Promoting Children’s Emotional and Behavioral Health
The social and emotional health of children and adolescents—how they experience and express feelings, interact with others, build and sustain positive relationships, and manage challenging situations—is an intrinsic part of their overall health and well-being. Children who are emotionally healthy are more likely to enter school ready to learn, succeed in school, be physically healthy, and lead productive lives. In contrast, children with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and poor health and social outcomes overall.

Nearly one in 10, or as many as 6 million children and adolescents, suffers from a diagnosable mental disorder that severely disrupts their daily functioning at home, in school, or in the community. In any given year less than 20 percent of these children and adolescents receive mental health services. Even greater proportions of children struggle from time to time with their emotions, or getting along with others, although these struggles may not develop into a diagnosable mental disorder. Some studies suggest that many early behavior problems in young children may take different developmental paths, some leading to problems later in childhood or adulthood and some not. Yet, few children have access to resources and supports that help promote development of the social and emotional skills that every child needs throughout life, or prevent emotional and behavioral problems before they start.

Many children are surrounded by complex social and environmental conditions that, depending on how they are managed and addressed, can either help or hinder their social and emotional development. Certain factors can predispose a child to mental health problems. Poverty, low birth weight, parental depression, and exposure to trauma (e.g., violence, abuse and neglect) are some of the risk factors for mental health issues. For instance, infants and young children with depressed mothers can experience a range of problems including lower activity levels, fussiness, problems with social interactions, and difficulty achieving age-appropriate developmental and cognitive milestones. Children exposed to trauma can experience learning difficulties, chronic health problems, behavior problems, and poor social and emotional competence. In fact, early exposure to traumatic events has been shown to negatively affect the developing brain.

On the other hand, supportive early relationships with responsive caregivers, quality early learning experiences, and ongoing promotion of social and emotional health are essential building blocks for the optimal development of cognitive skills, emotional well-being, social competence, and physical and mental health. The quality of relationships between the child and caregiver is of paramount importance to mental health across the life span. Quality early care and education experiences have been shown to have lasting benefits for children and youth, particularly low-income children.
If more schools, child care centers and doctor’s offices placed a greater emphasis on promoting children’s social and emotional health, collectively these changes could help contribute to a culture shift in how these and other child-serving settings enhance the health of children. A culture shift requires a more global approach to caregiving. Promoting children’s emotional and behavioral health can be carried out on a societal level and a community level, as well as with the individual. Public health approaches allow for change at all of these levels.

The Need for a Public Health Approach and the Critical Role of Promotion

Childhood is a critical time for promoting optimal social and emotional development. During this time, prevention and health promotion interventions show great promise for establishing critical foundations to lifelong health and well-being. Between birth and the age of three is a critical time period in child development; however, claims that the window of development closes after the age of three are completely unfounded. Promotion efforts need to take a lifespan approach, starting before birth (prenatally) and continuing through adolescence into adulthood.

Promotion and prevention efforts emphasize the creation of opportunities to help children develop social and emotional skills that they will need throughout their lives. They are also important to help address problems before they become severe. Many adult mental health problems have their origins in childhood, some of which can be prevented or diminished if addressed early. Even in the case of mental health issues that are not fully preventable (e.g., schizophrenia), evidence suggests that early intervention can help minimize the expression of the disorder. Half of all diagnosable cases of mental illness begin before age 14 with long delays between the onset of symptoms and when individuals seek and receive treatment. Untreated mental disorders in childhood can lead to more severe and more difficult-to-treat mental illness and to the development of significant comorbidities.

Mental health problems and disorders in children and adolescents are a nationwide crisis. Like any health crisis, they require a public health approach to solve rather than a traditional “medical model.” A public health approach to mental health encompasses a focus on epidemiological surveillance, health promotion, disease prevention, and access to services. In other words, this approach involves comprehensive, integrated efforts that promote children’s optimal social and emotional development, prevent the onset of mental health problems, intervene early when problems arise, and create linkages to comprehensive treatment services.

“The underlying premise of the public health model is the conviction that it is inherently better to promote health and to prevent illness before an illness begins. This same premise is the foundation of ongoing national public health efforts to prevent obesity in children rather than deal later with the associated and costly health risks of the disease. A child’s risk of obesity, as well as of mental health problems, can be diminished by addressing malleable risk and protective factors in the child’s environment.”

Public health approaches to addressing children’s social and emotional well-being are gaining momentum nationally and internationally. Recognizing that multiple factors affect children’s optimal social and emotional development, providers, educators, policymakers and others are improving policies, community conditions, school environments, screening practices, and child care teaching strategies, to name a few, to enhance children’s social and emotional development.

**Early and Sustained Investments Reduce Costs**

Childhood experiences matter and can be affected by early and sustained investments that promote children’s optimal social and emotional development, building protective factors in children that can last a lifetime. Promotion, prevention, and early intervention programs have been shown to be beneficial and cost-effective because they lower the cost of later investments. These efforts can improve school readiness, health status, and academic achievement and reduce the need for grade retention, special education services, and welfare dependence.

Additionally, cognitive, social and emotional competencies affect adult productivity and are affected by early life experiences. The quality of the early childhood environment is a strong predictor of adult productivity and early enrichment for disadvantaged children has been shown to increase the likelihood of later economic success. Model programs for young low-income children can produce benefit-cost ratios as high as 17 to 1. While the research demonstrates clear benefits for low-income children, such programs can improve outcomes for all children and their families.

In spite of the promise of intervening early, promotion and prevention initiatives for children’s emotional and behavioral health have received relatively little attention by way of federal, state, and community focus and investments. This is in large part due to historical lack of full funding for mental health treatment, particularly for children and adolescents, which pits promotion efforts against treatment. Other factors include

- historically fragmented mental health service delivery systems that operate in “silos” and typically do not focus on promotion and prevention;
- lack of family and caregiver knowledge about the importance of children’s social and emotional development;
- lack of availability of providers adequately trained to promote and address the mental health needs of children;
- mental health stigma; and
- lack of parity of coverage between physical and mental health services.

**Families are Critical Partners in Promoting Child Development**

Many parents and caregivers understand the role they play in their child’s development but admit a lack of knowledge and information about how to support their child in this area. In a national benchmark survey of adults that included parents of young children under age six, many respondents were well-informed about key areas of child development. However, significant gaps in knowledge were evident, demonstrating a tremendous need for parent education on child development. For instance, respondents did not understand when children begin to “take in” and “react” to their world, were confused about when young babies begin to sense and be
affected by the mood of others, and believed that a baby six months old or younger has no long-term memory and therefore will not suffer any long-term effects from witnessing violence.  

Families depend on health and mental health providers and others for guidance, information and expertise regarding child health and development, child rearing, and mental health treatment. Many providers, however, are inadequately prepared to address these needs. In a national survey, many parents (79 percent) felt they could use more information about the basics of child development from their primary care provider in at least one of six areas of parenting: newborn care, sleep patterns, how to respond to a crying baby, toilet training, discipline, and encouraging their child to learn. While parents are looking for brief advice about child development from primary care providers, parents also look to primary care providers (e.g., pediatricians, family physicians) to treat their child’s mental health issues. Yet, some studies indicate that these providers often misdiagnose mental health problems in children, under dose and under monitor drug treatment, and rarely provide psychosocial treatment as an adjunct to pharmacological treatment.

Evidence-based Promotion and Prevention Interventions Show Promise

Society and the health and mental health sectors have historically struggled with how to address mental health problems. Fortunately, evidence-based interventions now exist for promoting children’s emotional and behavioral health, and preventing, diminishing and treating mental health problems in children and adults. States and communities are using a range of evidence-based practices to promote children’s optimal social and emotional health. These practices include the following:

- **Education and family support programs** for families and caregivers that are designed to enhance their knowledge, understanding, skills, and ability to promote their child’s optimal social and emotional development.

- **Nurse home visiting programs** that provide new families with infants and young children with education and supports to improve child health and well-being.

- **Children’s mental health consultation** by early childhood specialists, mental health clinicians, and other related providers to key child-serving systems (e.g., child care, primary care, mental health, public health) to enhance system capacity to promote children’s social and emotional development, and to address children’s mental health needs.

- **Early intervention in key child-serving systems** (e.g., primary care providers, child care centers) to identify children who may be at-risk for developmental delays or mental health problems, conduct mental health assessments for children who may have mental health needs, and make referrals for treatment, when warranted.

- **School-based interventions** that provide educators and other school staff with the tools (e.g., curriculum) to teach and support children and youth in building self control, social competence, positive peer relations, and interpersonal problem-solving skills.
Key Characteristics of Evidence-Based Promotion and Prevention Programs

Evidence-based promotion and prevention programs strengthen parenting and build child resilience. They include the following characteristics:

1. Use a research-based risk and protective factor framework that involves families, peers, schools, and communities as partners to target multiple outcomes.

2. Are long-term, age-specific, and culturally appropriate.

3. Foster development of individuals who are healthy and fully engaged through teaching them to apply social-emotional skills and ethical values in daily life.

4. Establish policies, institutional practices, and environmental supports that promote optimal development.

5. Select, train, and support skilled staff to implement programming effectively.

6. Tailor programs to meet local community needs through strategic planning, ongoing evaluation, and continuous improvement.

Promoting Children’s Emotional and Behavioral Development in Delaware: Time for Action

Many state and local leaders in Delaware recognize the importance of promoting children’s social and emotional development and consequently are advancing initiatives to affect change in key child-serving systems including education, child care, and primary care. These initiatives range from enhancements to quality standards in child care to changes in how primary care is practiced to greater implementation of school-wide systems to prevent problem behaviors and promote positive environments. New state policy directives and initiatives in Delaware provide an important opportunity for making comprehensive systems changes with the potential to promote health and reach children in a variety of settings. Partnerships between state agencies, foundations, advocacy groups, community organizations, providers, families, and others are essential to the development of this system.

There is no single public or private system that has as its sole responsibility the promotion of children’s social and emotional development or even the treatment of children’s mental health problems. Promotion of children’s social and emotional health needs to engage the myriad public and private systems that serve children and their families in Delaware to increase the potential for children to develop strong social and emotional skills. These systems include: primary care, mental health, child care, education, public health, and social services. True system reform requires a comprehensive, multi-faceted strategy that involves the key public and private systems that serve children and their families to create cultural changes that positively affect the environments where children live, learn, and grow.

The Nemours Health and Prevention Services Emotional and Behavioral Health Initiative

Building on evidence-based and effective practice, Nemours Health and Prevention Services (NHPS) seeks to stimulate change using a multi-faceted and multi-level Emotional and Behavioral Health (EBH) initiative. Through the EBH initiative, NHPS wants to make policy and system changes that position families, child care centers, pediatric practices, and other child-serving groups in Delaware to use health promotion and prevention strategies that reduce risks for mental health problems and enhance the resilience of children.

NHPS envisions an integrated child health system at the state and community level that actively promotes the social and emotional health of Delaware children and better responds to their mental health needs. As a result, providers, educators, families, and others who come into regular contact with children would be better able to

- actively promote children’s social and emotional health;
- help prevent children from experiencing mental health problems;
- seek opportunities to promote and address children’s social and emotional health along a continuum of promotion, prevention, early intervention, and linkages to treatment,
- intervene early when problems arise; and
- refer children and their families for mental health programs, services, and supports when warranted.

While all aspects of this new system need focus and investment, Nemours Health and Prevention Services (NHPS) seeks to build and expand promotion and prevention efforts to create supportive environments that benefit all children, with an initial focus on young children from birth to age five and their families, with potential in the
future to address middle childhood ages of nine to 15. By investing in promotion and prevention strategies, NHPS can be a catalyst for transformation in the current system that shifts the focus from disease and symptom-specific approaches to promoting optimal social and emotional health for all children. Promoting and fostering protective factors and resilience in children and their families is a core foundation of the NHPS conceptual approach—a goal where all the children in a community, a classroom, a doctor’s office, or a child care center are beneficiaries of these efforts, not simply one child or one family at a time.

Efforts to promote children’s social and emotional health can help foster an overall integrated system of care for children, strengthen mental health treatment services, and improve child health outcomes. They can do so through a range of strategies including: education of families about the importance of social and emotional development and the early signs of problems, better linkages between primary care and mental health systems for children who need more help, and attention to the need for investments in the full continuum of public health services and strategies to address this issue. At the clinical level, promotion efforts can help reduce referrals for children in crisis and increase efficiencies for the health care system through better coordination.

NHPS strategies focus on statewide policy action, systems building, and implementation and enhancement of evidence-based programs. To advance these strategies, NHPS is building and enhancing its partnerships with key state leaders at the gubernatorial, agency, and advocate level.

The policy and systems building strategies that will form the basis of a NHPS policy and practice change agenda include the following:

- Increase, maximize, and leverage state and local public and private resources in order to support and expand evidence-based practices and policies in children’s social and emotional health at the state and community level.

- Advance promotion and prevention initiatives that enhance the capabilities of key child-serving systems (e.g., child care, primary care, education) to promote children’s social and emotional health.

- Build and enhance initiatives that engage, educate, and support families in promoting their child’s optimal social and emotional health.

- Establish quality improvement initiatives regarding children’s social and emotional health, including standards of practice for health care providers, early childhood professionals, and educators.
Conclusion

Children’s social and emotional development is essential to their overall health and well-being. Promotion of children’s optimal development requires a public health approach involving a comprehensive system of promotion, prevention, early intervention, and access to treatment. Evidence-based promotion and prevention efforts can help promote children’s optimal social and emotional development, build resilience in children to reduce the impact of mental health stressors, and reduce the need for intensive mental health treatment services.

Public and private systems play an integral role in transforming the current child-serving system to be more promotion and prevention oriented, looking toward a future where Delaware’s communities also share responsibility for creating healthy social and emotional environments for children. Heightened interest in the social and emotional health of children presents a unique and timely opportunity for state leaders in the public and private sectors in Delaware to partner in building an integrated system of child health care. Partnerships between state agencies, foundations, advocacy groups, community organizations, providers, and families are essential to the development of new systems and communities that promote child health.
Core Objectives of the NHPS Emotional and Behavioral Health Initiative

State and Community Level Infrastructure for Promotion of Emotional and Behavioral Health
1. Build and strengthen partnerships with key child-serving agencies (e.g., health, public health, mental health, social services) at the state level to collectively advance comprehensive services, programs, and supports for children's social and emotional health that strategically integrates public health, health promotion, and prevention approaches.
2. Joint development of a state plan outlining key recommendations for promoting children’s social and emotional health along the continuum from prevention to treatment.
3. Work within existing and emerging partnerships to advance new and existing programs (e.g., Early Success).

Community Engagement
1. Strengthen and/or expand community partnerships in support of children’s social and emotional health.

Public Education and Awareness
1. Raise public awareness about developmentally-appropriate milestones and expectations for emotional and behavioral health in young children.
2. Generate public support for comprehensive child development promotion approaches that include child health (Emotional and Behavioral Health; Healthy Eating and Physical Activity).
4. Raise awareness of strategies to help families/parents, child care, and primary care providers connect with resources to both promote emotional and behavioral health and to access available supports.

Family Involvement, Education, and Support
1. Improve family access to relevant and useful information and support services for promoting children’s emotional and behavioral health and development.
2. Increase availability and access to high quality parent education focused on skill development and behavior change.

Child-Serving Systems
1. Increase the availability of mental health consultation supports in child care settings that assist in promoting social and emotional needs of children and youth.
2. Enhance the professional practice capacities of educators and staff in child care centers to promote children’s emotional and behavioral health and development.
3. Reduce the practice of expulsion in early childhood settings due to behavior.
4. Improve environments, policies, and practices in child-serving settings (e.g., child care, primary care) that promote children’s social and emotional development.
5. Enhance early and periodic development, emotional and behavioral health, and school readiness screening for all children.
6. Enhance linkages between the mental health, early care and education, primary care, and education sectors.

Financing
1. Improve Medicaid reimbursement for activities that promote children's social and emotional development.
2. Increase and maximize public and private financing of health promotion activities in a variety of settings.

Quality Systems
1. Develop primary care practice standards that provide guidance to parents related to children’s social and emotional development, identify and manage children at risk of moderate to severe problems, and connect children to community services.
2. Develop policies and standards for early care and education settings, such as behavior management plans, curricula, and teacher competencies.
3. Promote quality in child care settings through increased salaries for teachers and increased subsidies for children from families with low income.
4. Increase the quality of care in early care and education systems.

Endnotes


3 Ibid

4 Ibid


18 Ibid

19 Ibid

20 Ibid


22 Mental health parity refers to insurance coverage for mental health services that is comparable to coverage for physical illnesses. The Paul Wellstone Mental Health and Addiction Equity Act of 2007, a federal mental health parity bill, passed the House in March 2008 and the Senate in September 2008.


24 Ibid

