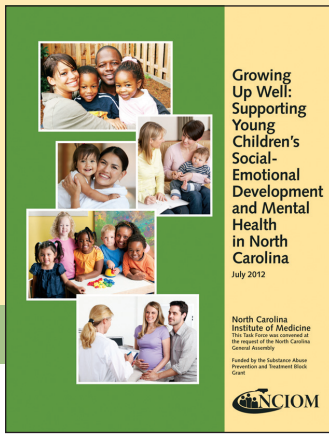


Growing Up Well:

Supporting Young Children's Social-Emotional Development and Mental Health in North Carolina

July 2012



The future of North Carolina's growth and prosperity depends on our ability to promote the health and well-being of our children. Research shows that wise investments in children and families can lead to future savings, better health, and increased productivity.¹ Health in the earliest years—beginning with a mother's pre-conception health—provides the foundation upon which future development depends. Children with good health and a strong sense of well-being are more likely to grow into adaptable, functioning adults equipped with the kinds of tools needed to contribute positively to their communities.² Young children's social-emotional well-being, or mental health, affects how children relate to and interact with others, how they learn, and how well they are able to manage their emotions.³ Children need nurturing relationships, environments, and experiences during their earliest years to develop a foundation strong enough to support more advanced physical, cognitive, and social-emotional skills.^{4,5}

New scientific evidence from multiple fields, including neuroscience, biology, genetics, and the behavioral and social sciences, confirms that developmental and biological disruptions during the prenatal period and formative years can impair healthy functioning, increase vulnerability to health problems later in life, and change the actual structure of a young child's developing brain.^{6,7} Significant adversity in early childhood, including trauma, abuse, living with a parent with a substance use disorder, or being raised in persistent poverty, can cause toxic stress which disrupts a young child's brain circuitry and other organ and metabolic systems.⁷ In the absence of protective factors such as nurturing and responsive relationships with caregivers, these disruptions produce changes in the body and brain that lead to lifelong impairments in both physical and

mental health. Children exposed to toxic stress have impaired functioning in the areas of the brain that are critical for the development of linguistic, cognitive, and social-emotional skills.⁸ Impoverishment and adverse early experiences, in the absence of protective factors, can lead to difficulty learning, difficulty forming healthy relationships, and lifelong physical and mental health problems.^{6,7} Further, failure to address these issues at an early age can lead to much larger expenses to society in later life physical health, mental health, education, and criminal justice.

The North Carolina General Assembly (NCGA) recognized the need to examine the social-emotional and mental health needs of North Carolina's youngest children. In 2010, the NCGA asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to study the adequacy of the current systems serving the mental health, social, and emotional needs of young children and their families.^a Funding support for the Task Force was provided by the North Carolina Department of Health and Human Services (DHHS) Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration. The Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families included 43 Task Force and Steering Committee members including legislators, state and local agency representatives, service providers, and community representatives. The Task Force met 15 times between March 2011 and June 2012.

The Task Force determined that North Carolina needs to invest in substantial and sustained evidence-based

a. Section 16.1of Session Law 2010-152

prevention, promotion, and intervention services in order to ensure our youngest children have a solid foundation for future development. Extensive evidence shows that effective programs and services that target young children's social-emotional and mental health can change the trajectory of children's lives and have the potential to generate savings and benefits to society that more than repay their costs.^{1,9} This knowledge should inform and undergird all decision-making with regard to spending and programs intended to affect children and their families. This report identifies short- and long-term strategies for addressing these problems through systemic changes, and greater interaction and cooperation among the systems, agencies, and individuals who interact with children ages 0-5 and their families.

Creating a More Coordinated, Integrated System to Meet the Social-Emotional and Mental Health Needs of Young Children and Their Families

The Task Force recognized the need for a more comprehensive, coordinated, and cohesive infrastructure and system to meet the health needs of young children and their families. **The Early Childhood Advisory Council (ECAC), a statewide council with the mission to strengthen the efficiency and effectiveness of services for young children and their families, should operationalize a cross-systems plan to develop a comprehensive, coordinated system for young children's mental health.** As part of this cross-systems plan, **the state should examine the current system of care for children ages 0-5 to ensure children at risk of or those with already identified social-emotional and mental health needs have a health home that addresses the physical, social-emotional, and mental health needs of the child.** The Task Force also recognized that we are more likely to experience positive results if we **implement evidence-based strategies, those strategies with a proven track record of positive outcomes, to positively influence young children's social-emotional development and services to meet young children's mental health needs.** Evidence-based interventions aimed at improving the social-emotional and mental health of young children often have a positive impact on a wide range of child outcomes. Furthermore, **the state needs to develop a system to collect data to measure young children's social-emotional and mental**

health needs, identify gaps in services, and monitor the effectiveness of interventions. With better coordination and collaboration, a solid infrastructure, data, and the strategic use of evidence-based strategies, we can meet the social-emotional and mental health needs of young children and their families.

Promoting Awareness and Understanding of the Importance of Young Children's Social-Emotional and Mental Health

Research from multiple fields confirms that all aspects of young children's development, including brain development, depend on the nature and reliability of young children's relationships with their caregivers and the quality of their environment.⁸ Research has also identified many evidence-based steps that individuals, communities, organizations, and the state can take to ensure young children have the kinds of nurturing, supportive relationships and safe, stable environments that promote social-emotional development. However, the Task Force recognized that this information is not widely known or used in practice. Therefore, **the ECAC, in collaboration with DHHS, should develop and implement a communications strategy to raise awareness of the importance of young children's social-emotional and mental health.** In addition to increasing public awareness, parents, caregivers, and providers need education on effective ways to improve young children's well-being and methods for intervening when there are problems. To reach this goal, **DPH should continue to support the implementation of the Triple P—Positive Parenting Program which educates parents, caregivers, and providers on how to promote young children's social-emotional development.** To help parents and other caregivers access effective programs and services, **the North Carolina Infant/Young Child Mental Health Association (NCIMHA) and other partners should develop and maintain a web-based clearinghouse of information on programs and services available to children and families with social-emotional and mental health needs at the state and county level.** Without knowledge of the importance of the early years and effective interventions, parents, teachers, care providers, health providers, policy makers, legislative, executive, and judicial branches of government, and others will not pursue or employ effective strategies to improve the social-emotional and mental health of young children.

Improving Treatment to Meet the Social-Emotional and Mental Health Needs of Young Children and Their Families

Providing effective, evidence-based interventions and treatment during the prenatal and early childhood periods of life can significantly improve individuals' lifelong physical and mental health.^{6,7,10} While much is being done in North Carolina to improve care for women and young children, more could be done to meet the social-emotional and mental health needs of young children and their families. **Community Care of North Carolina, the North Carolina Obstetrical and Gynecological Society, and other partners should identify or develop best practices to ensure appropriate transitions of care for women and young children among health care providers.** Furthermore, **the state should examine ways to expand the array of treatment options for pregnant women and mothers with mental health and substance use disorders.** To improve the quality of care, **the state should identify evidence-based screening tools, triage, assessment, referral protocols and clinical treatment guidelines, and develop a system of value-based payments for women and young children with mental health needs.**

Ensuring a Well-Prepared Workforce

Young children and their families interact with people with multiple professional backgrounds and training. However, the Task Force recognized that two groups of trained professionals—health care professionals and those involved in early care and education—are uniquely involved in the social-emotional development of young children. Individuals in these workforces come from diverse backgrounds with varying education and training requirements. There is a need to ensure that these professionals understand the importance of social-emotional development and how to foster such development. Much more could be done to ensure these professionals have the understanding, knowledge, and skills required to promote young children's social-emotional development and to intervene when development veers off course or lags. **The ECAC should ensure that early educator professional development standards are aligned with the social-emotional domains of the North Carolina Early Learning Development Standards, which define expectations for early care and education programs serving children ages 3-5.** In order to address clinical workforce needs, **the NCIMHA should work with the**

state and others to identify training needs and to address barriers to developing an effective mental health workforce which meets the clinical needs of young children ages 0-5.

Conclusion

Young children's social-emotional development and mental health influence every critical developmental task of the first five years whether physical, cognitive, linguistic, or social-emotional. Positive social-emotional development and mental health provides the foundation for future development and learning. The absence of positive social-emotional development and mental health has been shown to have a significant negative impact on both short- and long-term cognitive development and physical and mental health. This knowledge must inform and undergird all of North Carolina's investments in its citizens if the state is to grow and prosper. North Carolina has already seen the benefits from making significant investments in the health and well-being of young children, particularly around physical and cognitive development. North Carolina also has a long history of supporting physical health by providing health care coverage for low-income pregnant women and children through the Medicaid program and cognitive development through school readiness programs such as Smart Start, Early Head Start, Head Start, and the NC-PreK program. The benefits of these investments would grow further if investments in the social-emotional development and mental health of young children were strengthened. Investments such as the ones described in this report to support the social-emotional development and mental health of young children and their families have the potential to prevent a wide range of adverse outcomes as well as generate large economic returns for all of North Carolina.

The Task Force recommendations include many strategies that could be pursued at the state, county, and local levels. Taken together, they provide guidance on how to create the kind of comprehensive, integrated system that is needed to support the social-emotional development and mental health of all young children. To make a real difference, North Carolina needs to engage simultaneously in multiple strategies. Implementation of the recommendations will have a meaningful impact on the lives of North Carolina's youngest children and their families as well as generate large economic returns for all of North Carolina.

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A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, <http://www.nciom.org>.

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