***Position Statement from the Massachusetts Maternal Child Health Transformation Coalition***

**Integrating Social Emotional Wellness in Primary Care for Children Birth to Five in Massachusetts**

**VISION AND GOAL**

Early childhood is a critical period to promote social emotional wellness across the lifespan and to prevent behavioral and mental health challenges. Our vision is that all families with children birth to five in Massachusetts will receive the social emotional health supports and services they need to thrive. The goal of this position statement is to describe the need for and offer strategies to promote social emotional wellness in primary care settings for young children and their families.

**NEED**

Primary care providers in Massachusetts and around the country report an increasing number of young children presenting with social emotional concerns. According to the National Survey of Children’s Health[[1]](#footnote-1), 39.3% of parents had one or more concerns about their child’s physical, behavioral, or social development, such as ability to get along with others. In addition, emerging research shows that mental health conditions have replaced physical health conditions as the top five disabilities for children under the age of 18 in the United States.[[2]](#footnote-2)

Supporting the integration of social emotional wellness in primary care is challenging. Providers and practices serve families with diverse needs and many families face challenges such as poverty, racism, trauma, and violence, which impact their physical and mental health. Within the current medical system there can be limited time and resources to address these needs. Lastly, primary care providers cannot support families alone; collaboration with other providers and agencies is essential. This position statement will outline strategies to address these challenges and support the integration of social emotional wellness promotion into the continuum of care for children birth to five.

**IMPORTANCE**

Early childhood is an important and opportune time in a person’s life to promote social emotional wellness. Strong social and emotional skills help children communicate, establish relationships with others, resolve conflicts, gain confidence, and handle stress better as an adult. Investing in early childhood provides a foundation for health across the lifespan. Primary care is an appropriate and essential setting to promote social emotional wellness in young children for the following reasons:

* Children are born with social emotional skills that are fostered by those around them including parents, caregivers, and teachers.
* Primary care is a non-stigmatizing environment and a place of intersection with all children.
* Primary care supports the parent-child relationship, promotes early learning for parents, and provides an opportunity for providers to engage parents as partners in their child’s health and development.
* Doctors, nurses, and the pediatric system are a trusted source of information for families.
* Primary care providers can offer a connection to other providers, such as mental health specialists, and a larger system of care for families with young children.

**STRATEGIES**

Tiered strategies, based on level of need, can be used in primary care to support children’s social emotional development. Because the structure, resources, and needs of primary care practices vary, the following are examples of strategies that can be used.

*Promotion*

* Strengthen relationships with community agencies and resources including early childhood service providers, such as childcare, to support appropriate referrals and strengthen the continuum of care for families.
* Participate in community advisory committees or initiatives related to early childhood.
* Sign up for listservs or distribution lists from community groups to stay abreast of local events and services for families outside the primary care office.
* Provide culturally and linguistically appropriate services using the CLAS (culturally and linguistically appropriate services) standards for health care.
* Promote a culture of family partnership by maintaining opportunities for gathering feedback from parents/ caregivers, such as a parent advisory council.
* Provide family-centered care, including care coordination, with a focus on the parent-child relationships, family context, and the role of families in shared decision-making.
* Build parent-child interaction observation into well-child visits to better understand a client’s social emotional wellness, assess the families’ strengths, and make appropriate referrals and/or clinical recommendations.
* Engage parents in discussion about social emotional developmental indicators.
* Engage parents in supporting their child’s social emotional development. For example, discuss with parents the role of unstructured play in children’s social emotional well-being.
* Screen for family needs, such as housing or food insecurity, that can impact social emotional well-being.
* Include fathers in children’s health and wellness starting prenatally.

*Prevention*

* Provide generic or common-factor interventions with the child and family, such as reassurance, specific advice about lifestyle issues that affect mental health, anticipatory guidance, and parenting strategies.
* Use a multidisciplinary team approach in service provision.
* Conduct developmentally appropriate screening and assessment.
* Screen parents for postpartum depression at 1, 2, 4 and 6 months.
* Maintain a system for supported referrals to meet identified needs.
* Maximize technology to engage families and increase efficiency.

*Intervention*

* Conduct joint provider case reviews that are inclusive of parents.
* Embed mental health professionals (e.g. developmental specialists, social workers) in the primary care practice.
* Provide holistic and family centered care coordination to support the needs of the identified child and the family system.

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| *Agencies contributing to position statement*   * *Boston Public Health Commission* * *Department of Early Education and Care* * *Department of Mental Health* * *Department of Public Health* * *Jewish Family and Children’s Services* * *Judge Baker Children’s Center* * *Massachusetts Act Early Campaign* * *Massachusetts Association for Infant Mental Health* * *Massachusetts Chapter of the American Academy of Pediatrics* * *Massachusetts Child Psychiatry Access Project* * *MGH Revere Health Center* * *Office of Medicaid/MassHealth* * *Thom Child and Family Services* |  |

1. National Survey of Children’s Health (2011/2012) [↑](#footnote-ref-1)
2. Halfon N, Houtrow A, Larson K, et al. The changing landscape of disability in childhood. *Future Child*.

   2012;22(1):13-42. & Slomski, Anita Chronic mental health conditions now loom larger than physical problems. JAMA 308.3 (2012):223 Cross ref. Web 19 June 2014 [↑](#footnote-ref-2)