How Are Vermont's Young Children and Families? Report Supplement:
Early Childhood and Family Mental Health During the COVID-19 Pandemic
January 2021

Introduction

Early childhood and family mental health is the foundation of all future child development. Children's mental health during public health emergencies can have both short- and long-term consequences to their overall health and well-being. This includes the capacity to experience, regulate and express emotion, form close, secure relationships, and to explore the environment and learn. Optimal family mental health with stable and responsive relationships builds a strong foundation allows children to develop the resilience to ensure that stress is tolerable rather than toxic and to grow into well-rounded, healthy adults.

The COVID-19 pandemic has highlighted more than ever the need for increasing mental health resources and supports. New and exacerbated sources of stress including concerns about health, combined with uncertainty over unemployment and finances, work, school, child care, and access to food and other resources are all contributing to increased stress among parents and caregivers.

Two critical factors in helping children cope with anxiety are communication and connection. Parents and caregivers with the capacity to stay calm under pressure are able to better support their children's social and emotional development. Therefore, adults involved in the lives of young children must be provided with the capacity, knowledge, and training to promote optimal social and emotional development by mitigating the pandemic's impact and strengthening the integration of mental health service provision through flexible funding.

Vermont's mental health system has multiple levels of intervention for children including outpatient services, community supports, crisis services for immediate response to families, and longer-term residential treatment (typically for school-aged children and youth). For younger children, there is a strong focus on supporting the child in the context of the caregiving system by providing supports and interventions in the home and community.

Below you will find the 2020 Early Childhood State Advisory Council Recommendations, data on service utilization, information about promising practices, and data limitations.

2020 Early Childhood State Advisory Council Recommendation:

Mitigate COVID-19 impacts on family economic stability and mental health

Recommendation 1: Mitigate the health and economic effects of the pandemic on families.

Extend economic support beyond expiration of CARES Act funds that expired in December 2020.
Extend flexibility in eligibility for programs (*e.g.* Reach Up work requirements) so parents can engage in other activities that help them invest in their future and integral to the health and well-being of their family.

Recommendation 2: Sustain and strengthen the integration of mental health services for children and families through flexible funding for integrated mental health across settings.

Continue to allow telehealth to be covered by insurance so families can access the care they need.
Invest in flexible service delivery and availability.
Focus on mental health prevention and staff burnout across many settings

For additional context and recommendations, please see the full Early Childhood and Family Mental Health Task Force Report at www.buildingbrightfutures.org/publications.

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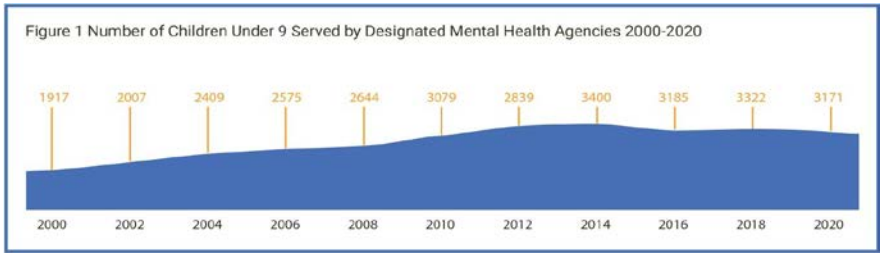
Utilization of Mental Health Services

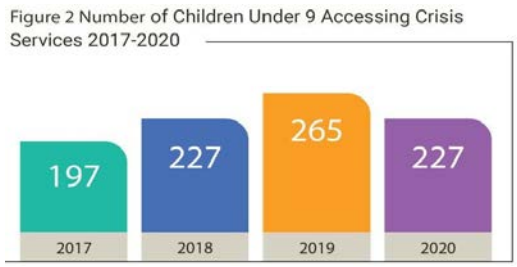
Children's mental health conditions include depression, anxiety, attention and behavioral concerns. Prior to the COVID-19 pandemic, **6% of children under 3, 9% of children 3 to 5, and 20% of children 6 to 8 were reported to have at least one behavioral, emotional or mental health condition.** [i]

While COVID-19 specific data are not yet complete, results of an August survey from the Child Development Division (CDD)[ii] from 559 of 1,096 child care programs found the following challenging behaviors have emerged in young children: struggling with problem solving; increased sensory sensitivity; struggling with transitions; regression in toileting; struggles following directions; and trouble getting along with peers. Anecdotally, older children and youth are experiencing similarly increased stress and anxiety as a result of the COVID-19 pandemic.

As can be seen in Figure 1, since 2000, Vermont's mental health system has seen a consistent increase in the number of children under 9 accessing supports and services from Designated Mental Health Agencies.[iii]



The data in Figure 2 show a multi-year increase followed by a slight decrease in the number of children under 9 who received crisis mental health services. In FY19, 265 were children served while in FY20 there were 227, or 38 fewer[iv]. Regarding children ages 6 to 8 in residential care, in 2019 there were 19 children, and in 2020, there were 23 children.[v]



The Department of Mental Health and the Agency of Education have been working in partnership to ensure school-based services can continue in hybrid learning settings. Even with schools in remote learning during the final months of the 2019-2020 school year, 3,656 students were served statewide through the Success Beyond Six school mental health services in the 2019-2020 school year. This was a 13% increase of students served compared to the prior school year, and the greatest number served in the past ten years. Of students served 880 or 24% were children under 9.[vi]

Promising Practices

Preventing Hospitalization: Strengthening the system's ability to respond to a family-identified crisis before it escalates to needing emergency care such as Mobile Response and Stabilization Services (MRSS), is a recommended strategy. Crisis programs such as Psychiatric Urgent Care for Kids that assist children who are in crisis to prevent hospitalization have been experiencing increased demand as the pandemic has continued.

Expanding Perinatal Mental Health Services: In an effort to support early childhood and family mental health, The Vermont Department of Health and the Department of Mental Health are partnering on the Screening, Treatment, and Access for Mothers & Perinatal Partners grant (STAMPP). This is a 5-year cooperative agreement that is federally funded to help expand perinatal (pregnancy through the first year of infancy) mental health services in Vermont. As many as 1 in 5 women experience symptoms of depression and/or anxiety during the perinatal period[vii]; these are common and treatable. Untreated perinatal mood and anxiety disorders (PMADs) can have serious impacts on maternal health and well-being, as well as long-lasting impacts on children and family mental and physical health.

Through this initiative, medical providers are increasing their screening for PMADs and mental health providers are trained in effective interventions to support and treat these issues. In an effort to increase statewide capacity to serve perinatal mental health needs during the COVID-19 pandemic, STAMPP was able to fund the virtual training through Postpartum Support International of 132 perinatal providers from February through July 2020. In addition, STAMPP continued to help support the development & maintenance of a statewide database of providers at Help Me Grow VT who have expertise and/or training in perinatal mental health. STAMPP completed 30 phone interviews with pregnant/postpartum people with lived experience over the summer of 2020 to assess for resources, gaps/barriers to treatment and opportunities in VT's existing perinatal system of care.

Pivoting to Telehealth: While all designated mental health agencies pivoted to telehealth in response to the COVID-19 pandemic, the STAMPP pilot mental health agencies (Washington County, Northeastern Counseling and Support Services, Rutland Mental Health, and Howard Center) have been a valued resource in their communities, serving the perinatal population in unique ways during what is already a challenging and isolating time. Perinatal mental health providers have engaged expecting and new parents via individual teletherapy, virtual evidence-based support groups, as well as through a robust home delivery system of support during the COVID-19 pandemic. They have partnered with community programs to foster connection for new families during the 4th trimester, supported ECFMH staff in being a Postpartum Support International (PSI) peer mentor for local community, created a multifaceted program with integration of mental health services at a pediatrics clinic to provide education, consultation, virtual therapy and case management to perinatal families through postpartum year. The pilot agencies continue to have a strong presence in community coalitions, enhancing membership to represent various provider groups and services pertaining to perinatal health and mental health. Several regions have had new initiatives come out of this coalition work to address timely COVID-19 related needs and issues at the local level.

Data limitations

Not only has the pandemic impacted service provision, it has, and will continue to impact the data. It is important to highlight that 2020 data may be an outlier, meaning the data may not follow the existing trend. While the 2020 data may suggest there has not been an increase in need, it is also important to note that data are not available on the current need for services; only utilization of services. Additionally, these rates are not reflective of the need described by communities and families across Vermont or the availability of support through Vermont's Designated Mental Health Agencies.

It is important to note this data continues to be analyzed and may be incomplete given pressures on mental health agencies and the transition to new electronic medical records. As we move forward, it will be critical to watch how the data trends may change over the next year, three years, and five years to understand the impact of the pandemic on outcomes and service provision for children and families and their well-being.

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[i] Child and Adolescent Health Measurement Initiative. National Survey of Children's Health, 2017, 2018, 2019. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org. Original analyses of the 2016-2018 NSCH multi-year weighted data was conducted by Laurin Kasehagen, MA, PhD, an epidemiology assignee to the Vermont Department of Health. Duplicated for 2017-2019 data. Variables K2Q30A/B; K2Q31A/B; K2Q32A/B; K2Q33A/B; K2Q34A/B; K2Q35A/B; K2Q36A/B; and K2Q37A/B in the public use data file.

[ii] Child Development Division. Child Care COVID-19 Impact August 2020 Survey Results. Awaiting publication.

[iii] Vermont Department of Mental Health. Unpublished

[iv] ibid

[v] ibid

[vi] ibid

[vii] Wisner KL, Sit DKY, McShea MC, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. JAMA Psychiatry. 2013;70(5):490–498. doi:10.1001/jamapsychiatry.2013.87