

Supporting healthy social and emotional development in young children:

Michelle Terry

Editorial . . .

A unique opportunity for health care professionals

Healthy social and emotional development, also called early childhood mental health or infant mental health, refers to a child's capacity to experience, manage, and express a full range of both positive and negative emotions while developing close relationships with parents, teachers, and peers. As a pediatrician I know that for young children, physical health, social and emotional development, and education are all interrelated, and yes, young children can and do experience mental health problems.

Children and mental health

Mental health disorders in young children may be reflected in physical symptoms (poor weight gain), developmental delays (language delays are most prominent), inconsolable crying, sleep problems, and aggressive and impulsive outbursts. Some of these behavior problems can lead to children being expelled from child care programs.

Even if children with attachment and adjustment problems do remain in child care or preschool programs, they are difficult to teach, lose motivation for learning, and face social isolation as they are often avoided by their peers. In contrast, healthy social and emotional development is strongly linked to success in elementary school. In fact, it is just as important as language, early literacy, and number skills in helping young children prepare for school.

A survey of kindergarten teachers in Washington State in 2005 revealed that 44% of children are not ready for kindergarten. A significant number of these children are not ready for school because of social and emotional disorders.

Pediatricians and other health care professional have unique opportunities to support effective policies that promote healthy social and emotional development in young children, and help lay the foundation for school readiness.

Changing our emphasis from treatment to prevention

Until very recently, mental health programs focused on providing needed services to individuals with psychiatric diagnoses. These programs did not focus on promotion or prevention strategies. It would be as if a visit to the pediatrician's office did not include vaccinations or information for parents on how to prevent injuries. It would be as if children could not see a pediatrician unless they had a life-threatening emergency—yet this was the approach to children's mental health care.

Washington State: Integrating public health into mental health

Currently, Washington State is examining ways the public health model can address mental health issues while, at the same time, recognizing the need to address these issues within the context of primary medical care.

Second Substitute House Bill 1088, signed into law in the spring of 2007, intends to substantially improve the delivery of children's mental health services through the development and implementation of a system that emphasizes prevention, coordination of programs and funding, and the provision of services that are evidenced-based, family-centered, and developmentally and culturally appropriate. Children who receive services from the Department of Social and Health Services are the first beneficiaries of this new legislation.

Oregon State: Improving access to care

In Oregon, the 2003 Legislative Assembly mandated that the Oregon Department of Human Services increase the availability and quality of intensive, individualized, and culturally appropriate home- and community-based services for children with mental health needs.

The Addictions and Mental Health Division of the Oregon Department of Human Services worked with state managed-care organizations, community and residential service providers, family members, and other stakeholders to develop an integrated children's mental health service system based on level of need, which was implemented in October of 2005. So far, the data indicate that all children are more likely to receive outpatient services after the new, more inclusive level of need determinations than they were historically, regardless of the level of care recommended by intake screenings.

Innovative practices

Pediatric health care providers promote the well-being of children in their communities through clinical practice. However, these providers can better care for their patients and their families by becoming aware of, and providing referrals to, prevention services (eg, home visiting programs and quality child care programs) for children who are at increased risk for mental health disorders.

One promising practice in Washington State is the linking of pediatricians with child psychiatrists via phone conferences in order to discuss clinical patients. This service benefits families who are unable to get an appointment with a child psychiatrist because of limited resources, remote locations, or long wait-times. However, because doctor appointments in general pediatric offices are short, changes in diagnosis and procedural coding are necessary before pediatricians have enough time for complete and thorough assessments of family environments affecting their patients' mental health.

The key for healthy growth and development

Mental health promotion, prevention, and treatment programs are key to young children and their families acquiring the skills necessary for healthy growth and development.

By recognizing that young children can and do have mental health concerns, health care professionals and parents build the social and emotional foundations for school and for life.

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