

## **Topic 5 – Early Childhood Mental Health**

### *Examples of success in providing early childhood mental health*

- Providing on-site mental health services in centers and schools.
- White Earth has two licensed therapeutic early childhood centers that partner with supportive housing on site. Therapists service the parents and children.
- Building leadership capacity within mental health organizations and agencies.
- Minnesota Dakota communities share psychological services.
- Outreach targeted to fathers about parenting and fatherhood.
- One community has a trainer in the program who does a variety of parent trainings; people feel comfortable attending and are wanting to learn.
- Work with mothers' mental health to improve their children's mental health.
- Promote positive mental health in the community. Mental wellness has a positive impact on all professions.
- Through family home visiting, such as the Family Spirit model, use assessments and depression screening to help determine mental health needs of families, such as the ASQ and ASQ-SE.
- Enhance parent-child relationship.

### *Barriers to providing early childhood mental health services*

- Not enough resources or providers.
- Lack of good funding streams for child mental health services.
- Not enough mental health professionals who want to work in the area.
- We need to know what resources are available.
- Transportation (rural areas). Also, having a large area to service is challenging.
- Some areas are unserved.
- It may not be worth screening for mental health issues if services are not available.
- Trauma-informed care should move from individual level to community level.
- Need more reflection on ACEs, particularly moving from "what is wrong with you" frame to "what happened to you."
- Trauma is present in providers of early childhood services.
- Need trauma informed training for all staff and parents.
- Tribal-county relationships.
- There needs to be more awareness for parents about the importance of their children's mental health.
- Need culturally specific services.
- Need to involve families and provide an understanding of mental health and the impact of continuing historical trauma.

- We can't serve children well if they have issues getting to services or if they are tired and hungry (from missing naps, snacks, recess, etc.).

*How communities can address those barriers.*

- Healing, training, collaboration.
- Identify, include, and promote cultural connections and protective factors in programs and approaches to improving parent and child mental health.
- Provide training for paraprofessionals.
- Provide transportation for families to attend programs and for mental health professionals to travel to homes.
- Include trauma-informed care in community services, not just individual services.
- Look more to early intervention and make this a more common practice (normalize).
- Recognize that it is in us all to be mental health supporters.
- Build capacity for tribes to develop data collection systems for themselves.
- Provide a support group for pregnant mothers.
- Do outreach to men about early childhood mental health issues.
- Include fathers in programs.
- Advocate for early childhood education and mental health.
- Need mental health advocacy for all young children, not just American Indian advocacy for American Indian children.
- Organize to make policy changes.
- Collaborate with as many community members as possible.
- Build relationships and focus on common goals.
- Develop mental health support systems; increase opportunities for children.
- The prison system is dealing with mental health and mental illness.