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Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers

Part II: What is Infant and Early Childhood Mental Health (IECMH) and Why Is It Important

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What is Infant and Early Childhood Mental Health (IECMH) and Why is it Important?

Infant and early childhood mental health (IECMH) is a young child's ability to experience, express, and regulate emotions; form close, secure interpersonal relationships; and explore his or her environment and learn, within the context of family and cultural expectations. The expanding evidence base of brain science and child development suggests the following:

Young children's mental health needs can be successfully addressed early on, but must be more broadly embraced.

IECMH is not as widely understood and does not look the same as mental health challenges for older children or adults.¹³ Warning signs among young children include excessive crying, developmental delays, failure to seek comfort from caregivers, or lack of curiosity. Left untreated, these early signals can escalate into more serious mental health disorders (e.g. Depressive Disorder of Early Childhood, Anxiety Disorders, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, etc.) that can upend lifelong health, as well as educational and economic success. The good news is that effective, evidence-informed, and promising interventions to support infant and toddlers' mental health are available.

Parent/caregiver well-being is key to their children's social and emotional development. Parents and caregivers influence babies' brain development from the start. Babies who feel loved, comforted, and have the freedom to play form more brain connections, which increases their ability to trust, relate, communicate, and learn.

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Strong, nurturing relationships between children and their parents and caregivers can protect children from adversity and help them recover. Added stressors on parents (financial, mental health or substance abuse, health conditions or others) get in the way of their ability to fully respond to their own mental health needs and their children's needs, which can impede their children's development. Interventions to support IECMH necessarily must also support and engage their primary caregiver to protect and nurture these relationships.

An explicit focus on children's social and emotional development may prevent or minimize more costly, complex and/or overutilized services. Expanding the availability of IECMH services offers new intervention pathways to meet each child's unique needs and prevent more costly and complex treatments down the line. It also has the potential to limit use of available, overutilized strategies that raise risks or concerns (see box).

Extending access to IECMH in Medicaid could support state efforts to limit psychotropic use in young children

Many states are taking a closer look at medication prescribing practices for children or sub-groups in Medicaid, especially for psychotropic medications. Medication, in conjunction with psychotherapy, may be appropriate for some conditions if other interventions have not helped, particularly for older children. Experts warn, however, that the practice of medicating young children should be reserved for those with severe conditions and only after careful consideration of alternative approaches. Yet studies have shown an upward trend in the prescription of psychotropic medications in recent years, with an estimated 1 to 2 percent of Medicaid-covered children under age 4 receiving prescriptions for at least one psychotropic drug, and higher rates for children diagnosed with specific mental or behavioral conditions such as ADHD or autism. Research is lacking on how these drugs may affect children's long-term neurological and behavioral development, making the increased use of psychotropic medications for young children a concern. In addition, many young children who take these medications do so without having received complete mental health assessments or oversight from a psychiatrist. Providers may be responding to a lack of availability or awareness of alternative treatment options, such as child psychotherapy. The increasing prevalence and potential risks of psychopharmacological treatment in children underscores the need for broader efforts to promote healthy emotional development and prevent and treat mental health problems in young children. Extending access to IECMH treatment can offer a broader range of options for providers seeking to help children and their families.

Young Children's Mental Health is Often Overlooked in Policy and Practice

Despite the important role that mental health plays in children's long-term development, federal and state policies could do more to promote IECMH. Federal law, most recently under the Affordable Care Act (ACA), requires health payers, including Medicaid, to ensure that access to mental health care is equal to that of physical health. However, the move to a fully responsive and integrated mental health care system—while growing—is still nascent. Even within mental health policy and systems, IECMH is often overlooked. Attention to young children's social and emotional health is growing, but the following obstacles, many related to broader health and mental health system challenges across public and private coverage sources, remain:

▶ Awareness

Some caregivers and primary healthcare providers may not be trained to recognize mental health disorders for young children, feel reticent to diagnose young children with mental health issues due to lack of familiarity with developmentally-appropriate diagnostic approaches or perceived stigma, and/or be unaware of the effective treatment options that are available (described below). They may also be reticent to identify early warning signs for compromised healthy development because they do not feel equipped to offer any positive actions or response.

▶ Access

Even when pediatricians or other providers are able and willing to diagnose or refer for IECMH disorders, they may encounter challenges finding pediatric mental health professionals. A Substance Abuse and Mental Health Services Administration (SAMHSA) report highlights the lack of sufficient child and adolescent psychiatrists to meet the projected need for these services, especially in rural and low-income communities. This shortage extends across disciplines to psychologists and other clinicians with specialized IECMH training.

▶ Accounting

If a child is referred to a mental health clinician for treatment, the provider may encounter challenges in obtaining reimbursement. Although all “medically necessary” services, including mental health, must be provided under EPSDT for Medicaid children, state definition and application of the medical necessity standard varies. In addition, lack of specific codes or clearly-defined billing procedures for a needed service creates confusion and administrative barriers for providers seeking reimbursement.

These challenges are not unique to young children but there is additional urgency to address their mental health needs. Expanding awareness and availability of IECMH services in the broader health and mental health systems offers an important opportunity to reduce or mitigate more complex and costly challenges later in life. Policymakers can promote healthy social and emotional development and improve IECMH promotion, prevention and treatment services for the young children and families who need them today.



See the full report at <https://ccf.georgetown.edu/2018/11/21/using-medicaid-to-ensure-the-healthy-social-and-emotional-development-of-infants-and-toddlers/>. This report is a collaboration between Georgetown University's Center for Children and Families, and the Think Babies campaign, a project of ZERO TO THREE.