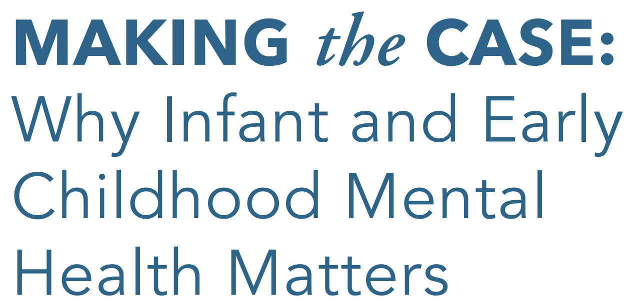
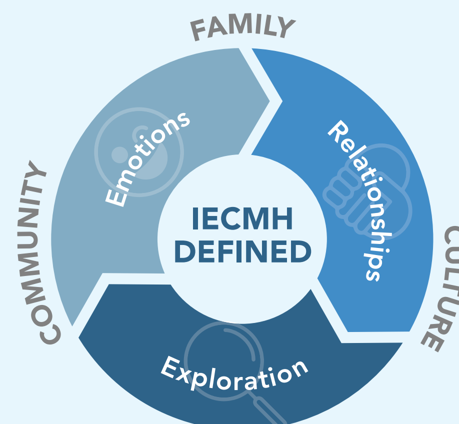


MAKING *the* CASE: Why Infant and Early Childhood Mental Health Matters

May 2021

WHAT IS INFANT AND EARLY CHILDHOOD MENTAL HEALTH?

The first five years are a critical opportunity to set children up for healthy, happy lives. Nurturing relationships with caregivers and positive experiences–particularly from birth to age five–support brain growth, emotional well-being and social competence. These skills and capacities are essential to forming the foundation for all future learning, behavior and health.[1] Young children growing up in secure, trusting relationships are more likely to experience good physical and mental health, academic achievement, career success, and other benefits later in life.[2]



It is within the context of social-emotional well-being that we understand the term "infant and early childhood mental health" (IECMH). IECMH refers to **the capacity of children ages 0-5 to experience, express, and regulate emotions; to form close relationships with peers and adult caregivers; and to explore and learn in the context of family, community, and cultural expectations.**[3] For young children, social and emotional development is shaped by all the people and places in their lives—including their families, neighborhoods, health care providers, early learning programs, libraries, recreation centers, and more. There are many opportunities to promote social-emotional health during the infant and toddler years—setting up young children for long-term well-being.

Accordingly, the term "IECMH" is also used to describe a continuum of services and supports that **promote** healthy social-emotional development, **prevent** disruptions to mental health, and **treat** mental health conditions effectively before they can lead to more severe challenges. Just as positive early experiences can support the social-emotional well-being of young children, adverse experiences and prolonged stress can negatively impact their development. Therefore, a full range of supports is critical to ensure infant and toddler mental health needs are comprehensively met. This issue brief was developed to introduce IECMH and discuss why it is important, feature the voices of Washington's families and other stakeholders sharing their own experiences and reflections, and highlight the significant opportunity that exists to advance IECMH for Washington's youngest children and their families.

Promotion services are supports that are universal and focused on making connections and distributing information and resources to support strong child-caregiver relationships, healthy development, and early learning.

Prevention services identify and reduce conditions that lead to disruptions in social-emotional well-being and strengthen the capacities of young children and their families.

Treatment services are designed to alleviate distress and facilitate healthy development and behavior for young children and families who are experiencing trauma and other mental health challenges.

WHY DOES IECMH MATTER?

The development that occurs in both baby and caregiver in the earliest years of their child's life can be described as "two open windows."[4] This is an exceptionally sensitive period of time for an infant and a caregiver as they are both highly receptive to being shaped by their interactions, experiences, and environment.[5] For babies, research tells us their brain develops most rapidly during this time—forming more than one million new neural connections every second.[6] As discussed earlier, young children who experience nurturing relationships with their caregivers experience healthy brain development, emotional well-being, and the foundations of social competence. These are some of the most essential aspects of development that set children up to learn and thrive throughout their lives. Research also tells us the act of taking care of a baby during this time causes changes in the brain of the caregiver, whose brain recalibrates to respond to the baby's cues, perceive infant needs, and manage the caregiver's own new and powerful emotions. This co-occurring sensitive period offers an important opportunity to promote healthy relationships that ensure the social-emotional well-being of young children and their families.[7]

Approximately 9.5%-14.2%

of children 0–5 years old experience emotional, relational, or behavioral disturbances.[8]

At the same time, making the transition to becoming a caregiver requires a profound rearrangement of life, which can be joyful and rewarding as well as challenging and stressful. Many families rely on additional support from within their communities to meet their own needs and the needs of their young children. When the needs of babies and their families are routinely met, babies grow into confident, healthy, empathetic children who are better prepared for school and life. Moreover, families feel supported with their own social-emotional well-being and encouraged to enhance caregiver-child relationships that lead to the optimal development of their young children.

However, many other factors can affect the social-emotional foundation of young children's development. Challenges like racism, poverty, trauma, and lack of access to essential resources are the consequence of ineffective social support systems. These systemic issues create barriers that can stand in the way of children's healthy social and emotional development and the ability of families to support their children. These challenges have an outsize impact on families of color, as systemic racism and the resultant under-resourcing of Black, Indigenous, and people of color (BIPOC) communities creates a myriad of family and community challenges.

When babies, young children, and their caregivers face persistent adversities without support, it can sometimes disrupt children's social-emotional well-being, place them at heightened risk for development delays, and lead to diagnosable and treatable mental health conditions. If left untreated, mental health conditions can have implications for every aspect of children's development (physical, cognitive, communication, sensory, emotional, social, and motor skills) and impact a range of long-term outcomes, including educational achievement, adult employment, substance use, and criminal activity.[9] However, when mental health concerns are identified early and families are well supported, young children can be placed on a pathway to healthy development and increase their likelihood of lifelong success.

Moreover, early prevention and treatment are shown to be cost-effective and prevent the need for later, more expensive remediation. The Institute of Medicine estimates that the early onset of emotional and behavioral conditions results in cumulative costs that total $247 billion annually, impacting spending on health care, education, child welfare, criminal justice, and economic productivity.[11] Recent research further indicates that some IECMH treatments show a high return on investment—for example, Child-Parent Psychotherapy has an economic return of $13.80 for each dollar spent. In this way, the availability of early supports is a critical component of any sustainable society—helping to put families on firmer ground and strengthening the economy while preparing young children as members of society for decades to come.

Evidence-based IECMH treatments are cost-effective and have shown a high return on investment.

For example, Child-Parent Psychotherapy* has returns of $13.80 for each dollar spent.[10]

*Child-Parent Psychotherapy is a relationship-based, culturally responsive approach to supporting young children and parents together through therapy.

While there is no silver bullet for ensuring that all young children and families have access to the supports needed to alleviate stress and sustain responsive relationships, IECMH services can go a long way toward doing so. Deploying resources and developing targeted policies and programs focused on IECMH are a critical means to strengthen social-emotional well-being for young children and families leading to equitable positive outcomes—now and in the future.

WHAT IS THE OPPORUNITY IN WASHINGTON?

Washington is home to 448,145 children ages 0–5.[12] Across the state, families living with and supporting young children have made it clear that they are invested in the social-emotional well-being of their children. Through this report, we will hear their perspectives on how to create the best conditions for their children to thrive.

WHAT FAMILIES WANT...

Washington families (parents, relatives, guardians) are determined to give their children a strong start. To do so, they have identified three priorities.

SUPPORT FOR CAREGIVER WELL-BEING

Families know the importance of caring for their own well-being and the impact they have on their children's development and outcomes. Families are looking for support that reduces stress, addresses their own mental health and well-being, and helps them create strong connections, positive interactions, and nurturing environments where babies can thrive.

I had a different upbringing and I do not want to pass that to my children. So, what do I need to do? Well, for example, ask for psychological help, and I am healing and I am doing it for them. If my mind and body are fine, I can transmit this to my children.
– Family member

I believe supporting infant and early childhood well-being and social-emotional development starts with the parents. When a parent operates at 100% they can give 100% to their child.
– Family member

I want to take care of myself. All the same things I do for my daughter, but I should be doing for myself too. I have to take care of myself first so I can show my daughter ... so she could learn that too. And that you're special, you're important, you're valuable ... all that, like very self-loving.
– Family member

STRONG COMMUNITY NETWORKS

Families highlighted the intersecting roles of family and community to provide emotional support, information, and cultural connections for children. Stories from participants detailed the importance of community wisdom and assets in the social-emotional growth of young children and in learning how to parent. It was clear that support from other parents, trusted advisers, experts, and elders within families' local communities was essential. Families emphasized the key role of informal and formal community networks in building positive relationships, sharing knowledge and information, and strengthening connections to families' cultural traditions and heritage.

Having my sisters and my mom close as I raised my kids is really huge. So thinking about that opportunity, but then also thinking about the families that don't have that resource. I mean life would be so different.... We have a very high transplant community here. There are a lot of people who don't have extended family here. When I came with my young children, when you have to grow your own network, it does take time.

– Family member

I was lucky enough to have some of those traditions passed on to me, like how to bundle our babies and wrap them up and put them in baby boards. Some of the songs that we sing ... are mindfulness activities, or could be, if you think about it in a Western way.

– Family member

Parenting in the United States can be so isolating. Families asked if they could have a monthly mom meeting, where they can just connect to other moms ... I'm struggling with how it is to raise children in the U.S., because back home, I had my grandmother, I had my mom. Here, I don't even have my husband here with me.

– Provider

For each culture that we might have, there is a strong community for that culture. If we can find and help them get in touch with that community, say if they're immigrants or refugees, they just need to find their communities. That can be a huge support for them. Within the community, they have a lot of support that way. I think that is a huge strength for our families when they can find their communities to support them.

– Provider

FAMILY-CENTERED, COMMUNITY-BASED MENTAL HEALTH RESOURCES

Families shared the benefits of connecting with multiple programs and systems designed to create opportunities for mental health and wellness. Families made it clear that having mental health resources that are responsive and easy to access in times of need makes a significant difference.

[We need] … a center where you could go in, you could identify with people, talk to them for a short while about some of the issues you're having in social-emotional development, get a couple resources, and possibly even have a few counselors on standby. I hate to say it, but if you're raising a child, you could use counseling on occasion to help you get back on the road to positive parenting.

- Family member

We are going to take the feedback and are willing to implement it as best as our family can, but at the same time, we're doing our absolute best. We're using all the resources we do have currently available.

- Family member

I think the strengths and assets of parents in general is that they generally care for their children and they want the best for them. If they have access to information and support, they generally put it to good use. I would say pregnancy and postpartum is generally a period of hope, and new beginning, and opportunity. They often don't necessarily have the support information or resources they need, and with that, I would say the barriers are access to information, access to support, access to highly trained providers or even just people in their community who are aware about emotional health issues … all the different people that families come in contact with that give them all sorts of different messages around mental health and emotional health.

- Family member

I LOVE YOU, MOMMY...*Salem's Story*

Sharing perspective about the importance of relationships with young children

"While we were walking side by side to his practice area Josiah turned to me and said, 'I love you mommy.' It was heart melting to me because there were many things I was worrying about and that was when I had concentrated on what is important. Being present and spending quality time with my son.

"As a working single mom, there are many things I fear doing wrong; not spending time with him, giving him what he needs, or that he is missing out on. I know I'm not alone; through my job I hear the similar things with the moms I work with. There is common fear of what trauma they have experienced and how that might have long-term effect. Moments like this are important to focus on."

COMMUNITY COUNCIL PHOTOVOICE BY:
Selam Kebebew
EARLY HEAD START HOME VISITOR AT DENISE LOUIE EDUCATION CENTER AND MOTHER TO FOUR-YEAR-OLD, JOSIAH

WHAT BARRIERS FAMILIES FACE...

To meet the needs of families, Washington has undertaken intentional efforts to expand support for IECMH. The state has taken steps to establish a continuum of promotion, prevention, and treatment services to enhance the mental health of young children—alongside their families—throughout the foundational years of birth to age five. While these efforts seek to build on existing family strengths and provide comprehensive support that bolsters both informal and formal systems of care, the challenges that Washington's families face are significant. It is important to ground this reality in the fact that not all children and families are being met by the same societal conditions. Many of the stressors Washington's families face are the result of racial, economic, gender, and other inequities embedded within the economic, health, education, and social systems. These inequities result in persistent poverty, unstable housing, underemployment or unemployment, and lack of access to health care. Parents can become overloaded by these stressors, and ongoing exposure to stress depletes the capacity of families to buffer stress for their children. The impact of sustained or toxic stress can have significant effects on young children and can result in cognitive, physical, and behavioral challenges that lead to adverse health, mental health, and economic outcomes in adulthood.[15] Further, these systemic disparities disproportionately impact children and families of color across the state. The COVID-19 pandemic has also introduced additional challenges; and although the pandemic is a collective experience, communities of color are faring far worse than their white counterparts. The ongoing trauma and disparities faced by communities of color highlight the critical need to challenge the role of systemic oppression resulting from the prevailing culture of white supremacy. Babies, young children, and families across Washington are facing inequities that have deep historical roots and are exacerbated by the COVID-19 pandemic, leading to an increased and urgent need for IECMH services.

THE IMPACT OF TRAUMA ON INFANTS AND TODDLERS[13, 14]

- Difficulties coping with stress
- Physical symptoms with sleep disruptions and changes in activity and eating patterns
- Behavioral challenges, such as excessive crying, distress, regression, aggression, and withdrawal
- Cognitive and language delays that place children at risk for early learning difficulties and later academic challenges

SUPPORTING IECMH IN THE MIDST OF MULTIPLE PANDEMICS: A TIMELY CHARGE

In March 2020, Washington State became one of the "hot spots" for positive COVID-19 cases. In a matter of weeks, the disease had spread globally and impacted the lives of millions of people. As the rate of positive cases, hospitalizations, and deaths rose, school districts announced closures, and childcare programs quickly followed suit. In a coordinated effort to reduce and slow the spread of the virus, the state and localities also announced the closure of all nonessential businesses and advised people to stay at home. This decision, aimed at keeping residents out of immediate danger, has had ripple effects on the state's economy—and on tens of thousands of individuals who found themselves facing job loss, lack of childcare or schooling, and disruptions in routines and access to needed items. All of this occurred alongside a widespread fear of illness and, for many, the loss of loved ones.

Although families are weathering the same storm, they are not "all in the same boat." Communities of color are faring far worse with COVID-19 than their white counterparts are. For example, as of January 2021, Latinx people made up 34% of all confirmed cases, despite representing just 13% of the overall population in Washington State.[16] This is the result of multiple factors, including systemic and health disparities that have left BIPOC communities more vulnerable to COVID-related complications and death, as well as the overrepresentation of BIPOC in essential (and typically lower-paying) jobs such as retail, food service, home health care, and childcare.

In this sense, young children and their families are living during a period marked by the dual pandemics of COVID-19 and structural racism. Deep-seated societal inequities—including unequal access to housing, education, work, and health care—are among the ongoing and complex contributors that continue to exacerbate disproportionalities and keep individuals, families, and communities from reaching their potential for well-being and success.[17] As the state seeks to bring healing to its communities, it is urgent and necessary to focus on rebuilding toward a better, more equitable reality. This effort must include investing in the social and emotional well-being of the county's infants, toddlers, and young children and their families. This stands as one of many important levers to create a more equitable Washington.

> **Meeting the needs of Black, Latinx, Native, and Asian American, Native Hawaiian, and Pacific Islander infants, toddlers, and their families is essential. While early data indicate that infants and toddlers may be less likely to be directly harmed by the virus itself, that does not mean they are unaffected. To the contrary, COVID has extraordinary implications for their development–yet conversations about COVID relief have essentially overlooked infants, toddlers, and their families. The harm of systemic racism to children's development, coupled with the impact of the coronavirus pandemic, has caused tremendous inequities for infants and toddlers. Policymakers must include families of color with infants and toddlers in their efforts, now and in the future.**
> **– Community stakeholder**

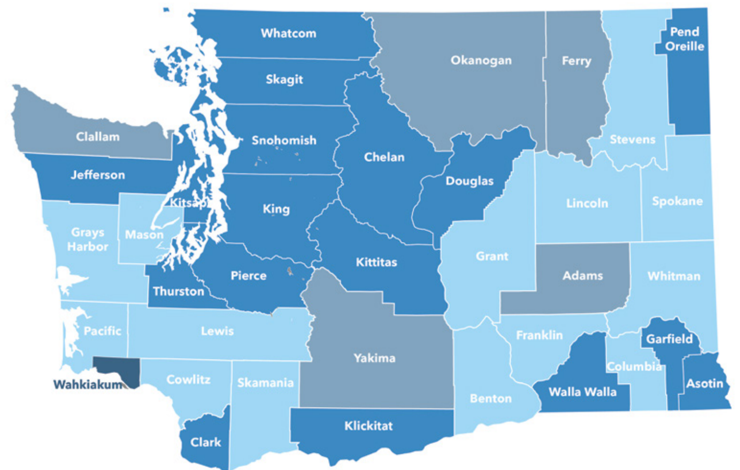
Overall, many factors affect the social-emotional foundation of Washington's babies and toddlers—including the health and stability of their families and communities, physical and emotional safety in their environments, access to resources, and quality of life. Barriers to meeting these needs often do not stand in isolation but instead are linked and mutually reinforcing. In Washington, there are clear opportunities to address these barriers by disrupting patterns of hardship and further reducing the systemic injustices that impact families. Providing resources and championing effective policies and practices to support IECMH can be an essential part of the state's effort to become a more vibrant and prosperous community where all families can thrive.

ECONOMIC HARDSHIP

17% of young children live in POVERTY and 41% live in families with low incomes.[18]

Poverty is one of the biggest factors that gets in the way of healthy child development. When families face financial challenges, children can be at risk of homelessness, hunger, and more. Growing up in these conditions can lead to poor overall health, make children more susceptible to ACEs, and otherwise disrupt children's social-emotional development.[19] As a result of racial segregation and underinvestment in communities of color, Black, Latinx, and Indigenous children are more than three times as likely to be living in poverty or near poverty conditions than children who are white.[20]

12% of white children live in POVERTY, in comparison with 35% of Black, 34% of American Indian, and 33% of Latinx children.



Nearly 1,800 households with young children experience HOMELESSNESS.[21]

The experiences leading to homelessness, as well as homelessness itself, have a lasting impact on children's social-emotional health and well-being.[22] Children who are homeless frequently worry about where they will live, their pets, their belongings, and other family members. Studies have found that children who are homeless face other risks, including hunger, poor physical and behavioral health, missed educational opportunities, instability at home and in school, family separation, and violence.[23] Equity issues are also prevalent in the housing sector, with families of color and immigrant populations being least likely to be able to access homeless services.[24]

About 3% (nearly 15,000) of young children have NO HEALTH CARE COVERAGE.[25]

Children who are not covered by health insurance are less likely to access continuous and preventative health care and therefore less likely to receive appropriate developmental screenings that lead to timely interventions, particularly for social and emotional needs.

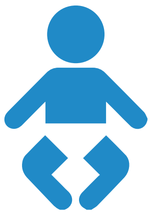
There's a lot of socioeconomic factors that can really get in the way of people's well-being. People who are working two very-low paying jobs just to try and make ends meet, and then struggling to find childcare.... Families that are dealing with that. We have a high rate of kids that live in poverty. So I think that all is a huge barrier for families and children getting what they need.

– IECMH provider

ADVERSE EARLY EXPERIENCES

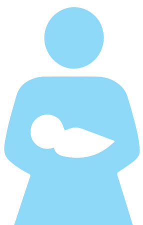
Nearly 30% of Washington's adults report having three or more ADVERSE CHILDHOOD EXPERIENCES (ACEs).[26]

ACEs are often recognized as the leading threat to social-emotional well-being, in both the short and the long term. ACEs are defined as potentially traumatic events and environments that occur in childhood that can undermine children's sense of safety, stability and bonding, such as growing up in a household with substance misuse or parental separation. For adults, having experienced multiple ACEs in early life can lead to chronic health issues, mental illness, and negative parenting practices, including abuse and neglect. Research also links ACEs with social issues, such as poverty, drug abuse, homelessness, and food insecurity. These family and community hardships create the conditions in which young children are likely to experience ACEs of their own.[27]



About 8% of births are PRETERM.[28]

Premature, or preterm, birth and placement in the newborn intensive care unit can disrupt child-caregiver interactions and attachment. Premature birth and the child's hospitalization can have a negative effect on the mother's emotional state, perception of parental self-image, and consequent ability to establish an early bond with the child.[29] Preterm birth can also impact children's social -emotional and cognitive development, as well as lead to health challenges and developmental and behavioral delays. Studies report a threefold to fourfold increase in risk for mental health challenges in middle childhood associated with inattention, anxiety, and social difficulties.[30] It is important to also note that racial disparities exist; for example, Black and American Indian/ Alaska Native women are more likely to give birth prematurely when compared with white women, placing children of color at increased risk for related health and mental health challenges.[31]



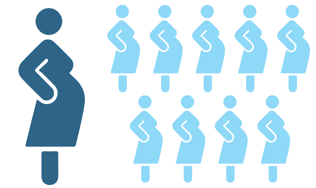
Roughly 10% of Washington's caregivers experience PERINATAL MOOD AND ANXIETY DISORDERS (PMADs).[32]

Perinatal mood and anxiety disorders include depression and anxiety disorders during pregnancy and postpartum. Research shows that PMAD can have a negative impact on birth outcomes and the ability of the caregiver and baby to form a strong bond. The combination of these challenges can significantly disrupt children's social and emotional development.[33] These are medical conditions that often go undiagnosed and untreated. Access to maternal mental health services and informal support within the mother's social network can protect against maternal depression and anxiety. Formal and informal supports are particularly important for women of color, who experience postpartum depression at a rate of nearly 38%. Despite this, studies that Indigenous, Asian, Black, and Latina mothers are two to four times less likely to have access to these kinds of supports than white mothers are.[34]

> **I mean, we need shelter and food and those lower hierarchy needs first to be able raise children well. Then you can really get the building blocks going so that a child can be raised well and do well later in school.**
>
> **– Family member**

SOCIETAL COSTS OF UNTREATED PERINATAL MOOD AND ANXIETY DISORDERS[35]

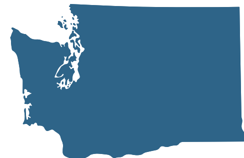
NATIONALLY, PMADs are the **#1 complication** of pregnancy and childbirth



In Washington, PMADs affect **1 in 10** pregnant and postpartum women

UNTREATED PMADs are costly and have multigenerational consequences

An estimated **$304 million** for all births in 2017

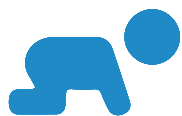


NATIONALLY, half of **perinatal women** with a diagnosis of depression **do not get the treatment they need**

BARRIERS TO SECURE ENVIRONMENTS

Around 6% of families report living in neighborhoods that they characterize as UNSAFE.[36]

The stability and quality of the places where young children grow up have a clear impact on their social-emotional outcomes and overall well-being. Babies and toddlers growing up in communities with chronic violence and instability are more likely to face disruptions to healthy social and emotional development—like challenging behavior, depression, anxiety, and low-self-esteem. Moreover, systematic underinvestment in communities of color exacerbates the lack of access to safe and vibrant community spaces where children can play and learn.[37s]

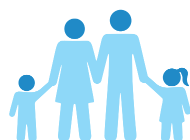


Infants and toddlers are more likely than older children to be REMOVED FROM THEIR HOMES.[40]

As a result of contact with the child welfare system, young children are highly vulnerable to disruptions in care at a time when one of their most important developmental tasks is establishing strong attachments to their primary caregivers. Also, as a result of racial bias in the child welfare system, children of color in Washington are more likely than white children to come in contact with the system, more likely to be removed from their homes as a result, and less likely to be reunified with their families.[41]

More than 1,700 young children were confirmed as VICTIMS OF MALTREATMENT.[38]

Early exposure to maltreatment or neglect can disrupt healthy development and have lifelong consequences. The immediate emotional effects—isolation, fear, and an inability to trust—can lead to low self-esteem, depression, and relationship difficulties. Growing up in these conditions can ultimately adversely impact overall health, make children more susceptible to ACEs, and otherwise disrupt children's social-emotional development.[39]



Families of color and immigrant families face an increased RISK OF SEPARATION.

Racism and nationalism are deeply rooted in our society and have a significant and well-researched impact on the children and families who are targeted. In fact, the American Academy of Pediatrics (AAP) has recently called for an intentional revision of policies and practices to help stop the trend of health, mental health, and educational issues among children of color resulting from racial violence against Black and Indigenous communities, mass incarceration, and immigration-related family separations.[42] In Washington, family separations, and the threat of separation over time, are a significant source of trauma, taking a heavy toll on the mental health of both young children and adults.

> **Not that all of our students are immigrants, but the fear of seeking services seems to be so prevalent and so targeted–against particularly migrant and Hispanic communities–that it just seems to permeate at all levels … regardless of immigration status.**
>
> **– Community stakeholder**

SUPPORTING FAMILIES TO FIGHT FOR THEIR RIGHTS...*Rocio's Story*

Sharing perspective on the fear, uncertainty, and trauma families face in their daily lives

"One day when I arrived for my home visit, the mother expressed not feeling well, also that she was unable to sleep the entire night. I asked her what was happening and she shared that the day before her husband do not show up at home as he usually does every day after work around 7:00 pm. She was worried since her husband always come home or call her if he comes home late. She also called his phone and received no response. Since she do not receive a response, she called his employer and was told that he left from work on his regular time. His employer offered help to search for him and started calling hospitals but they do not have any person hospitalized under her husband's name. Finally, his employer made decision to call the King County detention center and the husband was found.

"The mother commented that he been detained for traffic incident 'hit a car' and not allow to call her to let her know. She understand that her husband needs to follow the law rules but she disappointed that he was unable for informed his family. She shared how hard it was for her and her child was that night and also how they will continue with the situation.

"I worked to support family by sharing information on places that can provide legal support. The list was large and frequently she was transferred to numbers where she didn't get any response. I want people to know that as home visitors we often have to support families and we frequently don't know how to or where to access information."

COMMUNITY COUNCIL PHOTOVOICE BY:
Rocio Gonzalez
EARLY HEAD START HOME VISITOR AND EARLY LEARNING MENTOR IN KING COUNTY FOR ALMOST 20 YEARS

MOVING FORWARD

As the state makes progress in responding to the needs of young children and families, it is clear more work must be done to address these long-standing inequities. For that reason, IECMH supports that build on the strengths and priorities of families and communities, and help bridge the gaps for young children and families, are critical, especially for those facing social and economic disadvantages.

The cost of these disparities is great—not only to the young children and families experiencing them, but to society as a whole.

Despite the strong research and economic case, IECMH services and the related systems of care remain deeply underresourced across the state. **The opportunity to take action is now**. By improving practices, strengthening policies, and increasing investments for IECMH, Washington can contribute to improving the mental health and well-being of the state's youngest children and the important caregivers in their lives. The actions taken at this moment can lead to a more equitable and brighter future for all.

INTERESTED IN LEARNING MORE?

This document is part of a series of issue briefs developed as part of the Washington Infant and Early Childhood Mental Health Landscape effort, with support from the Perigee Fund and in partnership with School Readiness Consulting. The series was created to provide an overview of what is already working well, identify gaps that should be addressed, and offer recommendations as the state continues to move forward in its work to advance equitable, culturally responsive, and effective IECMH services and supports. Interested in learning more? Check out the other briefs:

1. Making the Case: Why Infant and Early Childhood Mental Health Matters
2. **Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services**
3. **Redefining Quality: Providing Infant and Early Childhood Mental Health Support to Fully Meet the Diverse Needs of Families**
4. **What Providers Need: Strengthening the Infant and Early Childhood Mental Health Workforce**
5. **Accelerating Statewide Change: Advancing Infant and Early Childhood Mental Health in State and Local Systems**

ENDNOTES

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