

We're in this Together:

Coming together to support the mental health of children from diverse backgrounds

November 17, 2021

Learning Objectives:

1. Learn about child mental health disparities and how we can address them;

2. Identify biases and barriers that may create barriers in supporting children and families from diverse backgrounds; and

3. Learn about some of the resources available to better support children.

A few things before we begin:

- If this conversation is hard for you, do what you need to do to take care of yourself.
 - We have been through some historically difficult times and it is okay not to be okay
 - Practice self care throughout this session: Take some deep breaths, get up and walk around, doodle, etc.
- If I don't have an answer for a question, I will do my best to find one (after the session) and get it to the hosts.
- There are additional resources for you at the end of the slide deck.

Milwaukee Coalition for Children's Mental Health

- Founded in 2016 by 10 local organizations with the task of improving children's mental health.
- Funded for 8 years, through June 2024
- Focusing changing the systems that impact children 0 8 and their families
- Building equity and dignity into our structure
- Addressing disparities in child developmental outcomes

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CCMH Goal:

Improve the mental health of Milwaukee's children aged 0 - 8 and that of their families, with a focus on disparities in child developmental and mental health outcomes.

CCMH Core Beliefs:

- 1. Everyone who intersects with a young child can have a positive impact
- 2. Children's mental health doesn't happen in a vacuum
- 3. People closest to the issues <u>must</u> be included in finding a solution

What is "Children's Mental Health"?

Positive child mental health involves:

- 1. Reaching their developmental and social-emotional milestones
- 2. Learning ways of coping with problems/frustration
- 3. Being able to function well at home, at school, and in the community
- 4. Having a positive quality of life
- 5. An interaction between genetic predispositions and environment

Note: It does not mean simply the absence of a mental health disorder.

Children's Mental Health Disorders

Child mental health disorders are described as serious changes in how children learn, behave or handle their emotions, which cause distress and problems getting through the day (CDC)

1 in 5 children has a diagnosable mental health disorder; 80% of chronic mental disorders begin in childhood.

There is a 2-4 year gap between onset of *symptoms* and development of disorder, meaning the earlier identification occurs, the better

ADHD, behavior problems, depression, and anxiety are most commonly diagnosed Mental Disorders in US.

• These conditions can often occur together.

Experiencing trauma, Adverse Childhood Experiences (ACEs), and chronic, toxic stress can compound issues.

Factors Influencing Children's Mental Health

Individual (Child) Level:

Genetic – family mental health/trauma history; susceptibility/resilience; co-existing disorders

Family Level:

Adverse Childhood Experiences (ACES) such as: Untreated mental illness in family Child abuse/neglect Loss of a caregiver (death, incarceration) Interpersonal violence

Factors Influencing Children's Mental Health

Neighborhood and Community Level:

Neighborhood safety

Housing stability/quality

Concentrated poverty

Social networks/supports

Systemic Context:

Quality of childcare and schools

Access to care

Systemic oppression and discrimination

Historical & Intergenerational Trauma

Inspired by Urie Bronfenbrenner's ecological systems theory

Disparities in Child Mental Health Outcomes

Parents of black children report concerns about their child's development equally but are less likely to have a medical home or receive developmental screening

Black and Hispanic children with MH disorders are identified later, if at all; Especially impacts low-income children of color

Children of color are also more likely to be misdiagnosed (as intellectual disability alone, or behavior/conduct problems) than autism or mental health disorders

Children of color, especially Black boys, are more likely to miss classroom time because of behavior issues – punitive responses vs care

What Contributes to Disparities?

Implicit bias in service provision

Dismissal of parental concerns

Punitive school practices (school to prison pipeline)

Location of services – especially for rural and poor families

Lack of providers, especially those of color and rural providers

Lack of transparency in how to navigate systems/services

Stigma

Factors influencing Mental Health Needs since March, 2020

Increasing Risk

Factors:

- Isolation and Loneliness
- Financial instability/Job loss
- Stress on relationships
- Fear and uncertainty
- Essential Worker and WFH stress
- Grief and loss
- Psychological impacts of violence against Black and AAPI people

Decreasing Protective Factors:

- Loss of social supports
- Loss of connectedness to community and others
- Reduced access to preventative healthcare
- Reduced interaction with faith community
- Loss of routine

Mental Health and the Pandemic

People with existing mental health disorders are more vulnerable to the stressors of the pandemic, and

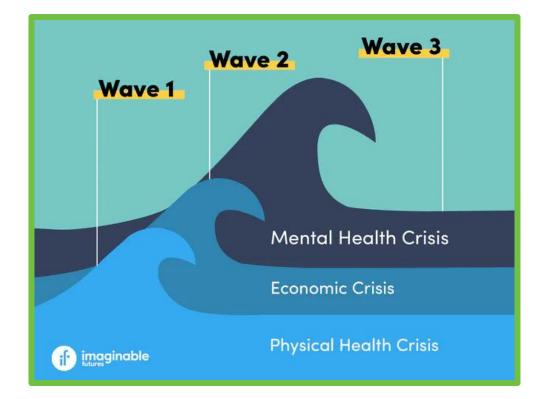
Those who had never previously had a mental health condition are reporting significant symptoms and new diagnoses (Hollingue 2020; Kaiser Foundation 2021; Leeb 2020).

American Psychiatric Association national poll:

- Almost half of all Americans are anxious of contracting COVID=19.
- 40% are anxious of serious illness or dying.
- Calls to the national mental health crisis hotline up 891% in 2020 compared to 2019.

1/3 of COVID-19 survivors receive a psychiatric or neurologic diagnosis within 6 months of infection. (The Lancet Psychiatry, April 6, 2021)

The Shadow Pandemic:



Source: NEW Mental Health Connection, Beth Clay, Director

Child Mental Health and the Pandemic

Children thrive when they are safe and protected, when family and community connections are stable and nurturing, and when their basic needs are met.

The coronavirus pandemic and the unprecedented measures to contain its spread has disrupted nearly every aspect of children's lives:

- Health and Development
- Learning Environment
- Social Emotional Skill Development
- Families' economic security
- Protection from violence and abuse

The Importance of Caregiver Mental Health

Child behavioral issues are associated with family psychosocial risk

Approximately 20% of children have a parent living with a diagnosable mental health disorder

Optimal child social emotional development hinges on the quality of relationships with caregivers; those who engage with responsive, consistent, and nurturing caregivers are more likely to have strong emotional health throughout life.

So, What Can We Do?

Having at least one stable and committed relationship with an adult is the one common denominator for those children who develop the capacity to overcome serious hardship.

- Center on the Developing Child at Harvard

Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development.

- National Research Council and Institute of Medicine (2000)

What can we do: Support our children

Support safe environments for kids: positive experiences buffer against negative effects of stress, and model executive functioning skills

Universally screen all children early and regularly for developmental and social-emotional concerns

Support quality, school-based mental health supports

Identify the meaning behind the behavior – "Bad kids" vs. "Bad days"

Check in on their social supports and connectedness

Seek services if there's a concern

What can we do: Support our caregivers

See parents as the expert on their child – if they have a concern, listen to them

Provide screenings and linkages to services if they're also struggling

Provide navigational services for families to better connect to services and resources

Uplift the voices of parents with lived experience to address barriers to care for children and caregivers

Support policy change to reduce poverty, expand parental medical leave, increase funding for MH services

Strengthening Families Five Protective Factors

A research-informed approach to increase family strengths, enhance child development, and reduce likelihood of child abuse/neglect

Concrete supports in times of need: Access to support and services that address a family's needs and help minimize stress

Knowledge of parenting and child development: Understanding child development and parenting strategies that support optimal development

Social emotional competence of children: Developing the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

Social connections: Positive relationships that provide emotional, informational, instrumental and spiritual support.

Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma.

What can we do: Support our providers

Offer supportive services to those caring for children in a classroom setting; teachers are struggling too!

Provide consultation to providers regarding child mental health and challenging behaviors

Offer in-classroom supports and tools to keep kids in the classroom

Resources

Wisconsin Office of Children's Mental Health:

https://children.wi.gov/Pages/Resources/Overview.aspx

OCMH's Comprehensive Resource List:

<u>https://children.wi.gov/Pages/Resources/SupportForFamilies.aspx</u>

Mental Health America of Wisconsin (Milwaukee, WI):

www.mhawisconsin.org

Milwaukee Coalition for Children's Mental Health: www.mkekids.org

State/Local Resources

Regional Centers for Children and Youth with Special Health Care Needs: <u>https://www.dhs.wisconsin.gov/cyshcn/index.htm</u>

WI FACETS

Autism Society of SE WI: <u>www.assew.org</u>

Early Childhood Mental Health Resources

Wisconsin Alliance for Infant Mental Health (Madison, WI): <u>www.wiaimh.org/iecmh</u>

Center on the Developing Child (Harvard): <u>www.developingchild.harvard.edu</u>

Center for Early Childhood Mental Health Consultation:

www.ecmhc.org

CDC's Learn the Signs, Act Early:

www.cdc.gov/ncbddd/actearly/

National Child Traumatic Stress Network: www.nctsn.org

Other Resources

Child Mind Institute: Annual Children's Mental Health Reports https://childmind.org/report/2016-childrens-mental-healthreport/

Center on the Developing Child: Resource briefs <u>https://developingchild.harvard.edu/resources/inbrief-early-</u> <u>childhood-mental-health/</u>

SAMHSA's National Child Traumatic Stress Initiative: <u>https://www.samhsa.gov/child-trauma</u>

CDC: Children's Mental Health <u>www.cdc.gov/childrensmentalhealth/basics.html</u>

Thank you!

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Cultural Humility (vs. Cultural Competence)

A humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.

Life-long self-reflection, awareness, and personal critique;

Awareness of the power imbalance that exists between individuals and our systems of care;

The development of mutually beneficial relationships with communities and individuals (non-paternalistic interactions);

Tervalon & Murray-Garcia, 1998

Working Toward Equity Involves

Interrupting inequitable practices

Examining our own biases, and

Creating inclusive environments for all

Discovering and cultivating the unique gifts, talents, and interests that every human possesses

Equity and Dignity

Equity:

Providing for each child according to their needs to achieve full developmental capacity,

Implementing supportive structures, and

Removing unnecessary obstacles and negative policies that harm children and their families

Dignity:

Recognizing, respecting, and valuing the individual self-worth and humanity that every person is born with