

Prioritizing the Mental Health of Infants and Toddlers in Georgia: Why It's Important and What Comes Next

2021

More than 900,000 children ages 0–6 live in Georgia.ⁱ It's estimated that as many as 126,000 children may need mental health services.ⁱⁱ Infant and early childhood mental health (IECMH), also referred to as social-emotional development, can have a lasting impact on children. Early intervention is crucial to prevent long-lasting and more costly treatments. There are, however, barriers to accessing these services. These include workforce challenges, existing policies, and limited pathways to services.

In response to IECMH needs in the state, Georgia has placed additional emphasis on the systems that support the social-emotional wellbeing of young children. In recent years, the state has taken policy actions to develop these systems. One example was creating the state-level IECMH Task Force led by the Georgia Department of Early Care and Learning (DECAL). This brief will detail why IECMH is important, and how Georgia can leverage recent efforts to continue to build IECMH systems.

An estimated 126,000 of Georgia's children ages 0-6 may need mental health services.



Do infants and toddlers have mental health? **Yes!**

Very young children's brains develop at an astounding rate, with more than 1 million brain cells per second forming in the early years of their lives. We often think about physical or educational developmental milestones such as crawling, walking, talking, or reading. Attention to social and emotional milestones is equally important. Infants and toddlers are developing relationships, processing emotions, and developing brain connections that will impact their physical and mental health for years to come. Zero to Three, a national leader in early childhood, defines infant and early childhood mental health as:

“The developing capacity of the child from birth to five years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; explore the environment and learn—all in the context of family, community, and culture.”ⁱⁱⁱ



Form Secure Relationships
Express Emotions
Explore and Learn





Child Trauma: When a child experiences a “frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity.”

ACEs: Childhood experiences involving physical and emotional abuse, neglect, and household dysfunction.

Toxic Stress: Excessive and long-lasting stress without the presence of supportive or buffering protection from adult relationships.

Children experiencing trauma, two or more ACEs, or toxic stress have an increased risk of future physical and mental health concerns.

Individuals and systems: Consequences of untreated early childhood mental health issues

Decades of studies highlight the importance of addressing social-emotional wellbeing early in life. From this research, we also know that young children who have experienced a traumatic event, Adverse Childhood Experiences (ACEs), or toxic stress have an increased risk of impaired social-emotional development.^{iv, v} Studies on ACEs have led to a deeper understanding of the long-term impacts of untreated trauma and mental health concerns in children. Trauma, if left untreated, increases the likelihood of developing chronic conditions, including mental health and substance use disorders, and can lead to a shorter lifespan.^{vi, vii} Similarly, untreated mental health concerns have damaging effects on an individual’s ability to live a successful and productive life. In addition to individual consequences, delaying intervention for young children has a serious cost to society-at-large.^{viii} Research suggests that the longer we wait to address trauma, toxic stress, and mental health, the more difficult it becomes to attain positive health outcomes.^{ix, x} In Georgia, 8.4% of infants and toddlers have already had two or more ACEs, which exceeds the national average of 7.7%.^{xi} Nationally, among the general population of Early Head Start (ages 0–3) and Head Start students (ages 4–5), an estimated 60–85% of children have already experienced a traumatic event.^{xii, xiii} Living in poverty is also shown to have a negative impact on the social-emotional wellbeing of children and is further compounded by adverse experiences and high rates of parenting stress in families with a low income.^{xiv} In Georgia, more than one in five children are living in low-income households.^{xv}



Very young children rely on behaviors and nonverbal communication to express themselves, especially those who are not yet talking or are still developing verbal communication. Children as young as infants can show signs of mental health concerns, including behaviors persistent and severe enough to be diagnosed as a social-emotional disorder. Working closely with the family, a specialized mental health clinician can help with early identification of these disorders. As a best practice, physical health or medical causes are ruled out as a first step in an IECMH assessment. Next, these mental health clinicians use specialized knowledge of typical developmental milestones alongside an expert assessment of a child’s behaviors or responses. Following these steps allows clinicians to determine if concerns rise to the level of being **persistent, pervasive, and intense** and out of sync with developmental expectations. When concerns are identified early, treatment can begin using specialized interventions proven effective for the 0–6 age group.

Milestones related to mental health for this age group include:

- Developing a sense of self
- Controlling emotions and behavior responses
- Building trusting relationships with adults and peers

Source: [DECAL Developmental Milestones](#)



Implications for Georgia's economy and state agency budgets

Social-emotional problems in early childhood have both an impact on the individual's lifelong trajectory and tangible costs to states. The costs of untreated trauma end up being paid by state systems and the private sector. These expenditures show up in various system budgets as intense and costly services for children and adults: child welfare involvement/ foster care, juvenile detention, adult incarceration, emergency room use and inpatient hospitalization, and short- and long-term mental health hospitalization. The National Conference of State Legislatures notes that costs to states also include loss of wages for workers and loss of state revenue generated by the workforce due to job loss and/or lost days of work for people whose trauma has led to serious health issues.^{xvi}

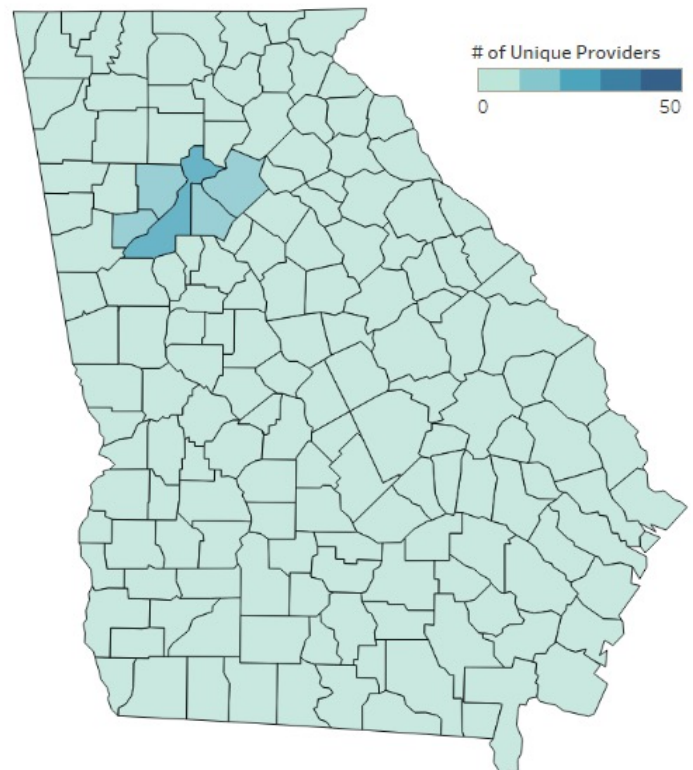
Some states have put a price tag on the cost of trauma to their annual budgets. Tennessee found that the cost to the state for not addressing trauma as early as possible was \$5.2 billion in a single year.^{xvii} Ohio found that trauma is costing their state \$10 billion annually across state-run systems and the private sector.^{xviii} As one study notes, "reducing these costs requires work that connects child maltreatment, domestic violence, caregiver mental illness, and other sources of childhood trauma."^{xix}

What Georgia is doing to build an IECMH System of Care: Surveying needs and gaps

Building on the recommendations in the legislative [Infant and Toddler Social Emotional Health Study Committee's 2019 report](#), the [IECMH Task Force](#) has been collaborating with [Georgia's Interagency Director's Team](#) (IDT)* IECMH workgroup to develop a better understanding of the strengths and gaps in Georgia's systems, and look for opportunities to streamline access for families and providers.

In a first step to identify these gaps, Georgia's IDT IECMH workgroup conducted a scan of available IECMH treatment programs in the state. While some infrastructure exists, **the resulting map shows a critical workforce shortage of IECMH clinicians across the state.**

IECMH Treatment Services in Georgia



*For more information on the System of Care State Plan for Children's Behavioral Health, which includes strategies for building a System of Care for ages 0-4, please visit: <https://gacoeonline.gsu.edu/download/soc-state-plan-2020/>

Most counties have few resources for infant and toddler mental health. Even where access to services exists, it is not always available across the entire age range of 0–6. Some programs may only serve children ages 0–3, while others might serve children older than 4–5 years. In many places, the only program for early identification of social-emotional issues is Babies Can’t Wait (BCW), a critical resource provided by Georgia’s Department of Public Health (DPH) for screening and linking families to treatment. As Georgia’s early intervention program, BCW offers a variety of coordinated services for infants and toddlers with special needs and their families. The program serves children 0–3 years of age and their families by providing resources to assist family members and caregivers in enhancing children’s learning and development. *The BCW program has had challenges recruiting IECMH clinicians into its statewide network due to the workforce shortage. Pediatricians also play a critical role through well-child visits and screening opportunities; however, it is unclear that referrals can be made in many communities due to the lack of IECMH clinicians.* This mapping project informs next steps across various areas highlighted in the following section.



Who diagnoses and treats very young children with social-emotional disorders?

Due to the unique needs of very young children, a specialized branch of the mental health profession has been developed for IECMH clinical training and service delivery. These trained clinicians use a **two-generation approach** when working with a very young child and their caregiver in a process where they carefully diagnose the child’s condition for treatment and use specialized tools and interventions proven effective for the 0–6 age group.

The mental health professionals in IECMH practice come from the disciplines of:

- social work
- family therapy
- counseling
- psychiatry
- psychology

These practitioners work in different settings such as homes, early care centers and schools, clinics, and hospitals. Some of the more commonly used and research-based therapies include Child-Parent Psychotherapy, Parent Child Interaction Therapy, and Play Therapy.

What's next for Georgia: Building IECMH systems, workforce, and policies

Georgia’s child-serving state agencies each have a role in IECMH whether it is promotion, prevention, early intervention, and/or treatment. Systems such as health care, mental health, child welfare, public health, early care and learning, and K–12 schools each play a part in whole child health and family wellbeing. Continued support from all partners will be needed as Georgia pursues these next steps:

1. **Building a statewide IECMH workforce;**
2. **Creating change through policies for IECMH prevention, early intervention, and treatment; and,**
3. **Strengthening collaborations across systems to support families and providers.**

Build an IECMH workforce in Georgia

To create a system of screening and referrals that results in IECMH treatment, statewide and local investments are needed to develop a network of specialized clinicians who can provide two-generation treatment (also called dyadic treatment). Workforce development has begun through a collaborative effort between DECAL, Georgia Early Education Alliance for Ready Students (GEEARS), and DPH to pilot a clinical training program in Child-Parent Psychotherapy. Efforts such as these are laying the groundwork for more widescale change. **Additional support and expertise of policymakers, including state and local leadership, will be needed to scale these efforts. Universities will also need to be engaged to think about ways to build curricula and programs of study that can provide clinical training in Georgia.**





Ensure Georgia's policies facilitate IECMH service delivery

Updating policies to ensure an easy-to-navigate system for clinicians and families is a step that other states have taken, including Alabama, Arkansas, and South Carolina.^{xx, xxi} The first steps toward this are under way in Georgia. The IECMH Task Force and IDT IECMH workgroup have identified existing policy barriers, including lack of a Georgia-specific diagnostic crosswalk and billing guide that would allow families to access services through health insurance, including Medicaid. The Departments of Community Health and Behavioral Health and Developmental Disabilities are co-leading the effort to review Georgia's existing policies for Medicaid and behavioral health. Solutions are being considered to clarify pathways to services such as clinical eligibility and service descriptions for very young children to access mental health services.



Continue strengthening the System of Care collaboration

Progress is being made in the IECMH Taskforce and IDT IECMH workgroup to identify opportunities to streamline access for families and providers. Families with young children interact with numerous systems as they navigate the first six years of their child's life. ***A continued focus on ensuring the collaboration of multiple systems will be needed so that children with IECMH concerns can be identified early and receive the treatment they need to thrive and grow.***

How You Can Help Build Georgia's IECMH Systems

Educate: Educate yourself about social-emotional development and mental health concerns of early childhood. Links to resources for childcare providers, early childhood educators, policymakers, and advocates can be found on DECAL's [IECMH website](#).

Share: Share your findings with colleagues, decision-makers, and others to keep moving the conversation forward.

Connect: Connect with Georgia's IECMH work and explore how your organization or agency can get involved with helping build Georgia's System of Care for infants and toddlers.

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- ⁱ Georgia: 2020 Census. (2021). <https://www.census.gov/library/stories/state-by-state/georgia-population-change-between-census-decade.html>
Quick Facts Georgia. (2019). <https://www.census.gov/quickfacts/GA>
- ⁱⁱ Brauner, C. & Stephens, C. (2006). Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations. *Public Health Reports* (1974-), 121(3), 303–310.
- ⁱⁱⁱ Zero to Three. (2017, August 2). The Basics of Infant and Early Childhood Mental Health: A Briefing Paper. Retrieved from <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>
- ^{iv} National Scientific Council on the Developing Child (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3. Updated Edition. Retrieved from <https://developingchild.harvard.edu/resources/wp3/>
- ^v NCTSN. (n.d.). How Early Childhood Trauma is Unique. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>
- ^{vi} Shonkoff, J. (2016). Capitalizing on advances in science to reduce the health consequences of early childhood adversity. *Journal of the American Medical Association Pediatrics* 170(10):1003-1007. doi: 10.1001/jamapediatrics.2016.1559.
- ^{vii} Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *The Lancet Public Health*, 4(10), e517–e528. [https://doi.org/10.1016/S2468-2667\(19\)30145-8](https://doi.org/10.1016/S2468-2667(19)30145-8)
- ^{viii} *ibid*
- ^x Fox SE, Levitt P, Nelson CA 3rd. How the timing and quality of early experiences influence the development of brain architecture. *Child Dev.* 2010 Jan-Feb;81(1):28-40. doi: 10.1111/j.1467-8624.2009.01380.
- ^{ix} *ibid*
- ^{xi} Keating, K., Cole, P., & Schneider, A. (2021). State of babies yearbook: 2021. Washington, DC: ZERO TO THREE. Retrieved from <https://stateofbabies.org/>
- ^{xii} Pfenninger, Marla & Carlson, John. (2015). Prevalence and Impact of Trauma in a Diverse Head Start Sample. 18. 74-91.
- ^{xiii} Blodgett, C. (2014). ACEs in Head Start Children and Impact on Development. Retrieved from: <https://s3.wp.wsu.edu/uploads/sites/2101/2019/12/ACEs-in-Head-Start-Children-and-Impact-on-Development-January-2014.pdf>
- ^{xiv} Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., Knafo, H., Nikitiades, A., Bonuck, K., Meissner, P., & Murphy, A. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 48(1), 32–38. <https://doi.org/10.1037/cbs0000034>
- ^{xv} Keating, K., Cole, P., & Schneider, A. (2021). State of babies yearbook: 2021. Washington, DC: ZERO TO THREE. Retrieved from <https://stateofbabies.org/>
- ^{xvi} Adverse Childhood Experiences (2021). Retrieved from: <https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx>
- ^{xvii} Melton, C., (2019). The Economic Cost of ACEs in Tennessee. Retrieved from: [https://www.sycamoreinstitute.org/economic-cost-adverse-childhood-experiences/#:~:text=ACEs%20in%20Tennessee-,In%202017%2C%20ACEs%20among%20Tennessee%20adults%20led%20to%20an%20estimated,missing%20work%20\(Figure%201\).](https://www.sycamoreinstitute.org/economic-cost-adverse-childhood-experiences/#:~:text=ACEs%20in%20Tennessee-,In%202017%2C%20ACEs%20among%20Tennessee%20adults%20led%20to%20an%20estimated,missing%20work%20(Figure%201).)
- ^{xviii} Reem, A., Almasi, C., Carroll, B., Reat, Z., Listisen, S. (2021). Health Policy Brief Adverse Childhood Experiences (ACEs): Economic Impact of ACEs in Ohio. Retrieved from: https://search-prod.lis.state.oh.us/cm_pub_api/api/unwrap/chamber/134th_ga/ready_for_publication/committee_docs/cmte_h_sub_health_1/submissions/cmte_h_sub_health_1_2021-03-03-0900_190/ohioguidestone-policybrief.pdf
- ^{xix} Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *The Lancet Public Health*, 4(10), e517–e528. [https://doi.org/10.1016/S2468-2667\(19\)30145-8](https://doi.org/10.1016/S2468-2667(19)30145-8)
- ^{xx} Infant and Early Childhood Mental Health Systems and Supports: Financing (2020). Retrieved from: <https://gacoeonline.gsu.edu/download/infant-and-early-childhood-mental-health-systems-and-supports-financing/>
- ^{xxi} What Policymakers in Georgia Need to Know About Infant-Toddler Social-Emotional Health. (2019). Retrieved from: <https://geears.org/wp-content/uploads/IECMH-Brief-for-Policymakers-FINAL.pdf>