Access to Children’s Mental Health Services in Nebraska

When children's social and emotional health is compromised and families are unable to access services and supports, it can create significant challenges for children leading to failure in school, inability to make and sustain relationships, and negative feelings about themselves, all of which lead to lifelong consequences.

The explosion of brain science in the past two decades has shown that in children’s early years, the brain develops rapidly and with a great dependence on the child’s interactions with the environment and with other people. Social-emotional development in the early years is highly susceptible to both positive supports and “toxic” stressors in the child's environment and relationships, and is a critical foundation for learning and other developmental domains.

Early childhood mental health, or social-emotional development of young children refers to the developing capacity of a child from birth through age eight to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and experience other learning activities—all in the context of the family, community, and culture (adapted from CSEFEL). There is increasing recognition that healthy social-emotional development in the early years is especially important for positive social relationships and overall health and mental health later in life.

**Criterion 1: The Problem is Worse than the Benchmark or Increasing**

Although the number of Nebraska’s children needing and receiving mental health care or counseling during the past 12 months did not show a linear change, the lack of early childhood data for children under the age of 5 is alarming. An infant’s communication of emotions and needs and the adult’s response to these needs, establishes the learning pathways in the brain that lead to all other physical, cognitive, and emotional learning.

Adverse Childhood Experiences (ACEs) are stressful experiences, inclusive of abuse/neglect and household trauma that may occur during childhood and can affect life-long health and well-being. Research shows any of these experiences may affect a child’s brain development. The more ACE stressors a child has, the more serious the effect may be. We know that 50% of Nebraskans have at least one ACE. (PRAMS ACE Fact Sheet, 2014). Left unchecked, the effect of ACEs can affect an individual’s ability to be resilient in the face of adversity, thus leading to poor outcomes throughout the life course.

2012 data from the National Survey of Children’s Health (NSCH) notes 65.7% of children in Nebraska age 6 to 11 years old needed and received some type of mental health care or counseling during the past 12 months. This is higher than the overall US percentage of 62.6%. Little if any data on this topic exists specific to Nebraska regarding children under the age of six.

**NSCH: The Number and Percentage of children (1-11) who needed and received some type of mental health care or counseling during the past 12 mos.**

<table>
<thead>
<tr>
<th>Children ages...</th>
<th>Nebraska 2012</th>
<th>Nation 2012</th>
<th>2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years</td>
<td>---</td>
<td>(313,631)</td>
<td>43.4%</td>
</tr>
<tr>
<td>6-11 years</td>
<td>(8728)</td>
<td>(1,571,397)</td>
<td>62.6%</td>
</tr>
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From this data, we can see that approximately one-third of children who needed some type of mental health care or counseling did not receive it.
Criterion 2: Disparities Exist Related to Health Outcomes

According to the Pregnancy Risk Assessment Monitoring System (PRAMS), there exists a racial disparity in the percentage of recently postpartum women who reported experiencing postpartum depression.

Research suggests that the presence of postpartum depression is linked to increased cognitive, behavioral, and interpersonal problems in children, the effects of which last into adulthood.

There is also a disparity in the access to mental health care practitioners in Nebraska. Data from the 2014 Kids Count Report in Nebraska notes 92 counties in Nebraska had a shortage of mental health providers in 2013. According to the federal shortage area designation for mental health providers, those shortage areas represent 59% of the State’s population. Additionally, throughout Nebraska there is a lack of capacity in mental health practitioners who will work with children and families, due to both payment restrictions and lack of education in early childhood mental health practices.

According to a landmark national study (Gilliam, 2005); the rate of expulsions from state funded pre-kindergarten programs was roughly three times the rate of expulsions from K–12 programs. In Nebraska, Gilliam’s data indicated there were 4-7 expulsions per 1,000 children. Nationally, the pre-kindergarten expulsion rate was 6.7 per 1,000 pre-kindergarten students enrolled. Based on current enrollment rates, an estimated 5,117 prekindergarten students across the nation are expelled each year. This rate is 3.2 times higher than the national rate of expulsion for K–12 students, which is 2.1 per 1,000 enrolled. Across the country, four-year-olds were expelled at a rate about 50% greater than 3-year-olds were. Boys were expelled at a rate more than 4.5 times that of girls. African-Americans attending state funded pre-kindergarten were about twice as likely to be expelled as Latino and Caucasian children, and more than five times as likely to be expelled as Asian-American children.

Children at risk of expulsion from early childhood education settings often exhibit problem behaviors, have mental or developmental health needs or challenges, have complicated family situations that affect the child’s ability to succeed in the program, or have a combination of these factors. Examples of such behaviors include aggression, hyperactivity, lack of social skills, and defiance. Over 65% of students identified with emotional and behavioral disorders drop out of school. School dropout ultimately leads to poor job outcomes, limited income, and patterns of failure that may persist into adulthood including unplanned pregnancies and criminal activity (Fox & Smith, 2007).

Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available

It is clear that mental health strategies for young children must be developed through a systems of care approach. A system of care is defined a coordinated network of community-based services and supports with by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families, coordination among child-serving agencies, and cultural and linguistic competence. Systems of care hold the most promise in addressing mental health issues; there is not one single evidence-based strategy to comprehensively address this topic, but rather a blending of different strategies at different points in time to develop a continuum of care for children and families. Research by the Commonwealth Fund (2010) of several state initiatives indicate the following elements must exist to implement effective strategies to address mental health for young children:

• Administration and Financing
Systems of care need leadership and funds to support planning and implementation

- Early Identification and Access to Services
  - Social-emotional screening occurs on a regular basis
  - Assessment if indicated by screener
  - Access to evidence-based (EB) services such as Child Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT) based on screening/assessment
  - Access to parent education and support-EB home visiting, Circle of Security Parenting, etc.

- Provision of expert consultation in key settings
  - Evidence-Based Consultation and coaching is available in child caring settings, early intervention services, mental health clinics and primary care settings

- Workforce Development
  - Training provided for mental health workforce around Evidence-Based treatment modalities for young children
  - Training provided regarding maternal depression and the need for dyadic treatment for caregiver and child
  - Training, coaching and consultation available for others working with young children (early care and education providers, home visitors, health professionals, etc.)

- Embedding mental health component in existing services for young children
  - e.g. Part C, Head Start, Early Head Start, etc.

Criterion 4: Societal Capacity to Address the Problem

Over the years, Nebraskans have become increasingly aware of the need to address access to children's mental health services. The Children and Family Behavioral Health Support Act, (LB603) was passed in 2009 by the Nebraska Legislature, after the “Safe Haven” experiences in Nebraska revealed that a large number of families were struggling with their children’s behavioral health needs and could not find the resources to assist them. New services implemented with the passage of LB603 were the Nebraska Family Helpline, the Family Navigator program, and Right Turn, a program to assist families after adoption and/or guardianship. The goal of all three programs is to provide empathetic support to families in meeting the needs of their children who may be experiencing behavioral and emotional problems. In 2013, LB556 passed and required Nebraska Department of Health and Human Services (DHHS) to develop rules and regulations for utilizing telehealth services for children’s behavioral health in order to remove barriers to the state’s limited children's behavioral health services by expanding access to the telehealth system. LB944 provided for the expansion of Nurturing Healthy Behaviors Projects in Nebraska and provide early childhood consultation services inclusive of mental health screening, assessment, individualized program plans, staff training, curriculum development, and program evaluation.

To address workforce development issues, two evidence-based treatment modalities have been approved by Medicaid for young children and their families; Parent Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP). Partners are collaborating to get additional providers trained across the state and providing these important services in their local communities.

Nebraska has worked to build a strong system of infrastructure supports as a platform from which to implement a range of community-based activities to facilitate young children’s social and emotional competence. Key components of the state systems of care work infrastructure include: cross-system work groups, policy work, professional associations, community based collaboratives and identification of funding sources. Work continues to embed the core competencies into training curriculum, and college curriculum for early childhood education.

Some examples of Nebraska’s initiatives include:
The Nebraska Pyramid Model Leadership Team, comprised of cross-agency representatives, convened in 2006. The team has continued to work collaboratively to establish a coordinated statewide system of information, education, support, and resources to better address the social-emotional development and related needs of young children and their families by implementing the Pyramid Model Framework of evidence-based practices in early care and education settings. Public and private funding is supporting Pyramid Model implementation in both school-based and child care settings across Nebraska. Within the Nurturing Healthy Behaviors projects, Pyramid Coaches build the capacity of early childhood education professionals to improve the social emotional competence of the children in their programs. Coaching activities are implemented with the goal of building the skills of the early childhood professional (Allen et al., 2008), and building the capacity and confidence of the childcare provider.

The Nebraska Association for Infant Mental Health (NAIMH) works to: promote and support nurturing relationships for all infants; provide a forum for interaction and study among professionals, students, and parents; advocate for application of infant mental health principles for services to infants and young children and their families; and distribute educational materials that promote an increased understanding of infant mental health issues.

The Coalition for the Advancement of Children’s Mental Health (CACMH) is a collaboration of over 30 metro Omaha agencies that work to promote the development of a comprehensive, coordinated system of care addressing the social and emotional needs of young children and their families. Rooted in Relationships is an initiative that partners with communities to implement evidence-based practices such as Pyramid Model implementation and Circle of Security Parenting, that enhance the social-emotional development of children, birth through age 8. The Together for Kids and Families Mental Health Work Group brings together cross-systems partners to plan and implement strategies to promote social emotional development statewide. This list is not inclusive; there are many more initiatives and partnerships underway in Nebraska working on this important topic.

**Criterion 5: Severity of Consequences Criterion**

There is strong evidence that social and emotional skills are as critical to school adjustment as are competencies in language and academic readiness skills. When kindergarten teachers report that children are not entering school ready to learn, they are most often referring to deficits in social and emotional skills. Left untreated, early behavioral problems can develop into more serious mental health conditions that can affect learning and achievement (Raver 2002).

What young children experience, including how their parents respond to them, shapes their development as they adapt to the world. The lessons learned from Nebraska’s “Safe Haven” experiences tell us that accessible and effective early childhood mental health services are a critical element to ensure social and emotional competence for a lifetime. The science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children’s relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain. Disruptions in this developmental process can impair a child’s capacity for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children’s environments, relationships and experiences early in life. Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school work, and community.

Early childhood teachers, administrators and family members consistently report that their biggest training and support needs are working effectively with children with challenging behaviors and promoting social-emotional development. Eighty percent of teachers report that problem behavior negatively affects their job satisfaction (Fox & Smith, 2007).

Executive function and self-regulation skills are the mental processes that enable humans to plan, focus...
attention, remember instructions, and juggle multiple tasks successfully. Teachers rate these qualities as more important than academic skills such as knowing the alphabet or being able to count to 20. Experts say that children who lag behind in these executive function skills are less ready to learn traditional academic skills than their classmates. According to The Center on the Developing Child Harvard University, children who are behind their peers in these skills show more aggression, have difficulty getting along with others, are disruptive in class, and are slower to master academic skills in school. Later in life, they may have more difficulty managing relationships or getting and keeping a job.

References

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Data Resource Center for Child & Adolescent Health

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Centers for Disease Control and Prevention
http://www.cdc.gov/PRAMS/index.htm

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Zero to Three National Center for Infants, Toddlers, and Families http://zerotothree.org/

Center on the Social and Emotional Foundations for Early Learning (CSEFEL), Vanderbilt University
http://csefel.vanderbilt.edu/

National Institute of Mental Health
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http://www.nimh.nih.gov

Pregnancy Risk Assessment Monitoring System (PRAMS) ACEs Fact Sheet, 2014
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Voices for Children, Kids Count in Nebraska 2014 Report


The Commonwealth Fund


