Infant and Early Childhood Mental Health in Primary Care

Promoting healthy social-emotional development and nurturing relationships can optimize physical and mental health.

PURPOSE

Infant and early childhood mental health reflects both the social-emotional capacities of children 0-5 and their primary relationships. Because young children's social experiences and opportunities to explore the world depend on the love and care they receive, the child's relationships are central to "infant mental health." Early relationships provide an important foundation for later development so it is essential to ensure that these relationships are trusting and caring.

Primary care providers are able to make a trusting bond with the family and glean information that may help identify mental health concerns. Early intervention can make a significant difference in the child's relationship with his parents, social-emotional future, and therefore overall success in life.

IDENTIFYING EARLY CHILDHOOD MENTAL HEALTH ISSUES

At each well visit and each sick visit it is important to observe the child-parent interaction. Also, ask about and listen to the parent(s) concerns about the child's behavior.

Parent-child interactions to observe

- Is the parent-child interaction positive?
- How do the parent and child recover from distressing situations? During the immunizations, does the child look to the parent for comfort and reassurance? Does the parent respond to the distress of the child appropriately?
- How is the parent able to support the child's emotional needs? Is the parent able to read child's cues and respond appropriately? For example, if the child is frightened, does the parent recognize the fear and maybe name it for the child or does the caregiver respond as if another emotion is at play, such as "you bad baby—stop being so angry"?
- How does the parent seem to be doing emotionally? Does she seem happy with her baby or overly stressed? Or, does she seem angry?

As with all developmental issues, there is a range of conditions. The pediatrician should look for interactions between the child and parent that are negatively impacting the development of the child. In such situations, the pediatrician may consider a referral to an infant/early childhood mental health specialist.

Adapted from Infant and Early Childhood Mental Health – Core Concepts ad Clinical Practice – by Barbara Stroud, Ph.D and Michael M. Morgan, PhD. LMFT page 154 and 155

Child behaviors that may suggest mental health problems

- Flat affect, no range of emotions
- Does not show interest in sights, sounds, or touch
- Rejects/avoids being touched, held or playing with others
- Difficult to soothe or console
- Skill regression
- Unable to comfort or calm self
- Extremely fearful or on-guard
- Does not turn to familiar adults for comfort or help
- Exhibits sudden behavior changes
- Unprovoked aggression

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Early Childhood Health Optimization Series

Pediatrician Tip Sheet 1

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Always Consider:

- How severe is the behavior?
- How many weeks or months has the behavior been occurring?
- How long does the behavior last (e.g., minutes, hours)?
- How does the behavior compare with the behavior of other children of the same age?
- Are there events at home or in childcare that make the behavior better or worse?

CHOOSING SOCIAL-EMOTIONAL DEVELOPMENTAL SCREENING TOOLS

To aid in monitoring mental health in infants, the American Academy of Pediatrics (AAP) recommends developmental and behavioral screening with a standardized developmental screening tool when a child is 9, 18, and 24, or 30 months of age. Screening tools that are helpful to monitor infant mental health are:

2) Brief Infant Toddler Social Emotional Assessment (BITSEA)
3) Carey Temperament Scales (CTS)
4) Greenspan Social Growth Chart
5) Temperament and Atypical Behavior Scale (TABS), TABS Screener

Choose a screening tool that can be easily incorporated into the medical home to be sure that you will be able to use it effectively. The short time it takes to conduct a developmental and behavioral screen can change the trajectory of a child’s life. By incorporating a system of regular developmental and behavioral screening, pediatricians have an important role in making sure all children thrive.

INCORPORATING SURVEILLANCE AND SCREENING IN THE PEDIATRIC PRACTICE

The most effective way to incorporate developmental screening into the medical home is through a quality improvement approach. This should be regarded as a “whole office” endeavor and not simply a matter of the clinician performing the task. He should involve front desk procedures such as appropriate scheduling and distribution of screening tools, and the use of non-physician staff for reviewing and scoring the screening tools.

SUMMARY

Supporting the healthy development of young children can reduce the prevalence of developmental and behavioral disorders that are linked to high costs and long-term consequences for their physical and mental health. As a primary care provider and medical home for children, you have the experience to recognize typical and atypical development. Pediatricians are in a unique position to evaluate patients at each well-care visit and offer anticipatory guidance on growth and development. Identifying developmental concerns early can help to ensure that children receive the extra support they need and are linked to appropriate services. Partnering with families will help children have the best possible start to a bright future.

Key Points

- To evaluate social-emotional health during your busy day, choose a screening tool that can be easily incorporated into the office workflow.
- During the examination be sure to observe the relationship between the parent and child. Is it appropriate?
- Through early intervention, primary care providers can make a difference in the overall success in life of all children at an early age and improve their physical and mental health outcomes.
- If there are behavioral concerns, refer to an early childhood mental health specialist in your community.

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