant Mental Health Endorsement** - The New Jersey Association of Infant Mental Health (NJ-AIMH) offers an Endorsement, which certifies that a professional has specific training in infant development and dyadic and family therapy. As of June 2022, there were 33 NJ-AIMH-endorsed clinical infant mental health specialists.

Recommendations

Families and caregivers need easily accessible mental health support to promote the health and well-being of their children. In order to build upon the progress made thus far, and improve and advance infant mental health supports in New Jersey, ACNJ recommends the following:

- Increase investments in infant mental health consultation services.** Consultation services can be provided in a variety of settings that interact with infants and toddlers including child care, home visiting, early intervention and perinatal health programs.
- Support the expansion of the HealthySteps program.** This approach is non-stigmatizing and provides universal access, since nearly all young children regularly see a pediatric primary care provider.

3. **Grow the skills and pipeline of professionals to support a range of infant mental health needs.** To support the expansion of services, there is an immediate need for a diverse, well-trained infant mental health workforce. Strategies to achieve this goal include expanding access to training and support for practicing professionals and providing scholarships and other incentives to encourage more students of color to enter the field.
4. **Improve flexibility and payment policies in Medicaid and private insurance for infant and early childhood mental health services.** Medicaid and private insurance can provide a reliable and sustainable source of funding for mental and behavioral health services.
5. **Empower parents and caregivers from underserved racial and ethnic groups with lived experience in behavioral health systems to shape policy, by supporting their participation in policy activities.** Parent voice is critical to ensuring policies and services truly meet the needs of the persons they are intended to serve.
6. **Strengthen cross-sector systems coordination of programs and services.** By its nature, infant and early childhood mental health spans multiple systems. Improving coordination and communication between practitioners and policymakers in each of these systems will allow for more efficient use of resources and greater sustained impact.



It's Time to Make Infant Mental Health a State Priority

The pandemic increased the amount of stress and anxiety beyond what already accompanies parenthood. The negative impact parents' stress has on a child's healthy emotional development must be addressed in addition to the challenges of accessing services. Infant and early childhood mental health needs went unmet for young children even prior to the pandemic. And, as we emerge from it, the impact these past two years have had on mental health will not just disappear. New Jersey must strive to make access to infant mental and behavioral health services a priority.

ENDNOTES

1. American Academy of Pediatrics. (2021 May 19) AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
2. Think Babies. (2022). Infant and early childhood mental health. Centers for Disease Control and Prevention (2022, June 3). Data and statistics on children's mental health.
3. Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.
4. Think Babies. (2022). Infant and early childhood mental health. Centers for Disease Control and Prevention (2022, June 3). Data and statistics on children's mental health.
5. As reported by NJ Department of Children and Families, Children's System of Care (2021).
6. Nugent Johnston, Debra. (n.d.) 10 Things You Should Know About Infant Mental Health - Maine Association for Infant Mental Health. Maine Association for Infant Mental Health, <https://www.infantmentalhealth.org/resources-links/10-things-know-infant-mental-health>
7. Mincic, Melissa. (2022 Aug 31) [Answering the SOS, Part I: A Promising Approach to Mental Health in the Very Young \(ncsl.org\)](https://www.ncsl.org/research/human-services/answering-the-sos-part-i-a-promising-approach-to-mental-health-in-the-very-young). National Conference of State Legislatures, <https://www.ncsl.org/research/human-services/answering-the-sos-part-i-a-promising-approach-to-mental-health-in-the-very-young-magazine2022.aspx>
8. Giordano, Keri. (2019). Suspension & Expulsion Practices in NJ Community Childcare Centers: An Executive Summary. <https://www.researchgate.net/publication/337030220>

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