

Spotlight on children's mental health

By Meeta Malhi



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Starting early

The Little Hoover Commission report on children's mental health noted that "young children present the greatest opportunity to respond early to risks and prevent the need for mental health services." Despite the severe shortages of programs and trained providers for children under five, the LHC made no specific recommendations for expanding services for young children.

Prop. 10 commissions at the state and county levels, however, have stepped in to fund some efforts to improve mental health programs for young children. In many counties, Prop. 10 commissions are funding mental health consultants for child care programs as well as mental health services for young children. And the state Prop. 10 Commission's Infant Family Mental Health Initiative provides grants for "quality early mental health and relationship-based services for young children, their families, and other primary caregivers."

In Stanislaus County, for example, the county mental health department had already developed the Leaps and Bounds program, providing counseling and case management for families of young children. The emphasis, says Project Director Janette Jameson, is on "treating the parent as an 'expert,' focusing on what the parent does right."

Leaps and Bounds used funds from the state Prop. 10 Commission's Mental Health Initiative to hire three parent-mentors to serve as "peer counselors and advocates for parents," says Jameson. The parent-mentor develops a friendship with parents in the program, offering companionship, guidance, and support. —Meeta Malhi

To balance California's 2002-2003 budget, Governor Gray Davis proposed eliminating all \$35 million in the state mental health budget for "children's systems of care" programs, which pull together comprehensive services for children with mental health problems and their families.

The proposed cut would come at a time when recent state and federal reports on children's mental health have emphasized the need for a major new commitment of resources to the kind of integration being developed by "children's system of care" programs.

"Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them," wrote Surgeon General David Satcher, author of one of the reports.

CRIES FOR ATTENTION

Last year both Satcher and California's Little Hoover Commission published reports calling for significant

improvements in the quality and delivery of mental health services for children, including:

- Universal mental health coverage, through a combination of public subsidy programs and better private insurance
- More resources for prevention and early intervention, rather than waiting until the problems are severe
- Integration of mental health services to both unify the fragmented mental health system and connect it with others, such as health care, schools, child care, and foster care.

ATTITUDE PROBLEMS

But "mental health services will continue to face budget cuts and other limitations," says Toby Ewing, author of the Little Hoover Commission report, "until the general public, employers, and others recognize quality mental health care as a community priority."

Satcher specifically pointed to the "stigma associated with mental illness" as a major barrier to helping children. With his National Action Agenda for Children's Mental Health he aims to "promote public awareness of children's mental health issues."

"It's about valuing relationships"

Child care providers can promote mental health by nurturing emotional growth

By Jessine Foss

Social and emotional development is "fundamental" to children's mental health, says Kadija Johnston, program coordinator of the UCSF Infant-Parent Program. That's why child care providers, by promoting positive development, play such a key role in the prevention of mental health problems. Johnston and other experts suggest ways that child care providers can foster social and emotional development—and find help when they need it.

Value relationships

"It's not about teaching children," says Johnston, "but valuing relationships that develop between provider and child. [Infants] shake a rattle and it's exciting—because they made something happen and because an adult beams at them. The infant feels charming and wonderful...later they walk into a school feeling capable and confident," she adds.

Be "child focused"

"How you interact with a child makes the difference, being 'child focused' not 'task focused,'" says Janice Perry, mental health manager for Berkeley Head Start. "When children are playing ball [you should be] in there developing their social skills, helping them learn how to be in relationships," she adds.

At the Children's Collective in Los Angeles, the children have activities to build their sense of self-worth, including making life-size paper dolls and talking to the class about themselves, says director Jackie Kimbrough.

Help build friendships

"[Help] children learn how to make friends," says child care consultant Jean Monroe. "Have [them] work in partners, form groups around a project, have two children set the table or take out materials. Use [sharing time] to begin to teach the art of dialogue. Have the children pair off and talk with each other—telling each other stories, talking about feelings or how you help a friend who is sad."

"Do activities like making ice cream," says Kimbrough, "where each child has to contribute something to the task and all kids get something good at the end."

Respect culture

"Spend time talking with parents," adds Monroe, "observing how [parents and children] touch. [When hugging a child,] ask first. Or find someone [from the same culture] you trust and ask them: 'I'm a hugger, is that inappropriate?'"

"Hire staff that represents the populations you serve," says Tressa Tucker, family and child program coordinator

LEGISLATIVE PROPOSALS

Several bills now in the California legislature would implement some of the Little Hoover Commission recommendations.

■ **SB 1911 (Ortiz)** would create a task force to study ways of streamlining public children's mental health programs and improving mental health care for children with private insurance. It would also study the possibility of creating a state Office of Mental Health Prevention Services.

■ **AB 1422 (Thomson)** would create the California Mental Health Advocacy Commission (MHAC) to promote improved access to mental health services, combat stigma associated with mental illness, and develop training programs for mental health care providers.

■ **SB 30 (Chesbro)** would create a work group to study ways to restructure public mental health services and to provide enough funds to meet the need. ■

at the Children's Collective. "If that's not possible, do research, train staff, bring in consultants. We had a growing East African population, but no [staff] from East Africa. We asked some of the parents to help us communicate with families and share about their culture."

Involve parents

"Every parent/teacher conference should report to parents on how a child is taking responsibility, standing up for his rights," says Monroe. "Make your class's goal for the month 'how to make friends' and talk to parents: 'Can you follow up at home? Help plan activities?'"

Watch for mental health issues

"Children can show problems by being hypersensitive or closing down," says Bill Carter, deputy director of the California Institute for Mental Health. Providers should look at children's emotional behavior, interaction with providers and their environment, and how well they meet developmental milestones, he adds.

But don't expect all children to be the same. "Keep temperament in mind," cautions Monroe. "Some children cannot sit in a circle—look to see if the child will sing the songs. Watch a child's play habits—do they dominate the play? Cry when they don't get their

continued on next page

Q: What is infant mental health care?

A: *Infant mental health care focuses on and supports the relationship between babies and their primary caregivers.*

By Candace Diaz

A consistent, warm relationship with primary caregivers creates a basis for infants' future ability to form other relationships. That's why the focus of infant mental health programs is to "identify relationship issues at the point where they begin to emerge, and not wait until the child is school-aged and the problem is full blown," says Deborah Bremond, family services director at the Alameda County Children and Family Commission.

The relationship-based approach to infant mental health looks at three factors, says Sara Grunstein, a mental health specialist at Children's Hospital of Oakland: the baby, the primary caregiver (usually the mother), and the "fit" between the two.

When a primary caregiver is depressed, for example, or is dealing with other issues like a sibling with disabilities, homelessness, or addiction, she may not be able to interact much with her newborn. If a child has a disability that makes him difficult to hold, if he can't smile, or he cries all the time, this can also make bonding difficult.

When Grunstein visits parents at home, they try to figure out what might be getting in the way of a positive, healthy parent-child relationship. The idea, she explains, is to create a "parallel process—if you feed the parent with support and understanding, the parent will be able to feed the baby with the same."

Although infant mental health programs are still scarce, some pioneering institutions, like Children's Hospital of



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Oakland, and some county mental health departments, like Fresno's, have developed relationship-based infant mental health services.

FRESNO COUNTY: INFANT FAMILY MENTAL HEALTH

"Strengthening and improving the parent/child attachment" is the focus of Fresno County's Infant Family Mental Health Program, says Program Director Arlene Costa. Half the families are referred by clinics or schools; the other half have court orders to participate.

Samantha Axsom, 32, for example, had her youngest daughter, Skylar, taken into county custody just two days after she was born, along with her two-and-a-half-year-old sister, Mystic. While the children were in foster care and Axsom

was receiving treatment for addiction, a judge ordered her to participate in the Infant Family Mental Health Program to help her develop healthy bonds with her children.

The program has three elements.

In the Parent Therapy Group, parents "can talk about how they were parented as a child and can compare their methods of parenting with the other moms," says Costa. When one mother revealed that she never spanked her child, Axsom was surprised. "I thought that spanking was the answer to solving problems," she says. "My parents were very strict with me so that's how I was with my kids."

In the group sessions, Axsom says, she learned to discipline her children with consistent routines—"Bedtime is at

a certain time every night"—and by giving them choices with clear consequences: "If Mystic [now four and a half] won't clean her room when I ask her to, she knows she'll have a time out."

"One time my kids were fighting about orange juice in the supermarket," Axsom adds, "and I finally said 'no orange juice for either of you!' They cried some more, but 'no' meant 'no,'" and the children soon calmed down—"It really does work!"

In the Parent/Child Play Therapy Group, parents learn how to "nurture and engage their babies in a positive way" through activities like massage and simple games, says therapist Peggy Thompson. "We ask parents who their child feels safe with and who they felt safe with as a child," Thompson says, "to help parents to understand what makes a person emotionally safe." Axsom remembers a time when Skylar cried during an activity. Axsom went to get a snack to soothe her. "It's good that you remembered to take care of the child first," Thompson complimented.

Individual Therapy offers parents the one-on-one attention they may need to deal with their own emotional problems and assists them in coping with the day-to-day struggles that challenge every parent.

Today, Mystic and Skylar have been reunited with Axsom, who works at Spirit of Women in Fresno, the same substance-abuse program she graduated from last month. ■

• Fresno County Infant Family Mental Health Program, 559-453-8405

VALUING RELATIONSHIPS

from previous page

way? Can they make friendships with other children? Are they self-starters? Or does the teacher have to initiate [activities] because they don't know how to make choices? Look at everything and look for patterns."

Work with mental health professionals

When a provider is concerned or puzzled by a child's behavior, they should consult "a mental health person who understands child development and education," advises Monroe. "[Tell them] 'this is the behavior I'm noticing, can you help me understand it? What am I doing? What's the environment doing? What can I try?' [This person] comes in as someone who's objective—they can give informed suggestions and come back to see if they're working. They can work out alternatives with the input of parents and teachers."

The mental health professional can also do an assessment to see if the child would benefit from a play group to build social skills, mental health treatment, or a more thorough assessment. Head Start guidelines mandate mental health screening for new children and require each Head Start site to have a mental health consultant, Perry says.

Some child care centers have mental health staff—others centers may have

ongoing relationships with drop-in mental health consultants, or provide mental health training for staff. "When I have the opportunity to be in the classroom more, I can make a tremendous difference," says Perry. "[I'm] there as a different pair of eyes, I can model different ways of behaving," she adds. Perry also plans to be trained through Project Relationship (see resources) to facilitate weekly sessions where staff talk about behavior concerns and ways to address them.

But most child care centers don't have any mental health professionals to consult. "The money needs to be there," says Kimbrough. "Teachers can't be expected to do the work of professional psychologists. [We need to] acknowledge that mental health needs are a basic part of child development." ■

CHILDREN'S MENTAL HEALTH RESOURCES

- *National Action Agenda for Children's Mental Health*, U.S. Surgeon General, www.surgeongeneral.gov/cmh
- *Young Hearts and Minds: Making a Commitment to Children's Mental Health*, Little Hoover Commission, www.lhc.ca.gov/lhcdir/report161.html, 916-445-2125
- *Building Services and Systems to Support the Healthy Emotional Development of Young Children*, National Center for Children in Poverty, 212-304-7100, www.nccp.org, click on "publications"
- Zero to Three, research and publications on the youngest children, 202-638-1144, www.zerotothree.org

For more on fostering social/emotional development

- *Fostering children's social competence*, by Lillian Katz and Diane McClellan, \$9. National Association for the Education of Young Children, 800-424-2460, <http://www.naeyc.org/resources/catalog/itemdetail.asp?page=1&docID=1367&sesID=1023391561103>
- *The child care provider: Promoting young children's development*, by Carol Klass, \$28. Brookes Publishing, 800-638-3775, <http://www.brookespublishing.com/store/books/klass3963/index.htm>

- *How you are is as important as what you do*, by Jeree Pawl and Maria St John, \$12. Zero to Three, 800-899-4301, http://www.zerotothree.org/bkstr_support.html

For mental health consultants and resources

- Project Relationship, training for mental health facilitators, WestEd, Debi Cherkov, 916-492-4011, <http://www.wested.org/cs/wew/view/pg/16>
- *Mental Health Screening Tool 0-5*, a tool to identify young children most urgently in need of a thorough mental health assessment. Free. California Institute of Mental Health, 916-556-3480, <http://www.cimh.org/index.html?type=products&menuid=12&pid=90&session=fb3e3141c3baebf4cb936344820c498e>
- UCSF Infant/Parent Program, 415-206-5953
- Children's Collective, 323-231-1367
- Local child care resource and referral agency (for your local number call 800-543-7793) or community mental health clinic (look under "mental health" in the yellow pages)
- Child Care Program's statewide hotline includes mental health professionals, 800-333-3212.