



Off to a Good Start: Mental Health Promotion for Young Children



This is a hopeful time for children's mental health. Research, advocacy, and policy have come together to create the impetus to integrate mental health promotion into systems that care for young children in the region. We now have a body of evidence that demonstrates how important environment, experiences, and close relationships in the early years of a child's life are in her cognitive, emotional, and social development. As Michelle Terry emphasizes in her editorial, healthy social and emotional development is just as important as language and math skills in preparing young children for school.

And because early development is so important, the emphasis and opportunities have shifted from treatment to prevention—"State leaders and policy makers are listening," says Sheri Hill.

In this Issue:

- 1 Introduction
- 2 Cynthia's Space
- 3 Editorial
Michelle Terry
- 5 Things We Need to Learn . . .
Sheri Hill
- 7 Articulating a Public Health Approach . . .
Craig McLaughlin
- 8 Sound and Touch . . .
Debra Lochner Doyle
- 9 State Reports
- 13 Resources

In this issue, Craig McLaughlin gives a brief overview of the development of a public health approach to mental health, including an update on Washington State's Mental Health Transformation Project. Sheri Hill provides a wealth of information on early childhood development, the prevalence of behavior problems and their costs to society, and what we can do to promote children's mental health. Debra Lochner Doyle provides information on the importance of early hearing screening for infant mental health.

States in this region are active in integrating prevention into a myriad of state programs. Many of these programs emphasize community partnerships; collaboration among parents, pediatricians, child care providers, preschool teachers, and state agencies; program evaluation; and education and training. In Idaho State, the Department of Health and Welfare's Infant Toddler Program (Part C) led in integrating consistent mental health goals and capacity building into state early childhood plans.

In this issue, we're introducing a new feature, *Cynthia's Space*, where Cynthia Shurtleff, a former Northwest Bulletin board member and current community liaison for the Washington Chapter of the American Academy of Pediatrics, will provide information on regional advocacy issues.

And finally, thank you for your response to our reader survey! You will notice changes to the *Northwest Bulletin* as we integrate your recommendations.

Northwest Bulletin: Family and Child Health is intended for public health professionals working with families in the Northwest Region of the United States (US)—Region X of the US Health Resources and Services Administration.

It is published twice a year by a consortium of organizations, including the Maternal Child Public Health Leadership Training Program at the University of Washington's School of Public Health and Community Medicine; Public Health—Seattle & King County; and the state health departments of Alaska, Idaho, Oregon, and Washington.

It is produced under Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, US Department of Health and Human Services, and with additional grants and in-kind contributions.

Editorial Board

- Yvonne Wu Goldsmith, Department of Health and Social Services, State of Alaska
- Susan Oatis, Public Health—Seattle & King County
- Jane Rees, Maternal and Child Public Health Leadership Training Program, School of Public Health and Community Medicine, University of Washington
- Martha Skiles, Office of Family Health, Oregon Department of Human Services
- Dieuwke Spencer, Idaho State Department of Health & Welfare
- Candi Wines, Office of Maternal and Child Health, Washington State Department of Health

Guest editor of this issue: Sheri Hill

Board editor of this issue: Candi Wines

Managing editor: Deborah Shattuck

Your comments and content suggestions for the *Northwest Bulletin* are most welcome. All content is published at the discretion of the editorial board.

Please send correspondence to:
nwbfc@u.washington.edu

Northwest Bulletin:
Family and Child Health

Cynthia's Space . . .

Advocacy: Where do you start?

Being an advocate for public policy change often seems like a daunting task. Where do you start? Educating people about an issue is a good first step. One-page fact sheets are powerful tools for advocacy. A second step is to work with an organization to promote your issue, thereby adding power through numbers.

The state chapters of the American Academy of Pediatrics are a good start for information on advocacy issues. They may list their policy agendas (see below for an example of Washington State's), provide updates on state legislative sessions, and contact information.

Add a one-page fact sheet to your policy agenda and you're off and running. Good luck!

Cynthia Shurtleff is a community liaison for the Washington Chapter of the American Academy of Pediatrics.

American Academy of Pediatrics

- Alaska Chapter www.aapalaska.org/
- Idaho Chapter www.idahoAAP.org/
- Oregon Chapter www.oregonpediatricsociety.org/
- Washington Chapter www.caap.org/

American Academy of Pediatrics 
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Washington Chapter

2008 Policy Agenda
WA Chapter American Academy of Pediatrics

Access to a Medical Home for All Children

- Fund developmental screenings
- Provide payment for after hours care
- Fund Quality Improvement and Care Coordination

Access to Immunizations for All Children

- Increase the vaccine administration rate from \$596 to the federally allowable administration rate
- Support other strategies, such as public education, to improve the immunization rate
- Allow health care professionals (Medical Assistants) to administer all vaccines

Prescription Privacy

- Prohibit the transfer, use, or sale of prescription information for commercial purposes (without consent from the provider)

Quality Early Learning

- Support expanded access for parent and families to parent education and support programs, including home visitation programs
- Support efforts to continue improving the quality of early learning programs and access to such programs

Contact: Laurie Lippold
(206) 695-3229 or lippoldlau@aol.com

Editorial . . .

Supporting healthy social and emotional development in young children: A unique opportunity for health care professionals

Michelle Terry

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 professionals 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

Healthy social and emotional development is just as important as language skills in helping young children prepare for school



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. ♦

Dr. Michelle Terry is a general pediatrician at the University of Washington (UW) Medicine Kent/Des Moines Clinic. She is also a faculty member of the UW’s School of Medicine, where she teaches the year-long course, Introduction to Clinical Medicine II, and mentors student. Dr. Terry is also the medical consultant for Department of Social and Health Services (DSHS) Children’s Administration, Region 5.



Telephone: 206-870-8880

Email: mterry@u.washington.edu



DC:0-3R Training
April 24th & 25th
SAVE THE DATE!

The Highline Consortium is proud to sponsor a 2-day training on:

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition

Training by Donna Weston, PhD, in association with ZERO TO THREE.

For additional information and registration contact Highline West Seattle Mental Health: www.highlinementalhealth.org go to “News” in the main menu.

Things We Need to Learn *Before* Our Children Get to Kindergarten

Sheri L. Hill

Many of us are familiar with Robert Fulghum's essay *All I Really Need to Know I Learned in Kindergarten*. Over the years, as I have moved from clinical to policy work, I've become increasingly convinced that waiting until kindergarten means getting off to a very late start.

In the last few decades, neuroscience has taught us three important lessons about early childhood. First, **early childhood matters**. In fact, the first three years of life are the most rapid period of brain growth in an individual's life—what I like to call *brain changing prime time*. Second, **experience matters**. We now know that the experiences of early childhood, including those in the womb, are key to shaping our brains. As Daniel Siegel notes, “Our experiences are what create the unique connections and mold the basic structure of each individual's brain.” Finally, **relationships matter**. The National Academy of Science concluded, “Each achievement—language and learning, social development,



the emergence of self-regulation—occurs in the context of close relationships with others.”

When we combine what we know about early childhood development with what we know about infant and early childhood mental health, the need is clear for public health professionals to address the social, emotional, and mental health needs of infants, toddlers, preschoolers, and their families. I've learned 3 critical lessons from infant and early childhood mental health research:

Things you can do to advance early childhood mental health within your practice, agency, and community

Recognize and acknowledge the importance of positive, healthy relationships between the child, the caregiver, and the provider. Support these relationships at every opportunity, and if necessary, seek further education for yourself on how to support early childhood relationships.

Support both infant and early childhood mental health and relationship building within families, between families and providers, and within organizations through education and training.

Advocate with policy makers to provide early childhood mental health services and family support services that are based upon age-appropriate mental health principles.

For help with learning how to talk about these issues with policy makers, review materials provided by the National Scientific Council on the Developing Child and join the policy network hosted by ZERO TO THREE.

1. Despite our society's deep desire for an idyllic early childhood, the reality is that some infants and young children have mental health problems.

Many were startled to discover that 1 out of every 10 preschool teachers surveyed in Washington State had expelled a 3- to 5-year-old child for behavior problems in 2005. We sometimes expect disruptive behaviors in preschoolers but may be reluctant to acknowledge that these behaviors can occur in even younger children. For example, a survey of child care programs in Illinois State found that 16% to 24% of infants and toddlers had significant social and emotional problems. And, 42% of programs reported they had asked families to withdraw their infants or toddlers because of unmanageable behaviors. Furthermore, both research studies and clinical work have identified infants as young as 4 to 6 months with severe symptoms of depression and traumatic stress responses.

2. Failure to address mental health concerns in early childhood costs society a great deal.

We know that social-emotional and mental health problems often start long before entry into school. A study done in Washington State found that 12% of juvenile offenders accounted for 40% of offenses that came to court; and these offenses were more likely to include violence. These

chronic juvenile offenders were characterized by a history of disrupted social-emotional development that began in early childhood.

3. We can address disruptions in early childhood relationships, social-emotional development, and mental health before they escalate into chronic problems.

- ◆ If we suspect a problem, we need to get an accurate assessment of a child's mental health status. Fortunately there is a relationship-oriented,

Infant and Early Childhood Mental Health Interventions and Services

In the mid-1970s, Selma Fraiberg introduced the model of **infant-parent psychotherapy** to the medical and psychological communities in her seminal article, *Ghosts in the Nursery*. **Child-parent/caregiver dyadic psychotherapy**—an expansion of infant-parent psychotherapy to all of early childhood—has proven effective in randomized trials with a variety of populations, including families involved with child protection services. To hear Alicia Lieberman discuss her development of this intervention, go to: www.nctsn.org/nccts/asset.do?video=true&id=911

Many programs are available that provide support for attachment relationships. These range from group support services for mothers of young children, such as Listening Mothers, to advanced clinical intervention services, such as Circle of Security.

Infant and early childhood mental health consultation is proving to be a successful strategy in a variety of environments, from child care to pediatric offices to child welfare. For information, check out:

- ◆ Substance Abuse and Mental Health Services Administration (SAMHSA) Early Childhood Mental Health Consultation and Training Guide for Early Childhood Community.
- ◆ Georgetown University's National Technical Assistance Center for Children's Mental Health.

Training materials available at NCAST-AVENUE have been specifically designed to cultivate relationship observation and support skills in nursing and other clinical care settings. These include Parent-Child Interaction (PCI) Feeding & Teaching Scales, the most widely used scales for measuring parent-child interaction today.

developmentally-appropriate diagnostic system designed specifically to evaluate the mental health and well-being of children younger than 5 years, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)*.

- ◆ We need to provide services that support all important relationships in a child's life, and infant and early childhood mental health. See side bar for details on interventions and services that can be used in a variety of settings.
- ◆ Most importantly, we must take advantage of changes in state policies and encourage further legislative interest in infant and early childhood mental health. State leaders and policy makers are listening! For example, Idaho State added an early childhood track to its annual mental health conference, organized regional children's mental health councils, and developed materials to increase awareness of children's mental health issues, including an award-winning Idaho Public Television special, *The Social Code: Guiding Eager Learners Birth to Five*.

As an early childhood policy specialist, I am deeply committed to engaging in system and policy change to advance infant mental health. I encourage you to join me in this effort. We know there is a need. We know we can make better choices. Doing so will not only improve the lives of today's very young children and their families, but also the quality of our society as a whole, both now and in the future. ◆

Sheri L. Hill, PhD, is an early childhood policy specialist, and consults on a variety of early childhood mental health issues as an infant mental health specialist. Currently, she is a 2007-2009 ZERO TO THREE Leader for the 21st Century Fellow. Dr. Hill was formerly faculty lead on policy for the University of Washington's Center on Infant Mental Health and Development, and assistant director of Washington Kids Count. Prior to moving into policy, she worked for over a decade as a speech language pathologist.



Email: hill@earlychildhoodpolicy.com
Telephone: 206-940-0892
Web site: www.earlychildhoodpolicy.com

References

- Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through preventive interventions. *Dev Psychopathol.* 2006;18(3):623-49.
- Collin R, Mascia J, Kendall R, Golden O, Schock L, Parlakian R. *Promoting mental health in child care settings: Caring for the whole child.* Washington, DC: ZERO TO THREE Press; 2003.
- Committee on Integrating the Science of Early Childhood Development, Youth and Families Board on Children. Shonkoff JP, Phillips DA, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, DC: National Academy Press; 2000.
- Conseur A, Rivara FP, Barnoski R, Emanuel I. Maternal and perinatal risk factors for later delinquency. *Pediatrics.* 1997;99(6):785-90.
- Fraiberg S, Adelson E, Shapiro V. Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. *J Am Acad Child Psych.* 1975;14:387-422.
- Gilliam W. *Prekindergartners left behind: Expulsion rates in state prekindergarten systems.* Yale University Child Study Center; 2005. Available at Foundation for Child Development: www.fcd-us.org/resources/resources_show.htm?doc_id=464280. Accessed December 17, 2007.
- Lieberman A, Van Horn P. *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence.* Washington, DC: ZERO TO THREE Press; 2005.
- Luby J. Depression. In: Zeanah C, ed. *Handbook of Infant Mental Health.* New York, NY: The Guilford Press; 2000:382-397.
- Siegel DJ, Hartzell M. *Parenting From the Inside Out.* New York, NY: Jeremy P. Tarcher/Putnam; 2003.
- ZERO TO THREE: National Center for Infants, Toddlers, and Families. *Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood, Revised (DC:0-3R).* Washington, DC: ZERO TO THREE Press; 2005.

Keys to Postpartum Depression



Check out *Keys to Postpartum Depression*, a free, web-based training program for nurses, social workers, mental health providers, and other health professionals.

This training program was developed by Kathryn E. Barnard, RN, PhD, and Rebecca Kang, PhD, in cooperation with the First Steps at Stepping Up Washington.

<http://steppingup.washington.edu/keys/default.htm>

Articulating a public health approach to mental health

Craig McLaughlin

Imagine that our health care system only treated people after they had heart attacks and did nothing to prevent them from occurring in the first place—no blood pressure or cholesterol screening, no promotion of exercise or healthy diets, no prescriptions for anticoagulants. Fortunately, when it comes to heart health, our medical care and public health systems work together to practice prevention, which can encompass education, health promotion, prevention of risk factors, screening, early detection and treatment, and reducing disability and preventing recurrence.

Many argue that our government-funded and largely state-run mental health systems are like that imaginary health care system in that they treat people with mental health disorders but do not do enough to prevent those disorders from occurring. In truth, many programs promote mental health even if they do not see themselves as part of a mental health system. In Washington State, for example, programs and program support are provided by a host of state agencies, and several agencies provide services tailored to community needs. But the framework for a prevention-oriented approach to mental health is incomplete and fragmented.

There have been substantial advances in our knowledge of mental disorders. Scientific studies have documented successful prevention efforts in areas such as dysthymia, major depression, and conduct disorder. In addition, research has improved our knowledge about biological and environmental factors related to mental disorders, including serious illnesses such as schizophrenia.

Our growing understanding of mental disorders has led to calls for the development and implementation of a public health approach to mental health. A 2004 National Association of State Mental Health Program Directors position statement emphasized “the necessity of using public health promotion and prevention practices in the development and delivery of the services provided by a public mental health system to increase positive functioning and resilience and decrease the risk of developing mental illness and facilitate recovery.”

Public health entities like the National Association of County & City Health Officials and the Centers for Disease Control and Prevention have also become interested in ways a public health approach can address mental health issues.

Federal efforts to transform state mental health systems have likewise identified the need to emphasize prevention. The

US Substance Abuse and Mental Health Services Administration awarded Mental Health Transformation Incentive Grants to 9 states. Those grants specify that early detection and prevention will be an explicit priority, but many grantees have had difficulty articulating clear strategies for meeting that part of their mandates. One exception, however, is Washington State, the only transformation grant recipient in the Pacific Northwest. An administration review of the state's Comprehensive Mental Health Plan made special note of the chapter on prevention.

The Mental Health Transformation Prevention Advisory Group developed a unique, multistage strategy to stimulate statewide policy discussions that resulted in the report, *Mental Health—A Public Health Approach*, and will culminate with a May 13, 2008 policy summit. The ultimate goal is to develop a system that, as defined by the advisory group, “promotes mental health, intervenes early to address emerging mental health problems, and reduces the devastating impact of mental illness.”

For more information about Washington State's Mental Health Transformation Project, go to www.mhtransformation.wa.gov/index.shtml. ♦

Craig McLaughlin, MJ, is executive director of the Washington State Board of Health and co-author of “Health Policy Analysis: An Interdisciplinary Approach” (Jones and Bartlett, 2008). He earned his Bachelor of Arts in biology from Wesleyan University and his Masters in Journalism from the University of California at Berkeley.

Telephone: 360-236-4106

E-mail: craig.mclaughlin@doh.wa.gov

References

- Centers for Disease Control and Prevention. The Role of Public Health in Mental Health Promotion. *MMWR Morb Mortal Wkly Rep.* 2005; 54:841-842.
- Institute of Medicine. *Reducing Risks for Mental Disorders Mental Disorders: Frontiers for Preventive Intervention Research.* Washington, D.C.: National Academies Press; 1994.
- Mental Health: Report of the Surgeon General.* Rockville, MD: Public Health Service; 1999.
- National Association of County & City Health Officials. Supporting Collaboration between Mental Health and Public Health. *Issue Brief.* 2005; 1(1).
- National Association of State Mental Health Program Directors. Position Statement on the Integration of Public Health Promotion and Prevention Strategies in Public Mental Health. Available at www.nasmhpd.org/general_files/position_statement/Integration%20of%20Public%20Health%20&%20Public%20MH.pdf. Accessed November 7, 2007.
- New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

Sound and Touch: Early Hearing Screening Important for Infant Mental Health

Debra Lochner Doyle

The time shortly after birth is recognized as a period where bonding occurs between parents and the infant: sound and touch are starting points for this bond. But imagine the effect on this bond when an infant cannot hear his parents' voices because of congenital hearing loss.



National recommendations set forth by the Joint Committee on Infant Hearing in 2000 are (1) all newborns be screened for hearing loss before 1 month of age, preferably before hospital discharge, (2) all infants who screen positive have a diagnostic audiologic evaluation before 3 months of age, and (3) all infants identified with a hearing loss receive appropriate early intervention services before 6 months of age.

According to national estimates, 1 to 3 out of every 1,000 infants are born deaf or hard of hearing. Based on these estimates and Washington State's annual birth rate, it's expected that between 80 and 240 infants will be born with hearing loss in this state. Studies show that early identification of hearing loss and enrollment into intervention services by 6 months of age supports age-appropriate language and cognitive development. Without newborn hearing screening, the average age when hearing loss is identified is between 12 to 25 months of age—beyond the optimal treatment time.

Physical problems, such as hearing or vision loss, may be the source of behavior problems. This highlights the need for all children undergoing mental health assessments to be screened for physical problems. ♦

Debra Lochner Doyle, MS, CGC, is the State Genetics Coordinator for Washington State. She is a founding member on the Economics of Genetic Services Committee of the American College of Medical Genetics, and a past president of the National Society of Genetic Counselors.

Telephone: 253-395-6742

Email: debra.lochnerdoyle@doh.wa.gov

State Reports

Alaska Report



Prevalence of Attention-Deficit/Hyperactivity Disorder in Young Medicaid Recipients

Yvonne Wu Goldsmith

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurobehavioral disorder with symptoms that include an inability to focus and maintain attention, hyperactivity, and impulsivity. These behaviors, in turn, can decrease school performance. In order to estimate the prevalence of ADHD in Alaskan children, the Maternal and Child Health Epidemiology Unit of the Alaska Department of Health and Social Services examined ADHD-related services and pharmacy claims for children aged 4 to 19 years enrolled in Medicaid between January 1, 2002 and December 31, 2005. An ADHD case was defined as an approved claim for International Classification of Diseases, 9th Revision, (ICD-9) codes 314.x and a claim for an ADHD-associated medication in the same calendar year.

An analysis of the data revealed that children aged 9 to 12 years had the highest prevalence, followed by those aged 13 to 17 years (Table).

The prevalence of ADHD in Medicaid-enrolled children living in Alaska was approximately the same as the 2003 national average in children aged 4 to 17 years. The prevalence of ADHD in Alaska has remained static in the youngest children but increased in other age groups, including a 125% increase in children aged 18 to 19 years. Rural Alaska Native children and, to a lesser extent, rural children in general, had a low prevalence of ADHD. Nationwide, low prevalences of ADHD diagnosis and treatment are associated with low maternal education, non-white race, and speaking a primary language in the home other than English (0.3% compared to 4.9% for English). These findings may reflect true differences in ADHD prevalence, or over- or under-diagnosis and treatment in some groups.

The next step in this research project is to examine risk factors associated with ADHD by analyzing birth certificate data and maternal health during the prenatal period. The

Prevalence of Attention Deficit Hyperactivity Disorder in Medicaid-Enrolled Children in Alaska and the United States (US).

Age	2002	2003	2004	2005	US 2003
————— % —————					
4-8	2.9	2.0	3.1	3.1	2.6
9-12	5.5	6.0	6.1	6.2	6.2
13-17*	3.0	3.5	3.7	3.8	4.6
18-19*	0.8	1.2	1.6	1.8	**
Overall	3.6	3.9	4.1	4.1	4.3
*Chi-square for linear trend $p < 0.05$.					
**No data reported for this age group.					

etiology of ADHD is poorly understood. Studies suggest that ADHD has an important genetic component. Environmental risk factors suspected to be associated with ADHD include maternal smoking during pregnancy, maternal alcohol use during pregnancy, low birthweight, and preterm birth. However, findings are inconsistent. By examining mothers' Medicaid service claims made during pregnancy, we may be able to uncover perinatal conditions associated with ADHD. If so, recommendations can be developed to improve prenatal care.

Resources to help health care providers familiarize themselves with current ADHD diagnostic criteria and treatment recommendations are included on page 13. ♦

Yvonne Goldsmith, MS, tracks health indicators and engages in research on maternal, child, and family health for the Alaska Department of Health and Social Services, Division of Public Health. She also serves on the editorial board of the Northwest Bulletin.

Telephone: 907-269-0344

E-mail: Yvonne_goldsmith@health.state.ak.us

References

- American Academy of Pediatrics. Clinical practice guideline: Diagnosis and evaluation of the child with Attention-Deficit/Hyperactivity Disorder. *Pediatrics*. 2000;105:1158.
- Centers for Disease Control and Prevention. Prevalence of diagnosis and medication treatment for Attention-Deficit/Hyperactivity Disorder—United States, 2003. *MMWR*. 2005;54:842-847.
- Hechtman L. Families of children with Attention-Deficit/Hyperactivity Disorder: A review. *Can J Psychiatry*. 1996;41:350-60.

Idaho Report



Infant and Early Childhood Mental Health Promotion in Idaho State

Mental health problems—but they're just babies!

Carolyn F. Kiefer

Current research on the impact of stress and trauma on infant development and attachment, and the effects of maternal depression on very young children, is expanding our understanding of early childhood mental health and emotional development.

Idaho Infant and Early Childhood Mental Health System of Care

A System of Care grant from the US Substance Abuse and Mental Health Services Administration provided the framework to create the Idaho Infant and Early Childhood Mental Health System of Care Plan in 2002. The system of care

works through child service agencies, local children's mental health councils, and a range of public and private partners to provide young children with serious emotional disturbances and their families community-based treatment plans. The program emphasizes promotion, prevention, and early intervention and treatment. The program's challenge is to provide support and services in a rural, underserved state.



Expanding Early Childhood Mental Health Plans

The Idaho Department of Health and Welfare's Infant Toddler Program (Part C) led the Early Childhood Coordinating Council, Head Start State Collaboration Office, Children's Mental Health Services, and university and community partners, in integrating consistent mental health goals and capacity building into early childhood plans. The goals were developed by a group of Idaho State professionals with expertise in child development, systems planning, and professional development.

Successful early childhood projects by the Idaho team include:

- ◆ An award-winning Idaho Public Television production, *The Social Code: Guiding Eager Learners Birth to Five*. The production features Idaho families and programs, and national experts on the importance of brain development, early intervention, and relationships in healthy development.
- ◆ Development and distribution of *Secure Beginnings*, a booklet for professionals, and *Sound Familiar?*, a bi-lingual bookmark for parents. The successes of these publications led to a template available to other states and programs.

Below is a list of regional and Idaho State early intervention and treatment conferences held in the past 4 years:

- ◆ Three regional infant toddler/Early Head Start mental health conferences were held in 2004-2005.
- ◆ Mental health sessions included in statewide Early Years Conferences in 2004, 2006, and 2008.
- ◆ *Positive Beginnings* training provided to teachers and early interventionists working with children with difficult behaviors in 2005.
- ◆ *Infant and Toddler Social and Emotional Development*, a 1-credit, on-line course offered as in-service training in 2005-2006 for child protection and foster care staff working in child care, Early Head Start, and the Idaho State Department of Health and Welfare. The course was developed at Boise State University in Boise.
- ◆ Two Devereux Early Childhood Assessment trainings (including clinical modules) offered in 2007.
- ◆ In 2007, Boise State University organized a 3-day infant mental health symposium on *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)*. The symposium increased the skills of practitioners who treat very young children.◆

Carolyn F. Kiefer, MS, is the Idaho Head Start Collaboration Director, Idaho Department of Health and Welfare. She is a long-time advocate for the healthy development of young children and families.

Telephone; 208-334-4919

E-mail: Kieferc@dhw.idaho.gov



Level of Need Determinations Improve Access to Care

Marion R David

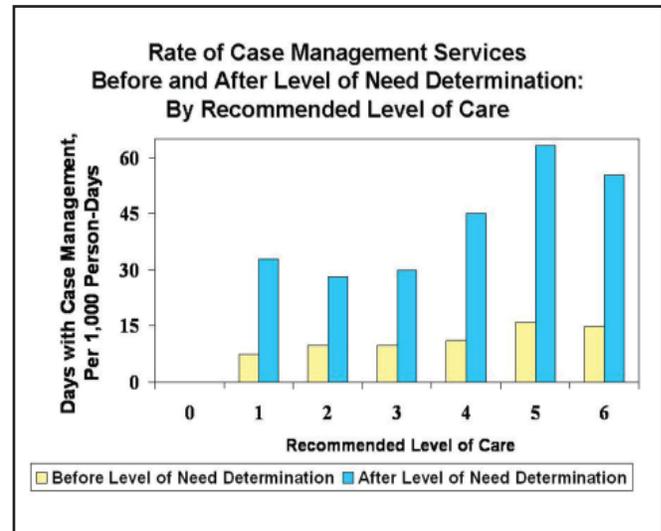
In 2003, Oregon's Legislative Assembly directed the Oregon Department of Human Services to increase the availability and quality of intensive, individualized, and culturally competent home- and community-based services for children with mental health needs so that these children could be effectively served in the most natural, least restrictive environments possible. The Addictions and Mental Health Division of the Oregon Department of Human Services responded to this legislative mandate by working with state managed-care organizations, community and residential service providers, family members, and other stakeholders to develop an administratively and financially integrated children's mental health service system, which was implemented in October of 2005.

As part of this initiative to improve availability and quality of children's mental health services, mental health providers contracting with the State of Oregon now follow a set of standard procedures for assessing children suspected or known to have high mental health needs.

Prior to considering a child for high intensity mental health services (services in the Intensive Services Array), mental health providers must assess his or her clinical severity and service needs using the Child and Adolescent Service Intensity Instrument (CASII). The CASII, developed by the American Academy of Child and Adolescent Psychiatry, is a standardized, validated assessment tool that rates a child's clinical severity and service needs using 6 standardized dimensions. The combined scores, along with other pertinent clinical and risk factor data, are used to create a Level of Care recommendation.

As of March 2007, almost 1,300 children were seen by their mental health providers for comprehensive Level of Need (LoN) determinations that included CASII assessments. CASII data for these children were then linked with mental health and Medicaid service data. These linked data were used to examine any changes in type and frequency of services provided before and after LoN determinations.

The data indicate all children, regardless of the Level of Care recommended, were more likely to receive outpatient services after LoN determinations than they were before evaluations. For example, the use of case management services among high-need children and their families dramatically increased following LoN determinations (table). This increase was most dramatic for non-traditional services, such as wraparound and respite care. In addition, these children also accessed more residential care and day treatment than they did prior to LoN determinations.



Further work will examine the clinical outcomes for these children and their families. Meanwhile, these preliminary findings indicate that the required LoN determination has improved the state's ability to target and provide mental health services to children under its care. ♦

Marion R. David, PhD, is with the Program Analysis and Evaluation Unit, Addictions and Mental Health Division, Oregon Department of Human Services.

Phone: (503) 945-6193

E-mail: Marion.David@state.or.us

Acknowledgements:

Kathleen Burns, MS, Jon C. Collins, PhD, and Bill Bouska, MPA, of the Addiction and Mental Health Division, Oregon Department of Human Services, contributed to this article.

Washington Report



Promoting a Public Health Approach to Mental Health

Tory Clarke Henderson

The Washington State Department of Health (DOH), Office of Maternal and Child Health promotes a public health approach to mental health that involves a continuum of strategies from promotion and prevention to early intervention and treatment.

An Maternal and Child Health Priority Issue Brief , *Optimal Mental Health and Healthy Relationships*, describing statewide goals and activities, is available online at www.doh.wa.gov/cfh/mch/documents/MCHP3.pdf. The March 2006 report, “*Children’s Mental Health in Washington State: A Public Health Perspective Needs Assessment*, is being updated.

The Office of Maternal and Child Health promotes the mental health of young children and their families through the implementation of the Early Childhood Systems Grant and support of child care health consultants.

In Washington State, the Early Childhood Systems Grant is part of Kids Matter, a partnership between DOH and two other statewide early childhood planning efforts: the Governor’s Head Start–State Collaboration Office in the Department of Early Learning, and the Build Initiative, a multi-state partnership promoting health, safety, and learning in young children.

Child Care Health Care Consultants

Through funding from the Department of Early Learning, the DOH supports a statewide network of child care health consultants who consult with and train child care providers caring for infants and toddlers. Consultants receive Bright Futures Mental Health materials and training in Promoting First Relationships, a prevention program promoting children’s social-emotional development through responsive, nurturing caregiver-child relationships.

Foster Parents

The Office of Maternal and Child Health also contributes to several interagency efforts on mental health. In 2006, the office received a federal grant to work with the Department of Social and Health Services Children’s Administration and

the University of Washington, Seattle, to develop a training curriculum for foster parents based on Bright Futures Mental Health materials.

Mental Health Transformation Grant

In 2005, Washington State received a federal Mental Health Transformation Grant. Led by the governor, state agencies providing mental health services, along with consumers, health care providers, and other stakeholders, are working together to transform the state’s mental health system. Part of the DOH’s participation in the grant includes membership in the Mental Health Transformation Prevention Advisory Group.

The report, *Mental Health—A Public Health Report*, written by the State Board of Health with input from the advisory group and stakeholders, will inform recommendations for the prevention and early intervention components of the Children’s Mental Health Bill passed by the Legislature in 2007 (Second Substitute House Bill 1088). (See related article by Craig McLaughlin.)

Our intent is to create an effective children’s mental health system (primarily for those eligible for Medicaid) by 2012. ♦

Tory Clarke Henderson is a child and adolescent health consultant with the Child and Adolescent Health Section, Office of Maternal and Child Health, Washington State Department of Health. She provides technical assistance and coordination for the Washington State Department of Health’s participation in the Washington State Mental Health Transformation Project, including participating on the Mental Health Transformation Prevention Advisory Group.

Telephone: 360-236-3522

E-mail: Tory.henderson@doh.wa.gov

**The Northwest Bulletin is
published online at**

<http://depts.washington.edu/nwbfch>

Visit the Web site and read
previous issues.

Sign up to be notified by e-mail when a new
issue becomes available.

Resources

American Academy of Child & Adolescent Psychiatry
Understanding Childhood Mental Illnesses

www.aacap.org/

The American Academy of Pediatrics
Caring for Children with ADHD: A Resource Tool Kit
for Clinicians

www.aap.org/pubserv/adhdtoolkit/

Bright Futures in Practice: Mental Health
Practice Guide and Tool Kit

www.brightfutures.org/mentalhealth/pdf/tools.html

Center for Effective Collaboration and Practice

<http://cecp.air.org/center.asp>

Child Profile

www.childprofile.org/

Children's Hospital and Regional Medical Center
The Center for Children with Special Needs
Child and Adolescent Depression and Anxiety Tool Kit

www.cshcn.org/resources/mentalhealthtoolkit.cfm

Foundation for Early Learning

www.earlylearning.org/

Massachusetts General Hospital, School Psychiatry Pro-
gram, MADI Resource Center
Checklists for Preliminary Mental Health Screen

www.massgeneral.org/schoolpsychiatry/checklists_table.asp

Maternal and Child Health Library
Knowledge Path: Healthy Social and Emotional Develop-
ment in Children and Adolescents

www.mchlibrary.info/KnowledgePaths/kp_Mental_Healthy.html

MedlinePlus

Child Mental Health

www.nlm.nih.gov/medlineplus/childmentalhealth.html

Mental Health America

Children's Mental Health: Resource List

www.nmha.org/go/children

Mental Health America

What Every Child Needs for Good Mental Health

www.nmha.org/go/information/get-info/children-s-mental-health/what-every-child-needs-for-good-mental-health

National Child Traumatic Stress Network

www.nctsn.org/nccts/nav.do?pid=hom_main

National Institute for Health Care Management Foundation
Children's Mental Health: An Overview and Key Consid-
erations for Health System Stakeholders

www.nihcm.org/CMHReport-FINAL.pdf

National Institute of Mental Health
Child and Adolescent Mental Health

www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml

The National Resource Center on ADHD

www.help4adhd.org/

ParentHelp123

www.parenthelp123.org/

Parent Trust for Washington Children

www.parenttrust.org/

Peth-Pierce, R. *A Good Beginning: Sending America's Chil-
dren to School with the Social and Emotional Competence
They Need to Succeed*. Bethesda, MD: Child Mental Health
Foundations and Agencies Network (FAN); 2000.

SAMHSA's National Mental Health Information Center
Child and Adolescent Mental Health

<http://mentalhealth.samhsa.gov/child/ChildHealth.asp>

SAMHSA's National Mental Health Information Center
Mental Health Topics: Children and Families

<http://mentalhealth.samhsa.gov/topics/explore/children/>

Thrive by Five: The Washington Early Learning Fund

<http://thrivebyfivewa.org/>

The US Centers for Disease Control and Prevention
Attention-Deficit / Hyperactivity Disorder (ADHD)

www.cdc.gov/ncbddd/adhd/

WithinReach

www.withinreachwa.org/

ZERO TO THREE

Early Childhood Mental Health

www.zerotothree.org/site/PageServer?pagename=key_mental

ZERO TO THREE

School Readiness Interactive Tool Kit

www.zerotothree.org/site/PageServer?pagename=ter_par_sri