Re-Envisioning the Early Childhood Mental Health System: Adopting a “Two-Generation” Approach to Strengthen Family Well-Being

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Summary
State-funded early childhood mental health programs do not fully address the needs of low-income families, reducing their potential to improve child health and well-being. Unaddressed mental health needs, unemployment, housing instability, exposure to trauma, and immigration-related stressors often overwhelm low-income parents’ abilities to invest time and attention in their young children, which can lead to ineffective parenting and poor child outcomes. Yet the need for sensitive caregiving is most critical during these first five years of life, when the architecture of the brain is developing, and children are forming key attachment relationships.

Re-envisioning the child mental health system as a provider of family-centered care that serves the needs of both children and parents would help ensure children’s healthy development. Two-generation or whole-family approaches are unique in that they provide integrated, high quality services for both children and caregivers in the same setting or program.

Problem
Poverty poses a significant threat to child development, particularly for children under the age of six. Across the United States, 45% of young children live in poor or low-income households. In addition, Medicaid and CHIP provide coverage for 81% of low-income children nationally. Impoverished young children are more likely to suffer from impaired social and emotional functioning and experience lower academic success. For example, by age 30, adults who grew up in poverty earn lower wages, have more health problems, and rely more on governmental assistance compared to their peers who did not grow up in poverty.

Although supportive parenting can buffer against the effects of poverty, low-income parents often experience high levels of stress that prevent them from investing time and attention in their children. Parents experiencing economic hardship face challenges like housing instability, unpredictable work hours, and unsafe neighborhoods. These stressors can lead to high rates of depression and anxiety, and impede positive parenting. Therefore, efforts to improve child well-being will only work if they also address the needs of parents facing multiple stressors.

Solution
The public child mental health system must move away from only treating the “index” client in order to support both children and their parents. This is called a “two-generation” or “whole family” approach, which focuses on strengthening the resources and capabilities of parents to promote children’s healthy development. Two-generation approaches are unique in that they integrate child and parent services equally in the same program, rather than focusing only on the needs of the parent or the child.
The need for family-centered care is particularly important during the first five years of life, when the architecture of the brain develops, and children create strong attachments to their caregivers, allowing them to regulate their emotions, explore the world, and learn. Re-envisioning the child mental health system to provide concurrent, integrated services for parents will ensure that interventions succeed in promoting child wellbeing from early childhood through adulthood.

Child development experts agree that comprehensive two-generation programs should not only provide high-quality services to children, but also focus on two main areas for low-income parents:

1. Strengthening parental mental health
2. Building parental social capital (education, income, skills)

Two-generation approaches have been implemented in other settings like early childhood education. For example, in Head Start, two-generation programs provide parental job training, GED courses, and skill-building along with high-quality early childhood education for young children. Recent reports show that the program CareerAdvance, which provides job training to Head Start parents, improves parental employment and children’s attendance in Head Start, and is projected to reach benefit-cost ratios of 1.3 in five years and 7.9 within 10 years, which would mean gains of up to almost $8 for every $1 spent. The public child mental health system should mirror Head Start’s two-generation focus in order to best support families.

If the lives of young children and their parents are so inextricably linked, why are mental health services so siloed? Many state mental health systems utilize fee-for-service payment models that split parent and child services into separate systems, rather than value-based payment, which rewards high-quality cost-effective care. Several states provide early child mental health services through Early Periodic Screening, Diagnosis and Treatment (EPSDT) and other funding buckets, which do not directly support integrated two-generation or whole-family programs. These sources of funding can be used for dyadic treatments for young children but have not traditionally been used to provide comprehensive whole-family services like parental mental health treatment or case management to address family poverty.

However, states can transform mental health financing to provide preventive, family-centered models of care for young children that address social determinants of health like family poverty and community violence. Recently, California has adopted some changes to this end, including providing Medicaid coverage to families regardless of immigration status. California has also proposed removing the need for a mental health diagnosis as a pre-requisite for care, which would allow providers to address family social determinants of health like poverty and exposure to violence.

All state public mental health systems should follow California’s lead and adopt a two-generation, family-based approach to address the needs of young children who are at high risk for experiencing mental health problems, academic difficulties, and occupational challenges over the course of their lifetimes.

**Action Steps**

State mental health system administrators should:

1. Change existing policies to invest more in family-focused behavioral health:
   a. Ensure health coverage for all low-income families by opting into Medicaid expansion, expanding access to CHIP, and expanding coverage regardless of immigration status.
   b. Explore the use of the intergovernmental transfers (IGTs) to capture more federal funding for behavioral health.
   c. Utilize Medicaid reimbursement models that do not depend on diagnosis-driven, fee-for-service models that identify the child as the index client. For example, establish capitated rates through managed care organizations or utilize community based organizations that allow providers to support children in the context of their family and community.
d. Allow providers to bill Medi-Cal to address family or relational disturbances, or social determinants of health like poverty and exposure to violence. This would enable families to receive needed intervention even if the child does not meet criteria for a mental health disorder.

e. Expand evidence-based whole-family programs like home-visiting models

2. Change existing policies to strengthen parental mental health:
   a. Promote behavioral health screenings for parents across settings using EPSDT.
   b. Ensure that parents can access mental health services within the child mental health system through EPSDT, regardless of insurance status.
   c. Fund behavioral health extenders, like parent partners, who can provide additional support to parents and families.

3. Allocate funding within mental health to build parental social capital:
   a. Fund case managers who can coordinate across systems so that parents can easily access safety net benefits like housing and food assistance, childcare subsidies, and tax credits within the child mental health system, regardless of insurance status.
   b. Provide pilot funding to develop model two-generation and whole-family programs that provide psychosocial, employment, and economic supports to parents of young children within the public mental health system.

**Conclusion**

Early childhood mental health programs do not fully address the needs of low-income parents, reducing their effectiveness. If state child mental health systems were to adopt a comprehensive two-generation approach, they would help ensure the wellbeing of low-income young children and their families.

**References**


