



Ontario Centre of Excellence
for Child and Youth
Mental Health

Bringing People and Knowledge Together to Strengthen Care.

Supporting Ontario's youngest minds: Investing in the mental health of children under 6

November 2014

Prepared by:

Dr. Jean Clinton
Angela Kays-Burden
Charles Carter
Komal Bhasin
Dr. John Cairney
Dr. Normand Carrey
Dr. Magdalena Janus
Dr. Chaya Kulkarni
Dr. Robin Williams

www.excellenceforchildandyouth.ca



Prepared by:

Dr. Jean Clinton, MD, FRCP (C)

Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University

Angela Kays-Burden, MSW, RSW

Former Director of Innovative Practice, Reach Out Centre for Kids

Charles Carter, MPPM

Knowledge Broker, Ontario Centre of Excellence for Child and Youth Mental Health

Komal Bhasin, MSW, MHSc

Mental Health Consultant

Dr. John Cairney, Ph.D.

McMaster Family Medicine Professor of Child Health Research

Director of INCH (Infant and Child Health Research Lab)

Department of Family Medicine

Professor, Departments of Psychiatry and Behavioural Neurosciences & Kinesiology

McMaster University

Dr. Normand Carrey, MD

Associate Professor, Department of Psychiatry, Dalhousie University and IWK Health Center

Dr. Magdalena Janus, PhD

Associate Professor, Psychiatry & Behavioural Neuroscience, McMaster University, Offord Centre for Child Studies, McMaster University

Dr. Chaya Kulkarni, D.Ed.

Director of Infant Mental Health Promotion, Hospital for Sick Children

Dr. Robin Williams, MD

Clinical Professor, Department of Pediatrics, McMaster University

President-elect, Canadian Pediatric Society



Acknowledgements

This paper was initiated by the Ontario Centre of Excellence for Child and Youth Mental Health. It was developed in collaboration by a multi-disciplinary team with expertise in infant and child mental health to provide a link between the research evidence and a policy landscape that demands the efficient delivery of effective services.

We thank the policy and decision-makers who attended workshops, responded to e-mails and participated in individual interviews. We thank the family members who provided thoughtful feedback on an earlier draft of this paper. We thank as well the child and youth mental health agencies in Ontario and direct service providers who contributed their practice experiences and information to our scan of the current landscape in Ontario and beyond.



Executive summary

Ontario is focusing unprecedented attention on mental health, including large-scale changes to how the provincial child and youth mental health system is organized. Given the impact of early childhood experience on lifelong mental health and well-being (Boivin & Hertzman, 2012), this is an opportune time to take a life course approach to mental health and focus on the specific needs of infants and young children (ages 0-6 years), as well as their families. An ideal system for Ontario should build on existing resources and engage families and caregivers, service professionals working with infants and young children and whole communities in decision-making about systemic and policy initiatives.

Research has consistently demonstrated that the first six years of a child's life are crucially important (Centre on the Developing Child at Harvard, 2010). The brain grows and changes significantly, and is influenced considerably by the child's environment (Center on the Developing Child at Harvard, 2010; National Scientific Council on the Developing Child, 2004). Mental health is correlated with a number of social determinants, including income and income distribution, education, employment, food security, gender, race, ability, Aboriginal status, housing and early childhood development. Of the many determinants that influence early childhood development, a secure attachment between a baby and a caring adult is essential to healthy development (Schweinhart, 2003). The role of caregivers¹ in children's lives is critical, and the nature of these relationships is important in shaping development. Effective policy supports parents and caregivers and recognizes the significance of the relationship between child and caring adults. It should seek to create environments that promote secure attachment, prevent issues that disrupt these relationships and support appropriate intervention as soon as issues emerge.

Ontario's Ministry of Children and Youth Services (MCYS) identified infant and early childhood mental health as an issue that needs policy development to ensure the availability and accessibility of optimal and consistent services across the province. At the Ministry's request, this policy paper was initiated by the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre), and written by a multi-disciplinary team with clinical and research expertise in infant and early childhood mental health, led by Dr Jean Clinton. The paper draws on the latest research evidence and information from environmental and jurisdictional scans to advance evidence-informed policy recommendations to strengthen infant and early childhood mental health services in our province. While the content of this paper is relevant to a number of stakeholder groups (e.g. families, youth, community partners), the primary audience for this paper includes policy makers from various government ministries, community leaders and organizational decision-makers. The paper is meant to establish a shared understanding of infant and early childhood mental health, summarize current evidence on effective policy and practice, provide a snapshot of the current system from a service provider perspective and make specific recommendations to ensure accessible mental health services during the early years of children's lives.

¹ Throughout this paper, the term "caregivers" includes child care providers and other caring adults who play a critical role in child development.



As Ontario's child and youth mental health sector transitions to a new system of integrated services², MCYS is working closely with other ministries³ in a shared attempt to prioritize mental health and repurpose resources for maximum impact. This presents an ideal opportunity to consider the needs of infants and children and the parents/caregivers who support them. Jurisdictions in Canada and other countries are developing policies based on a growing body of evidence that young children's experiences in the early years set the foundation for lifelong mental and physical health and well-being. These jurisdictions are also placing a greater emphasis on creating broader environments for young children that promote and support optimal mental health and skills that enhance resilience for all children, youth and families.

Studies of prevalence of mental disorder in children 0-6 years are not as common as those that look at children starting at age 4 years. Even when using conservative estimates, the prevalence of any mental health disorder for children between ages 4-17 years is 14% (Waddell, 2007). Serious mental health issues can occur in very young children and may manifest as serious social, emotional or behavioural problems (Zeanah et al., 2008) including aggression, hyperactivity, anxiety and depression (Egger & Angold, 2006). Egger & Angold (2006) reviewed four studies in younger children and prevalence of any disorder ranged from 14% to 26%. There is common belief that young children may outgrow early mental health problems, but longitudinal studies show that this is not the case (Breslau et al., 2014). In fact, the long-term social and economic impact of mental health problems among infants and young children is significant, making infant and early childhood mental health an issue of critical importance for government and communities. According to a family member we consulted in writing this paper:

Many of us with children who have diagnoses of mental health disorders or mental illnesses noticed concerns before the age of 6 years, but were unable to get the supports and services needed to effectively intervene and minimize the impact of these diagnoses for our children, our families and our communities.

The evidence is clear that prevention is better than cure, and earlier is usually better and more economical than waiting until the later years. Nobel Prize winning economist Dr. James Heckman conducted a cost-benefit analysis of targeted early years programs and found that investing in early childhood yielded a 7-10% annual rate of return (Heckman, 2012). He concluded that "(investing in) early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return" (Heckman, 2012, pp. 49-58).

Effective infant and early childhood mental health policy encompasses the full continuum of promotion, prevention and early intervention, with strategies targeted appropriately to the unique needs of families, schools and communities.

The elements of an effective framework include:

- universal promotion to reduce risk factors and promote protective factors
- early identification and intervention

² <http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/momh.aspx>

³ Ministry of Health and Long-Term Care, the Ministry of Children and Youth Services, and the Ministry of Education



- evidence-informed mental health programs and practices
- seeing caregivers and families as key in developing a system of care that meets their children’s mental health needs (Miles et al., 2010)

While most of Ontario’s communities provide a variety of valuable services, our environmental scan found that efforts vary across regions in Ontario and that there are gaps and inconsistencies in the provincial system of infant and early childhood mental health care. In an effort to advance a common understanding of infant and early childhood mental health that conveys the importance of a child’s social and emotional development, the U.S. *Zero to Three Infant Mental Health Task Force*⁴ developed the following definition, and later modified it to include all children under 6 years:

Infant and early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to five years of age to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture (Cohen, Oser & Quigley, 2012, pg. 1).

International jurisdictions including Australia, Scotland, New Zealand, Norway and the United Kingdom have used this definition to develop child and youth mental health policy. It is this definition that is most often used by those working in the field of infant and early childhood mental health in Ontario and Canada, and the authors recommend that it be adopted for use by government to guide policy development in this province.

The following recommendations offer opportunities for immediate policy development while establishing the foundation for longer-term system change. They have been crafted to build on existing government investments and leverage mental health policies and strategies currently underway. Based on the literature, leading policy in other jurisdictions and the results of an environmental scan, the authors propose the following recommendations:

1. **Engage families and caregivers together with service providers in developing and implementing infant and early childhood mental health policy and system planning.** This includes working together to conceptualize information and resource systems that contribute to promotion; develop care pathways, and collaborate to develop and provide training and education for service providers.
2. **Adopt and promote the *Zero to Three* definition of infant and early childhood mental health across all sectors** including health, mental health, child development, education, youth justice and child welfare. This definition states that “infant and early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to five years of age to form close and secure

⁴ Zero to Three is a national non-profit organization in the United States that informs trains and supports professionals, policy makers and parents in their efforts to improve the lives of infants and toddlers. More information can be found at: www.zerotothree.org



adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture (Cohen, Oser & Quigley, 2012, pg. 1).

3. **Ensure the provision of infant and early childhood mental health promotion, prevention and intervention in all provincial service areas.** The system of care in each service area should include access to information and resources to support the mental health of infants and young children. The system should make use of existing resources to enhance prevention and leverage natural connections between families and the system to address infant and early childhood mental health in one place. The system of care should also provide targeted support for populations that are identified as at-risk, include evidence-informed interventions and provide clear pathways to care. The system should see the client as the child *and* family/caregiver, working together within an inter-generational treatment model.
4. **Invest in training the infant and early childhood mental health workforce, recognizing the many roles and sectors with a direct stake in infant and early childhood mental health.** This can be accomplished through building on existing in-service training to develop coordinated workforce training so that all those who work with infants and children are able to recognize risk factors and children who are experiencing challenges and refer families to appropriate support. Professionals can be trained depending on the degree of specialization needed: awareness for all (including knowledge about how best to engage families), literacy for some, and expertise for a few. Concrete strategies include on-site coaches at the local level, agency practice leads and infant and early childhood mental health communities of practice. This should include education of medical students and other professionals.
5. **Strengthen data collection, monitoring and research on infant and early childhood mental health and improve communication among ministries.** The infant and early childhood mental health field in Ontario would benefit from a provincial initiative to enhance data linkage, sharing and expansion of surveillance systems and data sets. Early identification systems for infants using evidence-informed tools should feed into data collection and reporting systems to better monitor population health. The government's role in developing effective policy should be evaluated.
6. **Adopt a government-wide approach to infant and early childhood mental health and designate one ministry to coordinate these efforts.** This should begin with a provincial, multi-sector, multi-disciplinary advisory group that meaningfully engages families and caregivers along with service providers as partners to advise on and evaluate progress on infant and early childhood mental health policy development and implementation. As child and youth mental health system transition progresses and care pathways are developed, the ministries must identify clear roles and responsibilities required within the system of care that support infants, young children, their families/caregivers and communities.



While the recommendations in this paper stem directly from clinical and research evidence and practitioners involved in infant and early childhood mental health promotion, prevention and intervention, acting on these recommendations will require meaningful engagement with families and caregivers along with service providers to verify the nature and scope of these priorities and plan for implementation. The meaningful engagement of families and caregivers that represent the diversity of Ontario's population (including but not limited to Francophone, First Nations, Inuit, Métis, newcomers, differently-abled and LGBTTQ) will be essential in moving these recommendations forward.

There are opportunities to leverage existing strategies by scaling up, building on or integrating interventions within the natural settings where children spend most of their time and have the most significant relationships (Zeanah, 2009). By promoting and encouraging local development of integrated care systems within service areas and across ministries, existing public investment can be used more efficiently, improving collaboration and reducing duplication. In an ideal system, comprehensive infant and early childhood mental health policy creates universal access to conditions that support early child development, and works at all levels – for families and caregivers, service providers, communities and the province (Boivin & Hertzman, 2012).

A prosperous and vibrant future for Ontario depends on the health and well-being of its youngest members and their families. By working across sectors and embracing a life-course approach to mental health that includes attention to the specific needs of infants, young children and their families, Ontario can work with families and professionals to reduce costs, avoid duplicating services, leverage existing effective services and ultimately improve mental health outcomes across the lifespan.