

# The Crisis in Children's Mental Health: What About the Babies?

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**T**he American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children's Hospital Association (CHA) declared a national emergency in children's mental health.<sup>1</sup> Much of the reporting has focused on children and teens, particularly with regard to increased emergency department visits and suicide attempts. Very little has been publicized about children between birth and 5 years of age, who may be among the most vulnerable to the psychosocial impacts of COVID-19. This commentary will outline some of the impacts of COVID-19 on very young children and their families and highlight activities of members of the Infant and Preschool Committee to address these impacts.

Infant mental health is defined by ZERO TO THREE as the developing capacity of the child from birth to age 6 years to form secure relationships, experience, regulate and express emotions (behaviors), and explore the environment and learn in the context of family, community, and cultural expectations.<sup>2</sup> The first 5 years of life are a critical developmental period for language, sensory pathways, and cognitive function. There is a linear relationship between the number of risk factors such as poverty, maternal mental illness, and maltreatment, and the likelihood that a child will have developmental delay by age 3 years.<sup>3</sup> COVID-19 has impacted all 3 tenets of good infant mental health: regulation, secure relationships, and safe environments for learning.

Sleep, one measure of regulation in infants and young children, was surveyed in 14 countries, including the United States, in young children attending educational and care settings. Physical activity and sleep were decreased, and caregiver stress due to the confinement was identified as the dominant negative determinant of children's sleep.<sup>4</sup>

As young children's development is dependent on the context of early relationships, parental stress has the potential to significantly disrupt this development at scale. A recent large survey of parents and children's well-being during the pandemic found high rates of unemployment, increased relationship difficulties, and increased rates of depression, particularly in mothers.<sup>5</sup>

Furthermore, COVID-19 has exacerbated factors that contribute to child maltreatment. A recent systematic review of child maltreatment during the pandemic reported that caregivers were experiencing "unsurmountable stress," with increases in verbal aggression, physical punishment, and neglect.<sup>6</sup> Although child abuse reporting has decreased during the pandemic, some emergency departments have reported an increase in frequency of injuries to very young children due to physical abuse,<sup>7</sup> whereas others have reported a decrease in frequency of emergency department visits but an increase in severity of injury.<sup>8</sup>

COVID-19 has also created a disruption in the early care and education (ECE) services for children and families. The loss of relationships and learning opportunities that ECE programs provide could potentially exacerbate the large achievement gaps between children from low-income families and their peers. In addition, the closure of child care facilities has caused panic and stress for many families, creating economic difficulties by making it challenging for parents and guardians to return to work.

Communities of color have been burdened by the consequences of COVID-19 more heavily than non-Hispanic White children. For example, the risk of losing a primary caregiver has been more likely among children from racial and ethnic minority groups.<sup>9</sup> In addition, African American and

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Latinx adults have experienced more behavioral health symptoms and more concern over ability to care for their children<sup>10</sup> in addition to greater food insecurity and unemployment.<sup>11</sup>

These disproportionate effects on adult caregivers compound pre-existing disparities in access to mental health care for communities of color.<sup>10</sup>

AACAP, AAP and CHA have identified 10 recommendations to address the current crisis in children's mental health. AACAP's Infant and Preschool Committee responded to several of the recommendations.

### **Recommendation 1: Increasing Pediatrician Capacity to Address COVID-19 Concerns in Young Children and Their Families**

Pediatricians are often the first professionals to whom parents express concern regarding social—emotional and behavioral problems. They are uniquely positioned to identify, manage, or refer young children for early interventions.

Kennedy Krieger Institute's Network for Early Childhood Tele-Education (KKI-NECT) has worked for the past 5 years with primary care providers in underserved areas to address behavioral, emotional, and developmental concerns in children from birth to age 5. Virtual clinics are conducted using the “hub and spoke” Project ECHOtm model. Community partners across Maryland and West Virginia (spoke) bring cases for discussion facilitated by multidisciplinary specialists in an academic center (hub). A brief lecture concludes each clinic to continuously further knowledge. KKI-NECT topics have been expanded to include COVID-19—related challenges: for example, “Managing Anxiety in Very Young Children during COVID-19.”

Oklahoma State University Center for Health Sciences Infant Mental Health (IMH) ECHO has also been successful in addressing topics such as “How to Talk with Young Children about COVID-19” and “Supporting Parents During COVID-19.” OSU's IMH ECHO has added topics to support clinicians so that they can support families with infants and young children. Prior to March 2020, OSU's IMH ECHO had an average of 24 participants for the first 1.5 years of the program. After March 2020, this number grew to an average of 60 participants weekly. OSU's IMH ECHO model is expanding through partnership with the new Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP). OKCAPMAP includes trained clinicians to provide additional support in Infant and Early Childhood Mental Health (IECMH) for primary care providers. In addition to consultation, OKCAPMAP is working to create educational modules specifically for IECMH topics such as trauma in infancy and early childhood.

### **Recommendation 2: Increasing Access and Direct Care Through Tele-Health for Young Children and Their Families**

Although some evidence-based young child interventions are difficult to deliver remotely, other practices, for example, Parent Child Interaction Therapy (PCIT), are well suited for virtual delivery and have adaptations that predated the pandemic. As COVID-19 shuttered offices, Georgetown University Department of Psychiatry Early Childhood Clinic began to provide services, including PCIT, through a hybrid model of in-person and remote therapy. The Early Childhood Clinic continues to offer a hybrid model of services to ensure access to evidence-based treatments and to meet the needs of families in the community.

### **Recommendation 3: Increasing Capacity of Mental Health Professionals in Infant Mental Health Principles**

Clinicians serving young children need foundational knowledge in the area of infant and early childhood mental health. To increase and diversify the workforce in this area, 3 distinct professional certificate programs were developed at Georgetown for clinicians, consultants, and paraprofessionals. These certificates were created in the midst of the pandemic and a national reckoning on racism. They highlight both the perspectives of non-dominant cultures in the United States and globally, and the needs of communities disproportionately affected by COVID-19. Work is ongoing to train IECMH clinicians and to provide clinical opportunities to employ their knowledge in the communities they serve.

### **Recommendation 4: Increasing Outreach to Community Organizations to Serve Those Who are Medically Underserved or Marginalized**

In Washington, DC, The Early Childhood Innovation Network (ECIN) was created between Children's National Medical Center, MedStar Georgetown University Department of Psychiatry, and local agencies serving young children. They provided services and culturally informed care to promote early child mental health to families.<sup>12</sup> For example, clinicians worked with mental health consultants in early learning centers to identify families in need of infant and early childhood clinical services. Through this collaboration, families gained access to resources such as food, housing, and employment assistance in addition to mental health care. These partnerships allowed for continued and minimally interrupted services for families most impacted by the pandemic and its consequences.

## **THE ROLE OF THE CHILD PSYCHIATRIST**

If unaddressed, the mental health consequences of the COVID-19 pandemic will continue to have an impact on

young children well beyond their first 5 years. Child psychiatrists are essential in recognizing the needs of this population and can make an impact in several ways. Initial psychiatric evaluations for children should include questions about a family's adverse experiences during the pandemic. Because trauma can lead to a range of symptoms that overlap with other diagnoses (ie, attention-deficit/hyperactivity disorder, oppositional defiant disorder), a thorough exploration of traumatic experiences within the family will help to guide tailored treatment decisions.

In addition to direct patient care, child psychiatrists can fill this need through consultation, training, and advocacy. Although not typically the first line, child psychiatrists can support primary care providers through consultation and training. Child psychiatrists should also lay the foundation of IECMH training during the child psychiatry fellowship. Child psychiatry fellows need to learn to assess infants and young children, and should have exposure to early-childhood evidence-based interventions such as Child Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT). This training will increase awareness among child psychiatrists and will result in appropriate referrals and treatment. Given the disparate impact of the pandemic on marginalized groups and the correlation of social determinants, child psychiatrists will need to continue to advocate for policies (ie, paid sick leave, caregiver leave, affordable housing) that support infants, young children, and family access to equitable care.

In conclusion, many infants and preschoolers may be invisible or forgotten during the crisis in children's mental health. However, they are in many ways the most vulnerable because of the direct and indirect impacts on their social and emotional development as well as the risks of maltreatment. The Infant and Preschool Committee is committed to

supporting IECMH efforts and education to bring the voices of our future forward.

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