



INNOVATIONS IN EARLY IDENTIFICATION AND SERVICE ACCESS

18TH ANNUAL RESEARCH CONFERENCE
IN CHILDREN'S MENTAL HEALTH
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Why Screen and Screen Early?

- 48% of parents of MA children with mental health problems knew there was a problem by age 4 (PPAL)
- Progress in social policy
 - President's New Freedom Commission
 - Child Abuse Prevention and Treatment Act (CAPTA)
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Is it happening?



Symposium Goals

- Describe three screening initiatives and results
- Examine common strengths, barriers and needs
- Discuss implications for social policy and research



Russell Lyman
"Building Bridges in Early Childhood Mental Health – Screening in Pediatrics and Child Care"
Experience of a community based agency effecting change in other systems of care

Karen Hacker
"Mental Health Screening and Intervention in a Pediatric Setting"
Experience of effecting change from within a hospital system

John Lippitt
"Building Linkages for Early Childhood Mental Health"
Experience of effecting change through university partnership with state and local agencies

Mimi Graham, Discussant
A perspective on social policy and practice in a state where infant mental health is a statewide initiative


The Guidance Center, Inc.
**Building Bridges in Early Childhood
Mental Health – Screening in Pediatrics
and Child Care**

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Building Bridges in Early Childhood Mental Health – Screening in Pediatrics and Child Care

Project Goal

To improve developmental and mental health service access for underserved Cambridge children (under age six) and their families, especially low-income, underinsured and linguistic and cultural minority families.

Objectives

- Link developmental and mental health services together with primary medical care and early care and education services
- Pilot a screening tool for children and investigate incidence of mental health concerns
- Develop referral and follow-up communication pathways

Baseline Assessment: What Do Providers Say?

Survey of early childhood providers – pediatric clinic, child care and preschool, public education, Early Intervention, WIC

- Most providers report screening young children informally for mental health
- 69% do not use formal screening tools for mental health of young children
- Only 31% of providers screen for mental health of parents informally, and none use a formal tool

Major Barriers to Referral Include:

- Language/culture
- Lack of follow-up time with service agencies
- Family hesitation
- Waiting lists
- Payment

What Do Parents of Very Young Children Say?

- Spotty word-of-mouth awareness of resources
- Language issues; need for bilingual resource guides
- Problems dealing with health insurers
- Brevity of pediatric appointments, especially with language/culture issues
- Pediatrician as a person to trust
- Receptivity to being asked by the doctor
- Pediatric “wait and see” advice

What Do Parents of Children with Mental Health Problems Say?

- Statewide survey (Health Care for All, PPAL)
 - 48% say their primary health provider never or rarely asks about child mental health problems
 - 32% were unable to access services because they did not know how to find them
 - Another 33% waited more than a year before receiving treatment as often as needed

Our Approach: Screening in Three Settings

- Windsor Street - A busy health clinic of a large urban hospital (Cambridge Hospital)
 - Well-child visits in a low-income, immigrant neighborhood
- WIC – Nutritional program for low income children under age five
- DHS – Cambridge Department of Human Services Preschool Childcare for children 33 months to kindergarten

PEDS Screening Tool (Parents' Evaluation of Developmental Status)

www.pedstest.com

Pros:

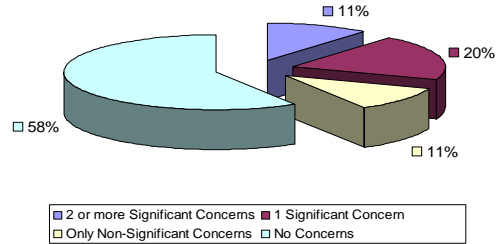
- 10 item parent questionnaire, covers all areas of development
- Ages birth to eight years
- Available in Spanish, Vietnamese, other languages in preparation; can be filled out by parent in two to three minutes at 5th grade reading level
- High sensitivity and specificity; clear protocol for follow up, validated by research.

Cons:

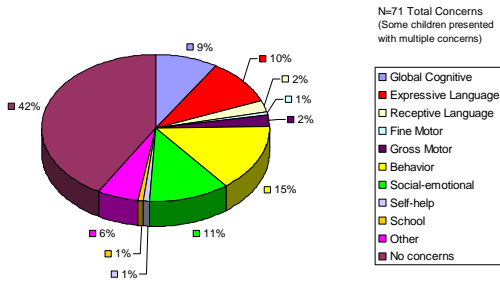
- Only two questions address behavioral, social/emotional concerns
- Does not prioritize these areas for follow up

Windsor Pediatrics Pilot I & II Study: PEDS Significant vs. Non-significant Concerns

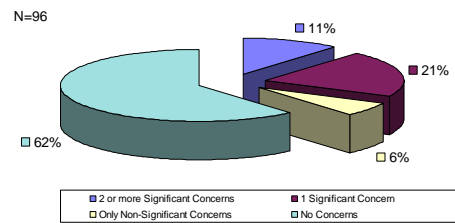
Pilot I data collected 1/12/04-3/30/04 through use of PEDS screens
Pilot II data collected 10/18/04-1/18/05
N=92



Windsor Street Pediatrics *Pilot I & **Pilot II PEDS Areas of Concern



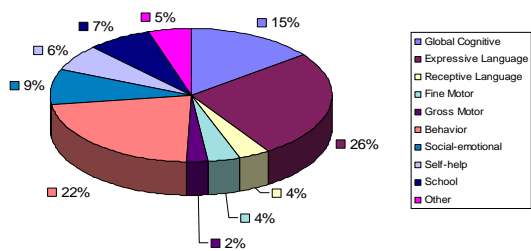
WIC Pilot Study: PEDS Results Significant, Non-significant & No Concerns



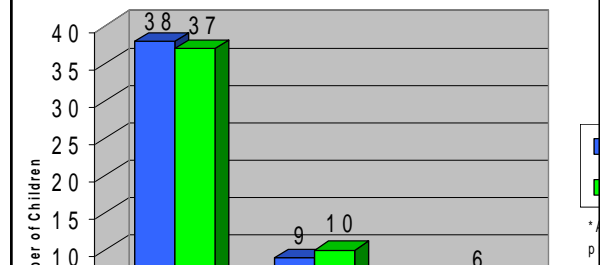
- No mental health/developmental referrals were made during 1 month baseline study

Cambridge WIC PEDS Pilot Study: PEDS Areas of Concerns

Data collected 05/20/04-7/29/04 from PEDS screening tool



Referral Outcomes for Windsor WIC



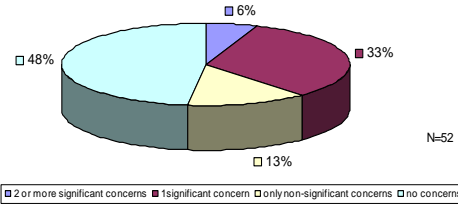
DHS Child Care Preliminary Results

- Seven Cambridge preschool classrooms, serving about 110 children from diverse socioeconomic, ethnic backgrounds
 - Ages 33 months to kindergarten entry
- Baseline: 16 children (14.5%) identified with concerns and referred for either special education or mental health consultation

DHS Preschool PEDS Study Results:

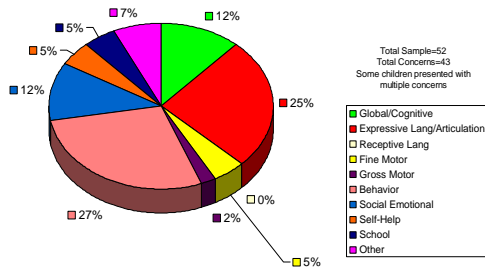
Significant vs. Non-significant Concerns

Data collected by teachers in 5 classrooms during fall 2004 parent-teacher conference



Baseline Referrals: Of 28 children with at least 1 concern, 5 had already been referred, and no other referrals were made.

DHS Preschool PEDS Areas of Concern



Data Take-Home Points

- Use of screening tool identifies concerns in about 1/3 of the birth to five population, regardless of setting
- 1/4 of those concerns are social-emotional or behavioral
- Of those screened with concerns, nearly 1/4 are referred to a range of developmental and family support services
- Screening increases the number of referrals
 - Doubled in pediatric pilot site
 - From zero at baseline to 10 in WIC
 - Not at all in five city child care classrooms
 - *Caveat - small sample sizes

Challenges

There is a need for the following:

- Increased awareness of early childhood mental health as a prominent health issue
- Training about what to look for, how and what to do next for young children across systems of care
- Brief developmentally appropriate and accessible mental health screening tools for children under six
- Properly trained early childhood mental health providers
- Developmentally appropriate reimbursable mental health diagnostic codes

Reasons for Hope

- In Massachusetts, there is growing recognition that starting early matters
- Even a tool as brief as the PEDS can identify early childhood concerns
- Data will pave the way for public policy change

Implications for Social Policy and Research

The system needs

- A clear mandate
- Reimbursed screening and follow-up time
- Training on early identification and treatment resources
- Infrastructure
 - To screen
 - To facilitate referrals and treat very young children

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