Promising Minds: Analysis of Survey Findings Among Health Care Providers on Infant and Young Keiki Mental Health

Findings from a survey of 332 primary care and behavioral health providers currently or equipped to care for children ages 0-5 years.

November 2024

Conducted by Grove Insight, Ltd.

Hawai‘i Community Foundation’s Promising Minds initiative commissioned the survey and report by Grove Insight in partnership with the Hawai‘i Integrated Infant and Early Childhood Behavioral Health Plan Group (Finance Policy Project Team). Mahalo for the collaboration.

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Methodology

- ✓ This analysis is based on findings from an online survey of 332 health care professionals currently providing patient care to keiki ages 0 to 5 years or who can do so in their professional capacity.
- ✓ A survey link was provided through networks across Hawaii and respondents were reminded to take the survey at regular intervals. There was a "lucky drawing" gift card enticement to increase participation. The survey, which averaged 17 minutes in length, was conducted October 21-November 8, 2024.
- ✓ Best-guess estimates put the margin of error at +/- 5.3 to 5.4 percentage points at the 95% level of confidence. It is higher for subgroups.

Report notes:

- ✓ Due to rounding, displayed answer choices may not always add up to 100%.
- ✓ Verbatim responses from the open-ended questions are used in this report. In a few cases, they have been lightly edited for readability.
- ✓ Primary health providers are referred to this way or as "PCPs" in the analysis; mental health care providers are also referred to as "behavioral health" professionals.

Demographics of the sample universe: predominantly women, majority Caucasian, and a mix of professions, length of service, and years of residency in Hawaii

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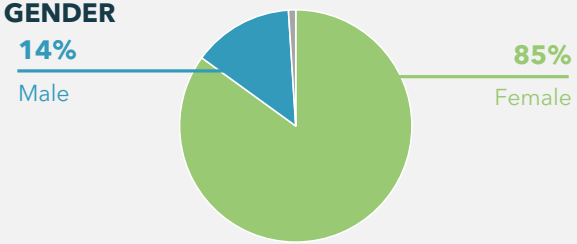
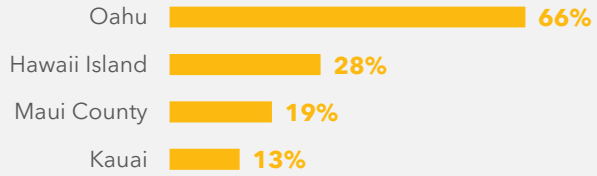
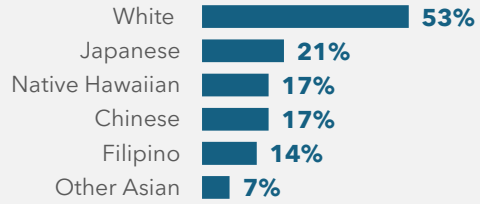
GENDER



ISLAND(S) WHERE THEY PROVIDE CARE

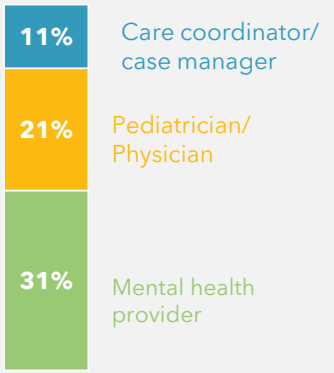


RACE/ETHNICITY

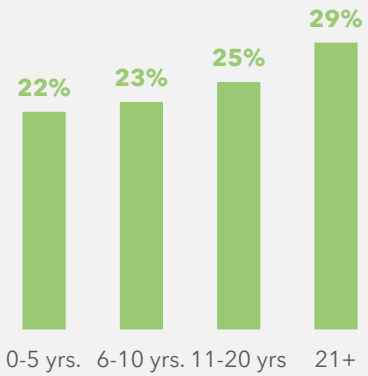


Few are bilingual with Spanish the most common (6%)

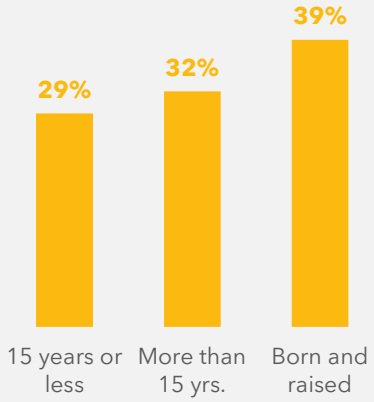
PROFESSION



YEARS WORKING IN FIELD



LENGTH OF RESIDENCY IN HI



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Key demographics: work settings and credentials

More than six in 10 (62%) currently provide care to keiki age 5 and under; 37% provide primary care and 25% provide mental health care to this age group.

Work settings vary based on practice type. Nearly half (48%) of primary care providers work in a clinic (including FQHC, RHC) whereas behavioral health practitioners can be found at community-based organizations serving keiki and families (28%); private individual/group mental health practice (24%), with fewer at primary care clinics, hospitals and schools (24% combined).

Nearly two-thirds (65%) are credentialed with one or more Med-QUEST MCOs. The numbers are higher for primary care providers (74%) than behavioral health professionals (58%). DOH's Early Intervention Services program was lower on the list (9%).

Most respondents are credentialed with HMSA (94%), AlohaCare (83%), United Healthcare Community Plan (78%), and/or Ohana Health plan (77%).

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Key Findings

Summary of Findings

Providers are not very familiar with mental health concerns in children five and under, which may explain why they worry less about these patients.

Young children five and under with mental health concerns are not seen by providers as frequently as their older juvenile counterparts. Roughly one-third of providers encounter these young patients on a weekly basis or more – almost half the number they report for patients and clients over the age of five. This is true of primary care and mental health experts alike.

The five and younger age group engenders the least number of concerns on the behavioral health front. Adolescent mental health is worrisome to more than double the number who worry about the five and under cohort.

Providers treating children and young adults under the age of 21 most commonly see attention and behavioral issues along with anxiety and depressive disorders among children and young adults. Trauma-related issues are third on the list and something that is encountered more often by mental health professionals.

Lack of providers and the ensuing wait times for appointments are the biggest impediments to treating children and young adults. Yet most contend they are taking new patients.

The provider shortage and long wait times top the list of perceived barriers to referring children and young adults ages 0-21 for mental health services. There is stronger agreement from behavioral professionals.

We also found that most believe referrals to specialists and services are currently available to children and young adults. Some providers may benefit from a status report on what is currently available – along with the pukas in care that impact this age group.

Summary of Findings, continued

When asked specifically about access for children five and under, a majority contend it is "difficult." "Very young child mental health service resources are sparse," wrote one respondent. "We refer but there are no openings," offered another.

Yet over three-quarters of mental health care providers and nearly nine in 10 primary care providers say they are accepting new clients and patients. Moreover, more than half the behavioral health sample is capable of but not currently providing care to this age group. They tend to be bachelor's level social workers, care coordinators, and community health workers and those who have had little to no exposure to this young cohort.

Parental reluctance is considered an impediment to more than four in 10 respondents – a number much higher than perceived reluctance from keiki. Throughout this data set, respondents emphasized the importance of parent/caregiver-child assistance as well as whole family health. Buy-in from parents is seen as critical.

Many believe they lack the needed know-how to diagnose and treat infants and young keiki. Relatively few of these providers feel very comfortable about performing these tasks because they lack specific training.

Respondents are nearly unanimous about the importance of screening, assessing, and diagnosing young keiki. Unfortunately, relatively few have specialized training with this age group.

Less than half of mental health professionals have been trained specifically for the types of standard care provided to infants and young keiki such as development screening, assessment and diagnosis, and treatment – even making referrals.

Summary of Findings, continued

A good number point to a generalized understanding of 0-5 keiki mental health when explaining what makes them comfortable with treating and managing young patients. They mention completing "a brief rotation," "post-graduate training," and experience as parents and grandparents as examples.

The number of mental health professionals who say they are "very comfortable" screening, assessing, and diagnosing is roughly one-third and drops by over 20 points for primary care providers. Discomfort among the primary care crowd is even higher for treating and managing mental health concerns of young keiki. This is most evident with those new to the field and in Maui County.

Specialized training made the difference for those most comfortable diagnosing and treating infants and young keiki – and it is what those least comfortable seek.

Specialized training was the key factor for those who find treating keiki age 5 and under in their comfort zone, more so than experience, education, and collaboration.

The Promising Minds Fellows Program and Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) trainings were among the confidence boosters cited most often. "I loved attending the DC:0-5 basic training," offered a respondent.

And when those with discomfort treating and managing mental health concerns with this young cohort were asked what would help, more training was at the top of the list. Play therapy techniques and trauma-informed care were mentioned most often. They also seek help with nonverbal techniques, tools and tips for assessment and diagnosis, and intervention protocols.

Summary of Findings, continued

Roughly one-quarter of behavioral specialists currently provide dyadic treatment and roughly the same number have done so in the past, so it is a tool a majority of mental health professionals have deployed. Just one in 10 are not familiar with this treatment approach.

Though instead of using the term "dyadic treatment," most default to the simpler moniker, "parent/caregiver-child therapy." Respondents use this colloquial language far more often, suggesting professionals and organizations working on creating awareness about dyadic treatment should follow suit. Indeed, many believe ʻohana wellbeing should be the primary focus.

Billing and reimbursement problems are not nearly the impediment that awareness, familiarity, and specialized training is for most. Though they do like the option of using imminent risk "Z codes."

Billing doesn't appear to be a hindrance for those providing dyadic care. One in 10 say insurance denials limit their ability to provide dyadic treatment, for example.

Across the entire sample, less than one in five find billing to be "very challenging," with slightly more than one-third saying it is "very" or "somewhat" arduous. Nearly half are unsure how big of a hindrance billing is when treating very young patients.

Among those who encounter billing challenges, nearly four in 10 report providing fewer services as a result. This means that 13% of respondents overall say billing issues impact the care they provide, suggesting it is not a hot-button issue for most.

Summary of Findings, continued

The biggest complaints of the subset challenged by billing issues are payment for case management and care coordination along with low payment rates more broadly, which is something heard often across the entire medical community. Low federal and insurance reimbursement rates have consistently been one of the biggest stressors for health care providers across the state for years.

Use of Z codes – imminent risk – is considered helpful to the majority of respondents, with more than four in 10 considering it to be "very helpful." This is especially true for the mental health providers, especially psychiatrists, psychologists, and master's level clinicians, those who work in private practice, respondents who encounter young keiki with mental health concerns at least once a month, and professionals who have been practicing for 11 to 20 years.

When looking to the future, broader actions and policies around healthy families and more culturally responsive approaches are considered the most important ways to improve infant and young keiki mental health. And respondents clamor for more specialized training.

While all the tested proposals for improving mental health care and outcomes for children ages five and under are considered important, respondents identified broader policy prescriptions as most pressing. They look first to ways to improve the emotional and economic status of families, including paid leave, quality childcare, and simplified (and increased) access to medical care.

"I wish our parents had more resources so they could spend more time with their children. I would like to see better social policies supporting maternity leave, paternity leave, time for bonding without the stressors of finances…Many of our early childhood foundations are unstable because of parental stressors, fears of homelessness, inability to keep food on the table," commented a respondent.

Summary of Findings, continued

Cultural sensitivity is next on the list. Calls for more "culturally responsive, self-aware providers who consciously and regularly reflect on bias and stigma" is thought to be "one of the most important" actions by over six in 10 respondents.

Given the weight these providers put on specialized training, promotion services, and access to specialized providers, it is telling that these items are lower on the list than tackling the issues of economics, family wellbeing, and cultural insensitivity/stigma. This is even more true among behavioral health providers than primary care providers. It suggests that Promising Minds partners should be having both conversations at the same time.

Big majorities are at least somewhat interested in all the potential learning topics tested. Though when looking at motivation to take action, the "very interested" response category should be the main focus because decades of research has shown it is a better predictor of motivation.

In this case, help with the very basics – assessment and diagnosis – is atop the "very interested" list, followed by trauma-responsive care and screening. Billing assistance and help with financing and payment are much less salient. Our recommendation is to push the Z codes option for providers but focus less on this topic in favor of training around screening, diagnosis, treatment, and bias reduction, for starters.

It is heartening to note that there is considerable interest in specialized trainings around the care of these "littles." And they want to stay engaged – 189 respondents provided contact information and asked to be kept in the loop. It is incumbent upon the Promising Minds team to reach out to these people soon. A few expressed their gratitude for the survey with the hope that positive outcomes are a result of this effort.

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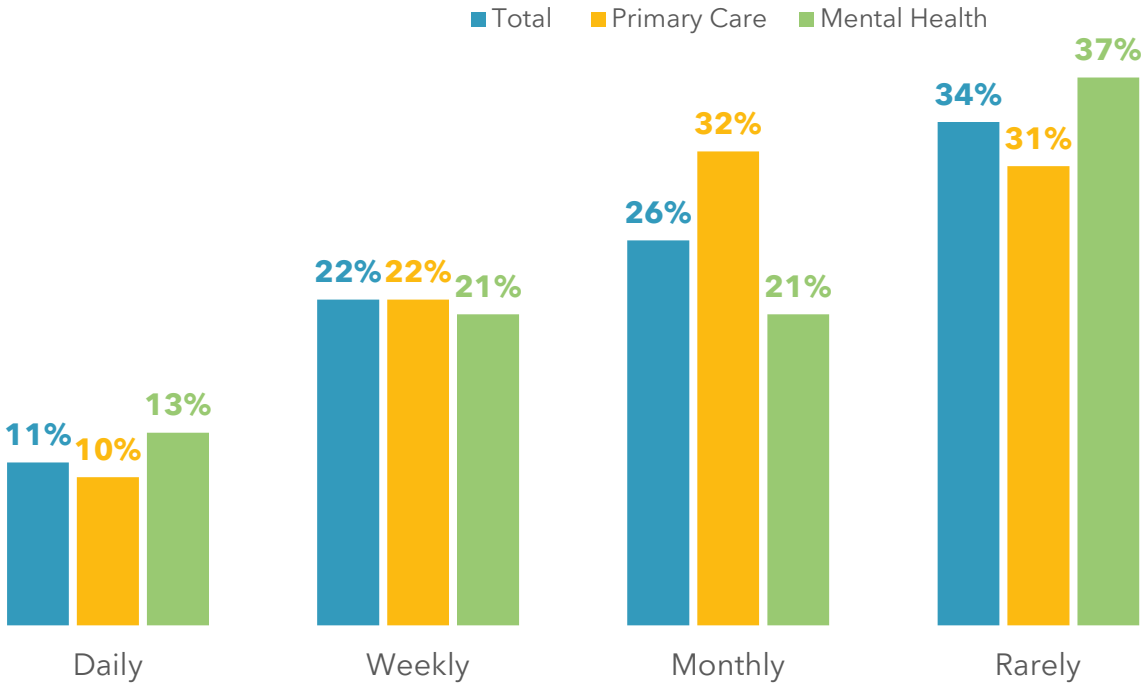
Views of Youth Mental Health in Hawaii

One-third of primary and behavioral health providers encounter young keiki with mental health concerns at least weekly; more choose "rarely" or "never."

They are much more likely to regularly see patients/clients over 5 with mental health concerns.

How often do you encounter children age five and under with mental health concerns?



How often do you encounter children **over 5** with mental health concerns?

Daily	29%
Weekly	34%
Monthly	18%
Rarely	13%
Never	4%

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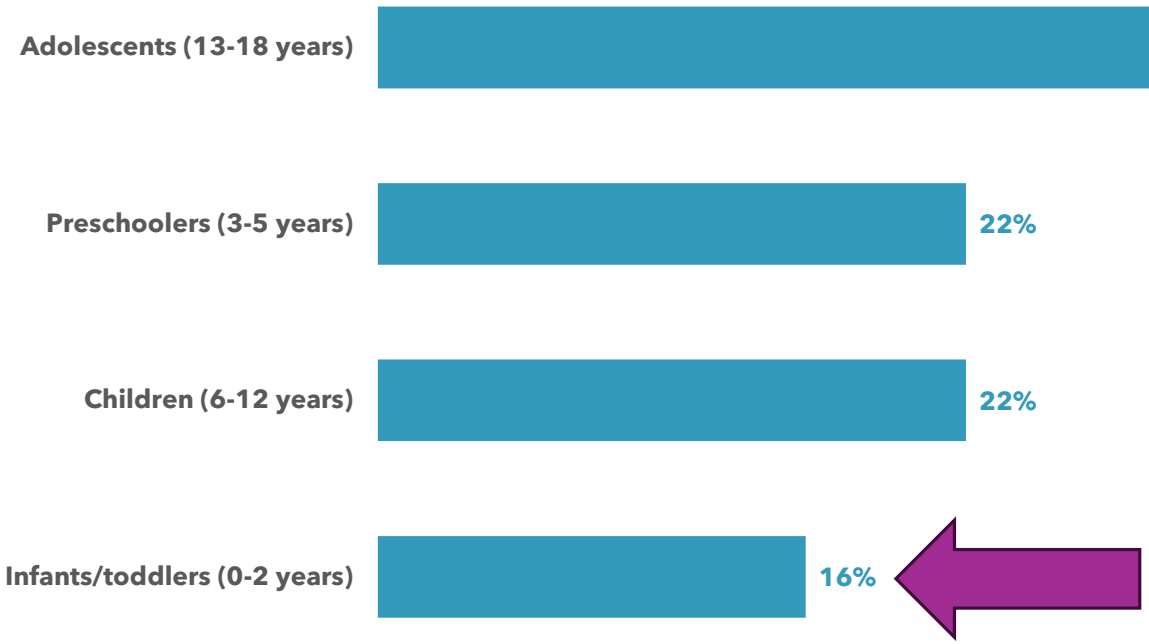
Nearly four in 10 worry most about adolescent mental health; roughly half that amount express concerns for preschoolers and children ages 6-12

While less than one in five worry **most** about infants and toddlers, concern levels are higher with behavioral health providers than PCPs.

When it comes to gaps or pukas in mental health resources, which age group do you worry about most?

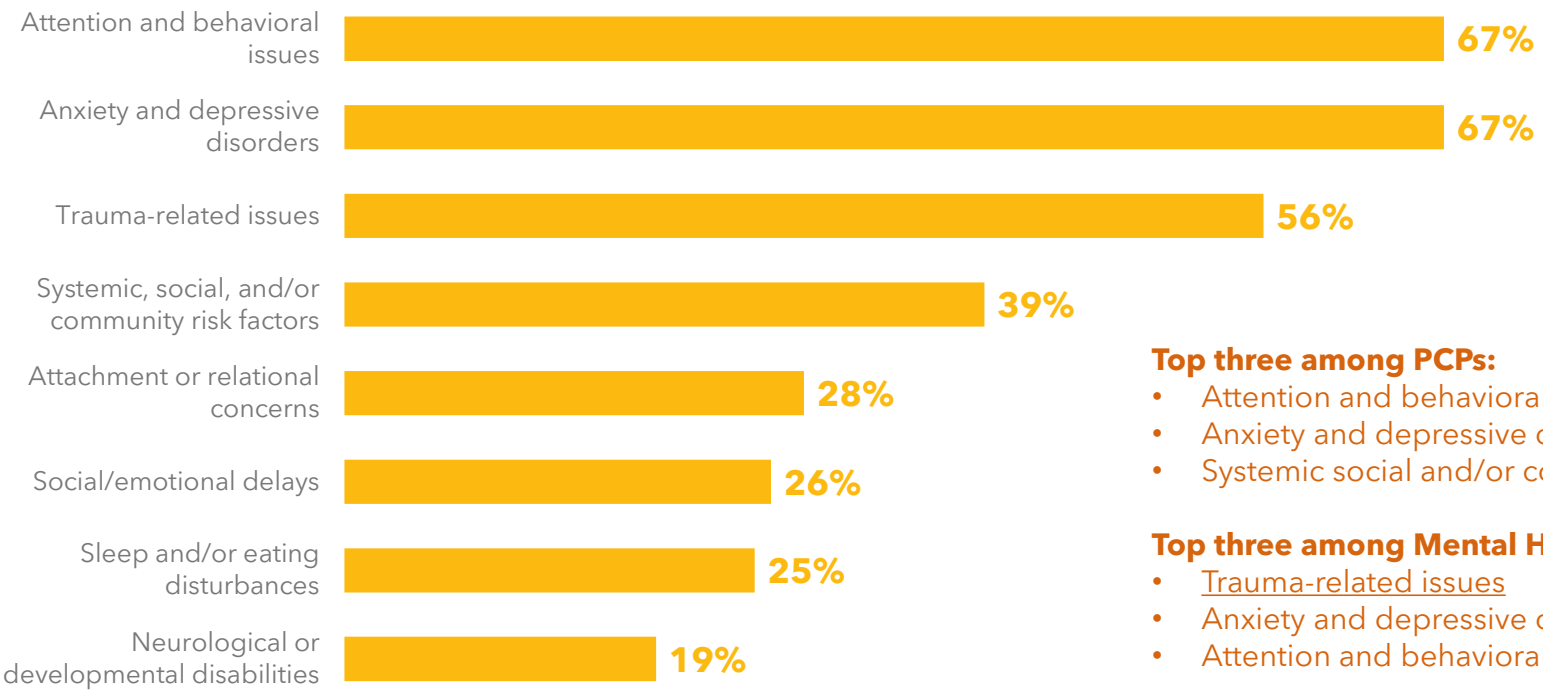


	PCPs	Mental Health
Adolescents	45%	35%
Children 6-12 yrs.	24%	20%
Preschoolers	20%	24%
Infants/toddlers	11%	21%

Attention/behavioral issues, anxiety/depressive disorders and trauma are the most common mental health issues providers see among children and young adults

By a double-digit margin, behavioral health experts see more trauma than primary providers. Neurological issues, sleep/eating, and attachment issues; and social emotional delays are the least common.

What are the three most common mental health issues you observe in children and young adults ages 0-21 that you treat? (Choose up to 3)



Top three among PCPs:

- Attention and behavioral issues
- Anxiety and depressive disorders
- Systemic social and/or community risk factors

Top three among Mental Health pros:

- Trauma-related issues
- Anxiety and depressive disorders
- Attention and behavioral issues

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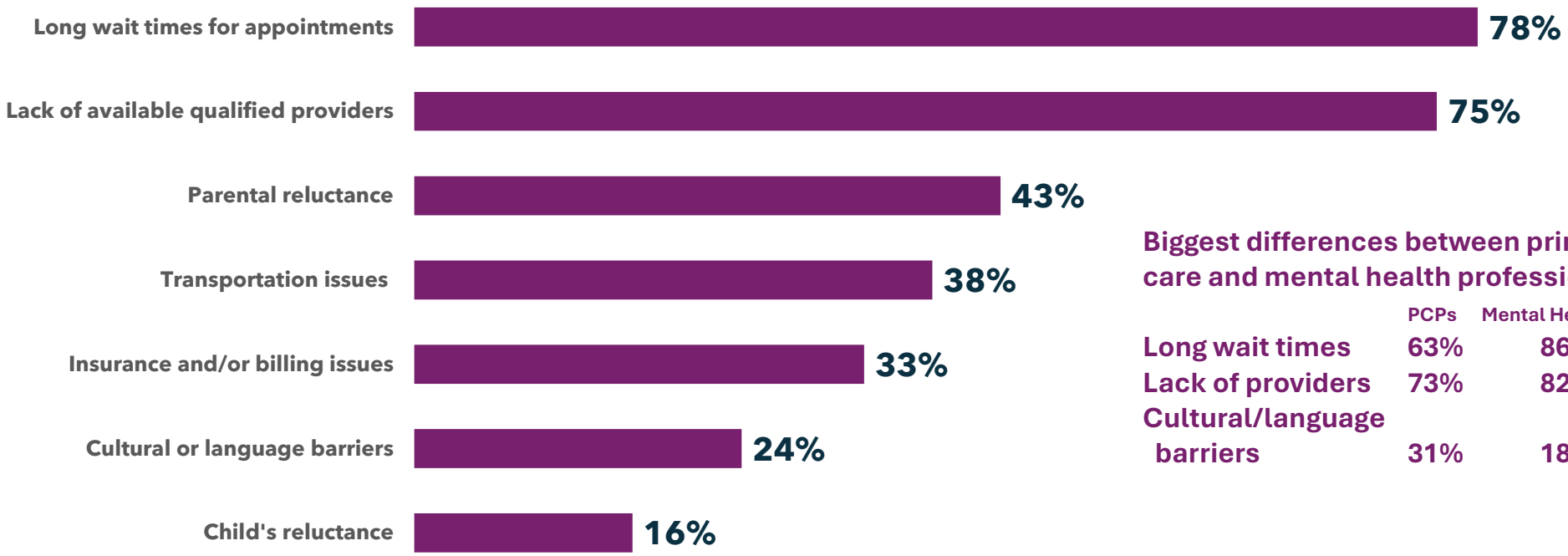
Access and Barriers to Behavioral Health Care for Keiki 0 to 5

Access to experts, including long wait times, is seen as the biggest impediment to care for children and young adults in Hawaii

Parental reluctance, transportation issues, and insurance/billing challenges are second-tier barriers. Child's reluctance is low on the list (they point to parents instead).

What are the top 3 barriers that you face when referring children and young adults ages 0-21 for mental health services? (Choose up to 3)



Biggest differences between primary care and mental health professionals

	PCPs	Mental Health
Long wait times	63%	86%
Lack of providers	73%	82%
Cultural/language barriers	31%	18%

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Referral to specialists, telehealth, community health services, and in-house professionals are thought to be the resources available to keiki and young adults ages 0-21

Some may benefit from a status report on what is available – along with the pukas.

To the best of your knowledge, what mental health resources are available to children and young adults ages 0-21 in your practice/community? (Check all that apply)

Referral to external specialists	70%
Telehealth mental health services	68%
Community mental health services	62%
In-house mental health professionals	60%
Community-based services and activities	54%
None/very limited services	15%

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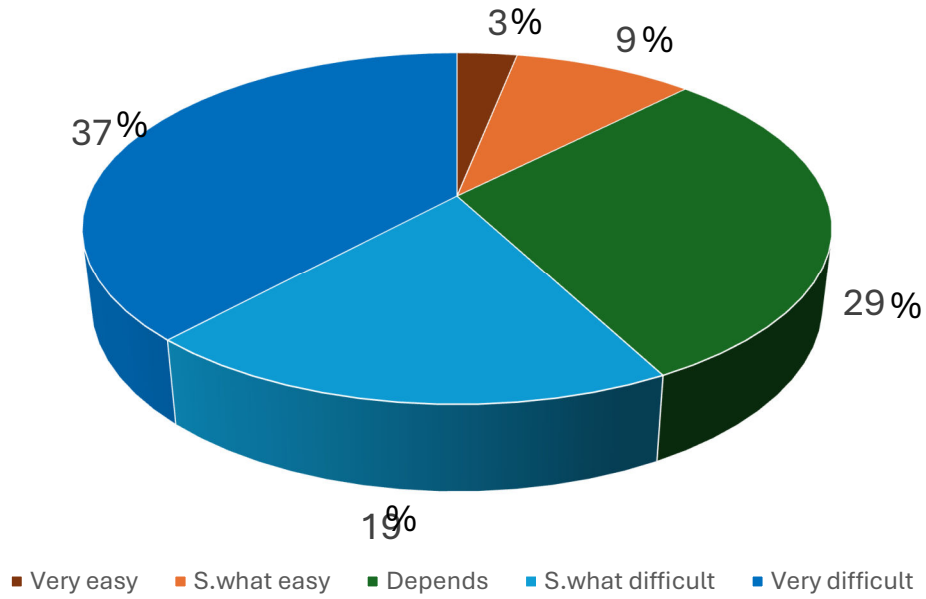
A majority contend that access to mental support for keiki age 5 and under is “difficult”

When help is needed, how would you describe access to mental health support for your patients/clients age 5 and under?



Access is “difficult” 55%
Access is “easy” 12%

“There is a significant lack of qualified providers in general, however, the lack of qualified providers for keiki age 0-6 is profound.”

“Very young child mental health service resources are sparse.”

“We refer but there are no openings.”

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Many lament the lack of resources, especially for this age group

"We need easily accessible providers and resources to meet the immediate needs of children at risk"

"IECMH is crucial. We also need to take into account the provider shortages in developmental behavioral pediatrics, child and adolescent psychiatrists, and in-person mental health professionals working with children and families under the age of 5."

"Workforce shortages in mental health providers."

"The process of referring to CAMHD is too cumbersome for families. No resources explicitly stating which therapists see her ages."

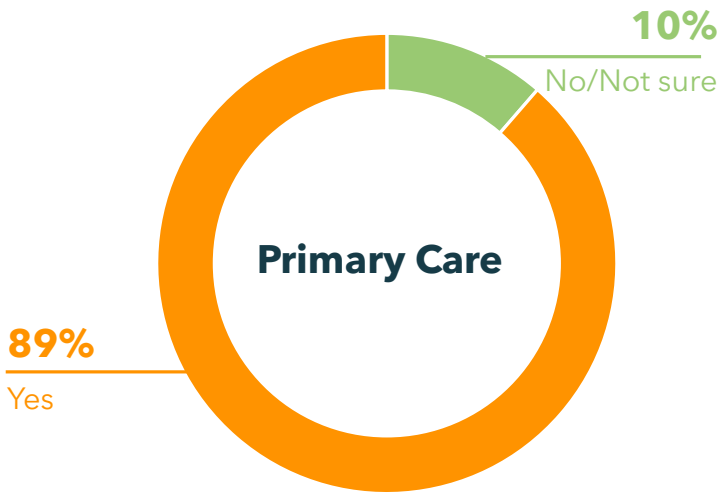
"There is a significant lack of qualified providers in general, however the lack of qualified providers for keiki age 0-6 is profound. What I often see is organizations giving these cases to their pre-licensed clinicians."

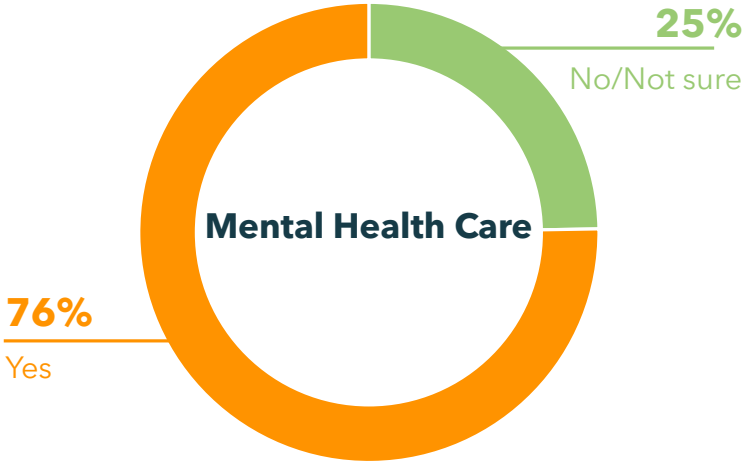
"In the provision of mental health services, it is essential to consider all islands, including smaller ones, to ensure equitable access to benefits and resources. Smaller inter-island communities are often overlooked, despite their significant need for support and the absence of adequate services."

Despite decrying provider shortages, most say they are accepting new patients

This is not the first time we have seen this.

Are you or is the place you work accepting new clients who are age 5 and under?





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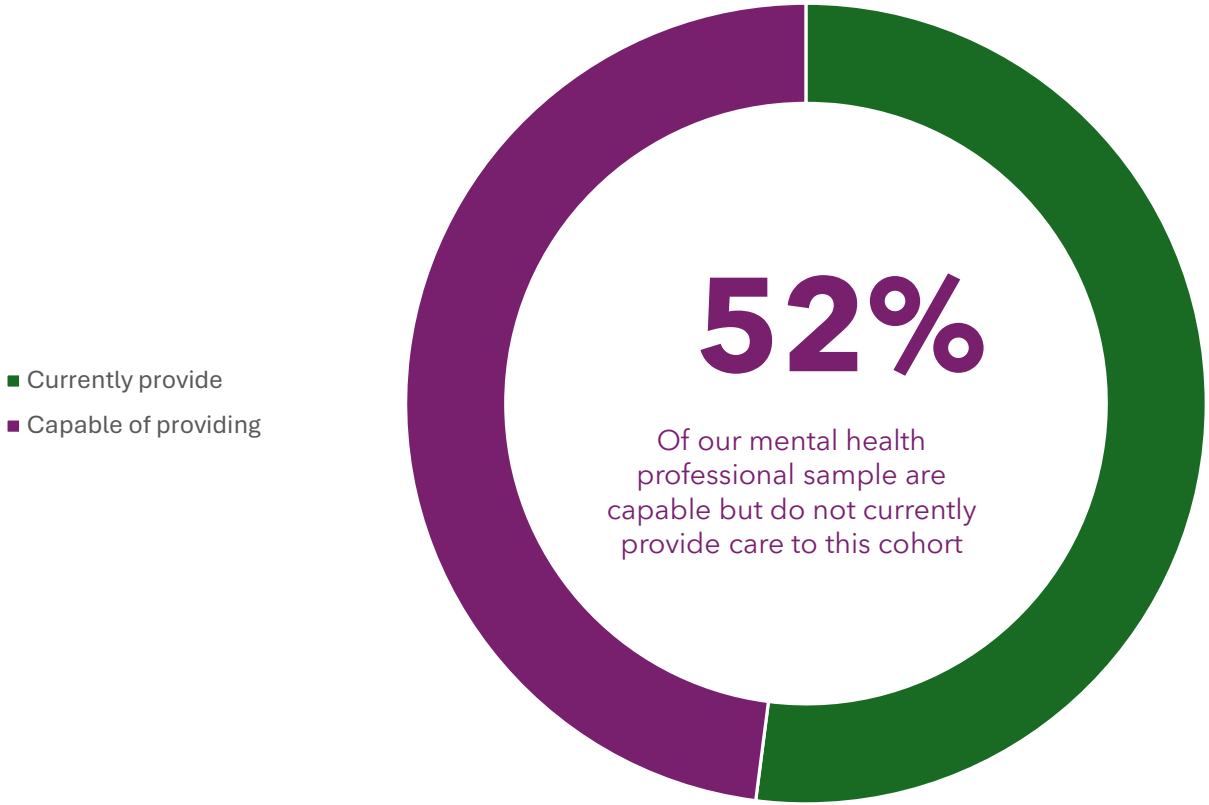
Over half the behavioral health sample is capable but not currently providing care to this age group

They are more likely to fall in the Case Manager, Care Coordinator, CHW category and include most races and ethnicities.

Are you currently providing or capable of providing primary care or mental health care to children age 5 and under?



Most likely to be capable but not currently providing care:

- Case managers/care coordinators, community health workers (CHWs)
- All races and ethnicities except Caucasians
- Rarely/never treat these patients

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Providers are nearly unanimous that screening, assessing, and diagnosing keiki under 5 is at least "somewhat" important

Over 80% consider it to be "very" important, with behavioral health experts more likely to be in this camp than PCPs.

How important do you believe it is to screen, assess, and diagnose mental health concerns in children age 5 and under?

	Total	Primary	Mental Health
Very important	81%	76%	85%
Somewhat important	17%	20%	14%
Total important	98%	96%	99%

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Strengthening 0-5 Support for Keiki Mental Health: Knowledge Building and Training

When it comes to providing needed services, relatively few providers have specialized training

Slightly more than one in five have dyadic therapy training and considerably more have interest in this training.

Please indicate whether you provide each of the following services to children age 5 and under.

Rank ordered by "yes and have training" (Total/Behavioral Health Pros)	Yes, and have specialized training	Yes, but don't have specialized training	No, but would like to w/training, resources	No, and not interested or able	Not sure
Referrals to community support services	36%/47%	46%/34%	14%/15%	1%/1%	3%/3%
Referrals to mental health specialists	35%/47%	48%/37%	13%/13%	1%/1%	3%/1%
Developmental screening	33%/43%	34%/16%	22%/28%	8%/10	3%/3%
Assessment and diagnosis of mental health concerns	31%/46%	32%/24%	28%/25%	6%/5%	2%/1%
Treatment for mental health concerns	30%/45%	28%/24%	29%/21%	9%/7%	3%/2%
Promotion or family support services such as home visiting or IDEA Part C early intervention services	24%/34%	31%/26%	28%/28%	9%/10%	7%/7%
Dyadic therapy for mental health concerns*	22%/35%	17%19%	38%/29%	18%/12%	6%/5%

*RESPONDENTS READ: *Dyadic treatment is a form of therapy in which the clinician is present with the parent/caregiver-child dyad, or in a nearby room, and coaches the parent/caregiver to encourage positive interactions that can help improve parenting/caregiving, the parent/caregiver-child relationship, and the child's behavior."*

A number point to a generalized understanding of 0-5 keiki mental health when explaining their comfort with treating and managing very young patients

Some admit that their training may be inadequate.

What, if anything, about your education, training, resources, or supports make you feel comfortable treating or managing mental health concerns in children age 5 and under?

- "My background and understanding of human development and the importance of the first five years."
- "Accessibility to evidenced based research/practices."
- "Post-graduate training has included workshops on child mental health."
- "Did complete a brief rotation in training which provided care to children 5 and over."
- "I have very limited experience working with children under the age of 5."
- "I have some experience from residency, but much of it comes from having my own child with special needs and behavioral issues."
- "This was more of a specialty area that you had to focus on in training – I focused on adults more than pediatrics."
- "Experience in residency in treating children age 5 and under."
- "Some solid rotations and exposures but limited."
- "Masters level training in family care as well as some experience."

Less than one-quarter feel "very comfortable" screening, assessing and/or diagnosing mental health concerns in children age 5 and under – and it is lower among PCPs.

This is the first sign that education and awareness are needed, especially among Pediatricians, social/case workers, and new practitioners. Among PCPs, women, Filipinos, Chinese and Japanese are also less likely to be comfortable.

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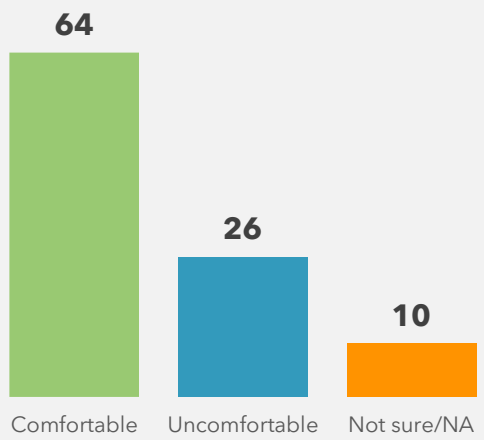
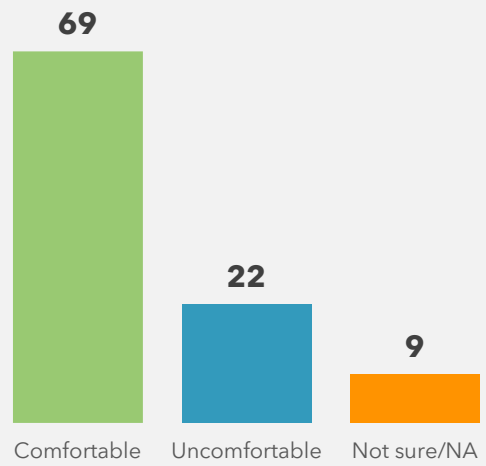
How comfortable are you in **screening, assessing, and/or diagnosing** mental health concerns in children age 5 and under?

Total Sample



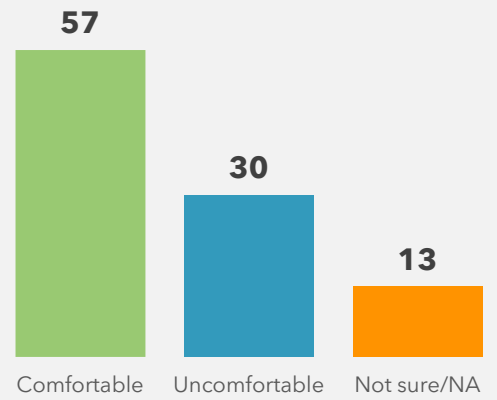
"Very comfortable" 23%

Mental Health Providers



"Very comfortable" 34%

Primary Health Providers



"Very comfortable" 12%

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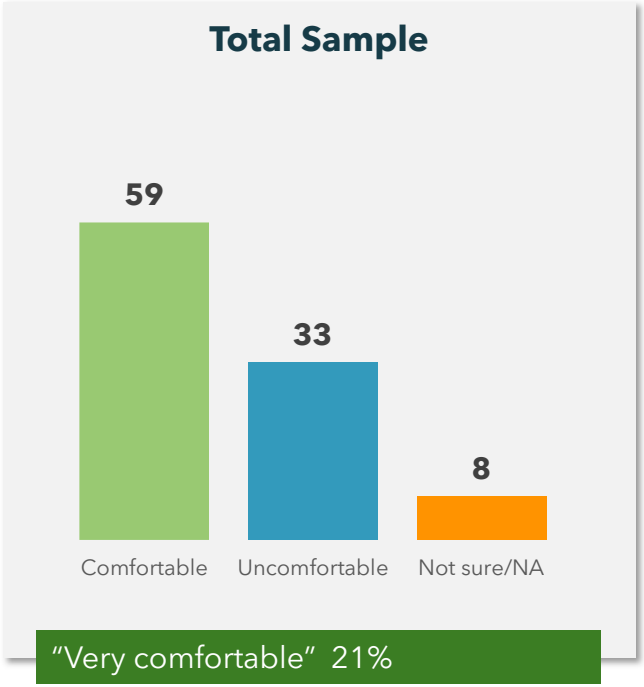
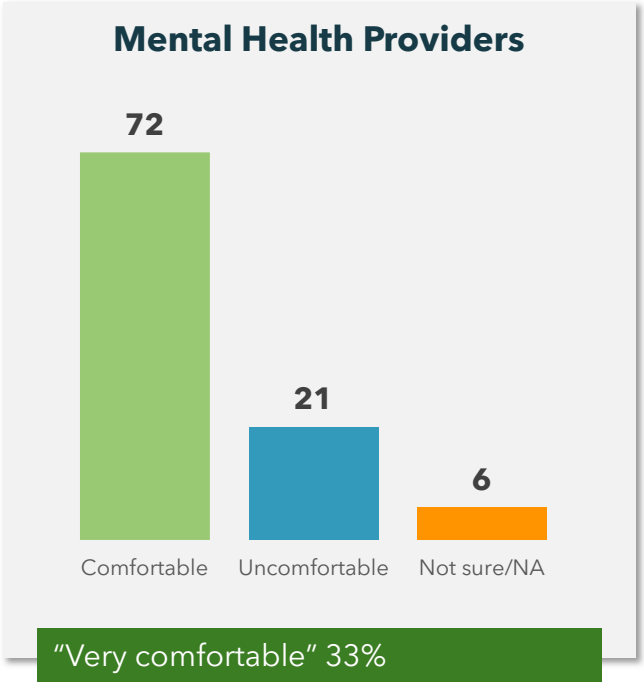
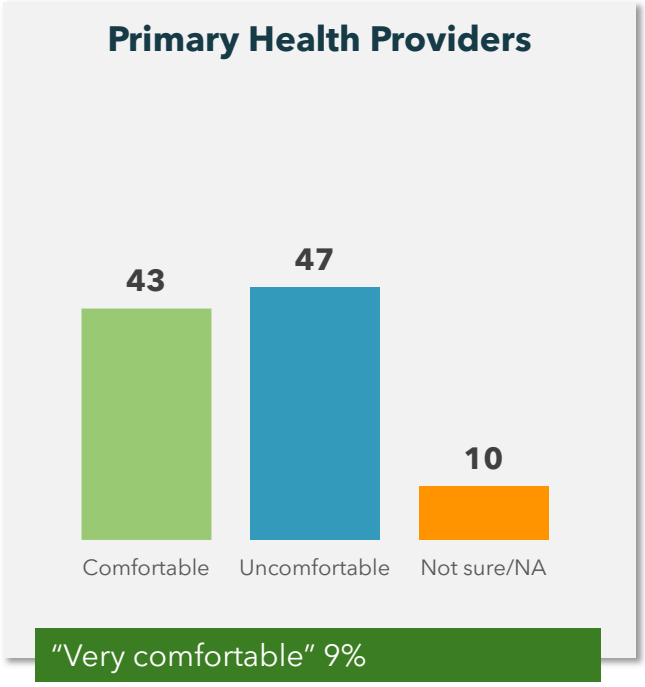
Managing and treating mental health concerns in children age 5 and under creates more discomfort with the PCP crowd

How comfortable are you in **managing or treating** mental health concerns in children age 5 and under?



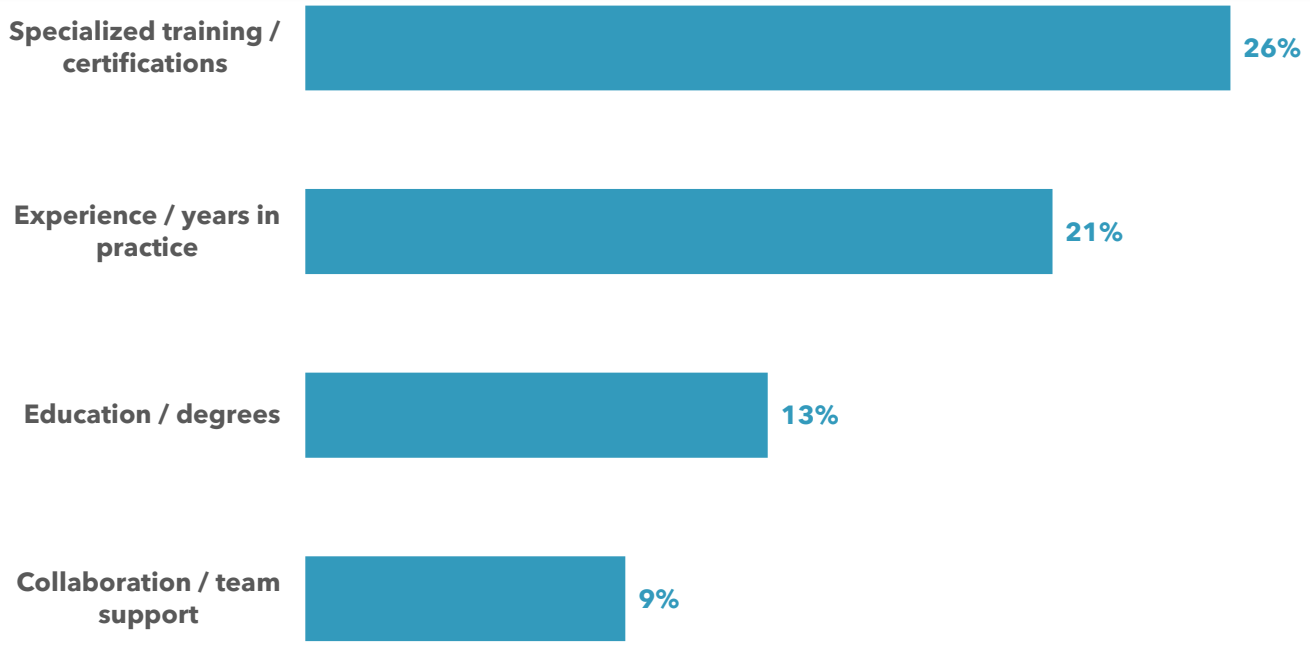




Most likely to say "uncomfortable" include pediatricians/physicians, PCPs working in their field less than five years, encounter keiki with concerns monthly, find access to mental care for this cohort to be "very difficult," and find billing to be "very challenging," along with behavioral health experts serving Maui County.

When asked what makes them feel comfortable treating mental health concerns in children 5 and under, respondents mostly point to specialized training/certifications, education, and previous experience in the practice

What, if anything, about your education, training, resources, or supports make you feel comfortable treating or managing mental health concerns in children age 5 and under?



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A number mentioned Promising Minds* and DC:0-5** training as the source of their comfort when treating young keiki.

What, if anything, about your education, training, resources, or supports make you feel comfortable treating or managing mental health concerns in children age 5 and under?

I am a Promising Minds Fellow.

I loved attending the DC 0-5 basic training. I also work with a great team to help identify any concerns in our clients.

Specific post-graduate training in the DC 0-5, Child Parent Psychotherapy, and other continuing education focused specifically on infants and young children. Ongoing reflective consultation to address concerns/questions as they come up in practice. Our organization is primarily focused on our DOH Early Intervention Contract so being involved in this program also gives me a lot more confidence and information on child development.

Recent participation in DC -0-5 Training, PCIT cert, Grief counseling with Camp Erin/Hospice of Kona, MSW, Stages of Life and Trauma-informed care.

I feel that Promising Minds fellows program, Maternal Mental Health and CPP trainings helped me to become comfortable working with young keiki.

I feel comfortable based on my training especially in IECMH (CPP, DC: 0-5, endorsement, etc.) and supports I have outside of my work at FQHC.

I have completed two programs. MCH Lend and AIM-HI Promising Minds Fellowship. I have 5years of professional experience working with children and families with children under the age of 5 in the field of social work.

I recently attended a DC:05 training on Oahu. https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training.

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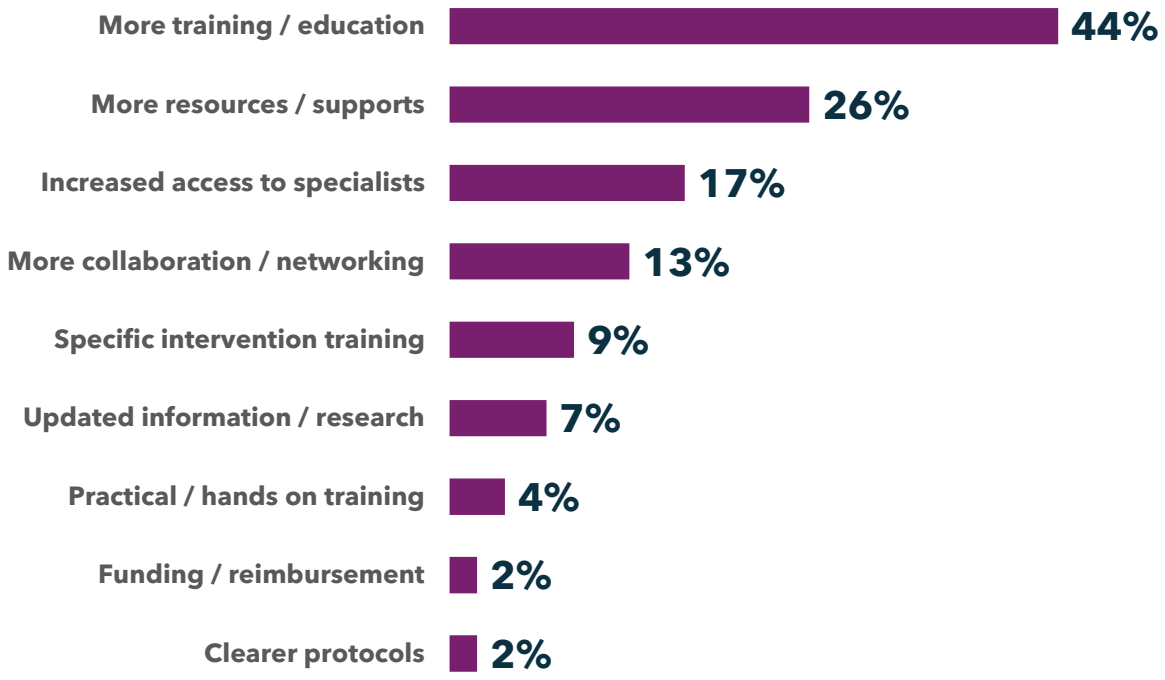
* The Promising Minds Fellows Program is offered by Association for Infant Mental Health in Hawaii.
** Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-5)

When asked what would make them more comfortable treating or managing mental health concerns in kids 5 and under, respondents point to more training

What education, training and resources or supports would make you feel more comfortable treating or managing mental health concerns in children age 5 and under?



"We need family therapists that are culturally competent to work with parents on their expectations, knowledge of child development, how they planned to parent vs how its going, and recognizing when care needs to be escalated."

"Training to perform diagnostic evaluation for autism, training on behavioral and parenting supports for neurodivergent toddlers awaiting more formal therapy options (like ABA). Having a resource to consult with on challenging cases where diagnosis or treatment is difficult but wait list for help is beyond too long."

"Specialized trainings targeting assessment, diagnosis, and interventions with children 5 and under. Becoming more familiar with community resources for children this age as well as their family/caregivers."

More details on the types of help providers seek in order to be more comfortable diagnosing and screening this young age cohort

More Training/Education (44%): General request for more training or training on specific topics (e.g., **play therapy**, **nonverbal techniques**, assessment, diagnosis, specific interventions).

More Resources/Supports (26%): Readily **accessible specialists**, consultation services, referral options, **parenting support programs**, **financial resources**, etc.

Increased Access to Specialists (17%): Better access to child psychologists, psychiatrists, and developmental-behavioral pediatricians.

More Collaboration/Networking (13%): Better communication and collaboration between providers, agencies, and systems.

Specific Intervention Training (9%): Training in evidence-based interventions like PCIT, CPP, etc.

Updated Information/Research (7%): Access to the latest research and best practices.

Practical/Hands-on Training (4%): Role-playing, observation, and other **hands-on training** opportunities.

Supervision/Mentorship (4%): Access to **supervision and mentorship** from experienced professionals.

Funding/Reimbursement (2%): Adequate **funding and reimbursement** for services.

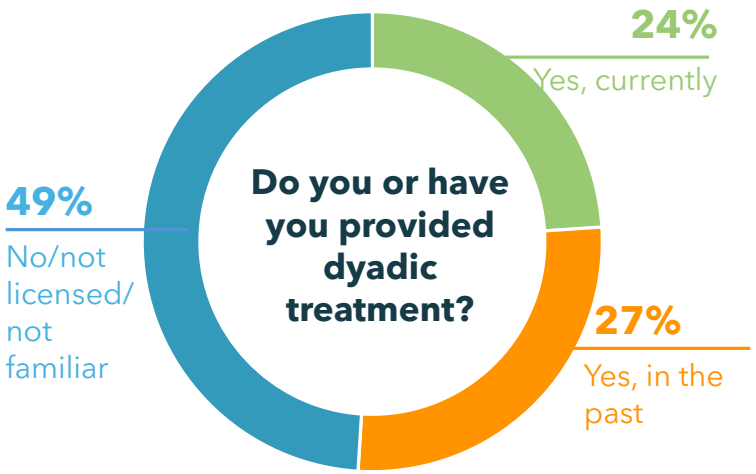
Clearer Guidelines/Protocols (2%): Clear guidelines and protocols for assessment, diagnosis, and treatment.

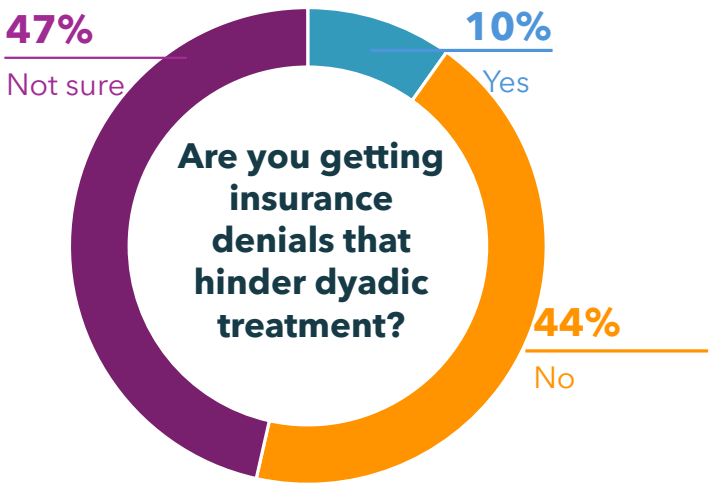
Nearly one quarter offer dyadic treatment and about the same number have done so in the past

Very few (6%) are unfamiliar with this tool. And small numbers say insurance denials are hindering this treatment approach.

If you are a psychologist, psychiatrist, or a licensed masters' level mental health clinician, do you currently provide or have you provided dyadic mental health treatment in the past?

If you are providing dyadic care, are you getting insurance denials on services that limit your ability to provide dyadic treatment as it is described above?





Mental Health Professionals who have provided dyadic care in the past are more likely to have been working in their fields 11 years or more, work in private practice settings, are White, and rarely treat patients this young, if ever.

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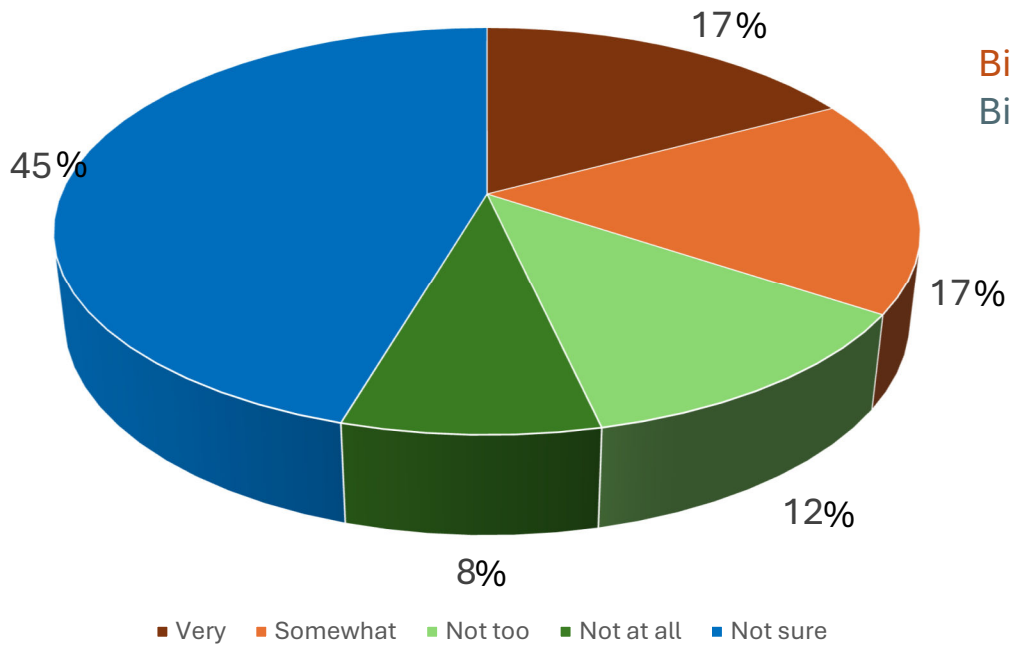
Strengthening 0-5 Support for Keiki Mental Health: Billing and Reimbursements

Slightly more than one-third call billing for young keiki mental health services "challenging" – less than one in five say it is "very" challenging

Nearly half are not sure how big of a hindrance billing is in treating these patients.

To what extent is billing for mental health services for children age 5 and under challenging for you?



Billing is "challenging" 35%

Billing is "not challenging" 20%

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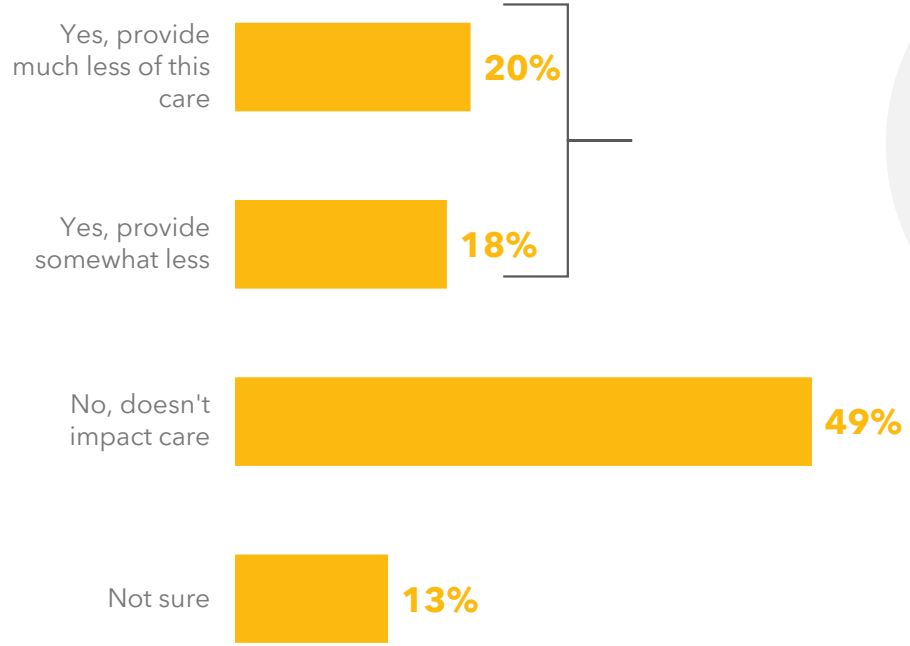
For roughly one-third who consider billing challenging, nearly four in 10 report providing fewer services as a result

This means that 13% of all respondents say billing issues impact the care they provide.

Do you provide fewer of these services due to billing challenges and barriers around reimbursements and compensation?



Among the 35% who find billing challenging, payment for case management and care coordination along with low payment rates more broadly are the biggest obstacles

Restrictions on locations, ability to bill for caregiver/parent-only sessions, and uncertainty around CPT and ICD codes are second-tier impediments.

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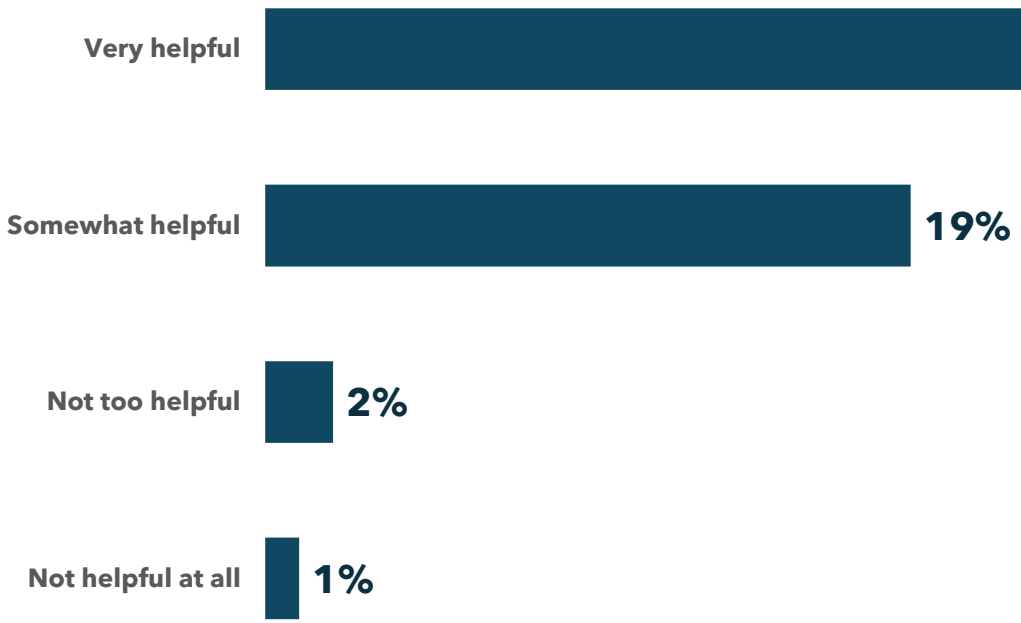
Below are barriers some providers have encountered when billing for services. Please indicate how often you encounter each one.

Rank ordered by "very often"	Very often	Somewhat often	Total often	Not too/Never	Not sure
Payment for case management/care coordination	43%	16%	59%	15%	27%
Low payment rates for services	42%	16%	58%	14%	29%
Restrictions on locations where services can be provided	32%	14%	46%	22%	32%
Ability to bill for caregiver/parent-only sessions	30%	18%	47%	26%	26%
Unsure of what CPT or ICD codes are reimbursable	29%	29%	57%	27%	15%
Lack of or limited knowledge of which CPT or ICD codes to use	23%	29%	52%	33%	15%

Use of Z codes -- imminent risk – is considered helpful to the majority of respondents

How helpful would it be for your mental health practice to be able to bill using an imminent risk, or "Z code"? Z codes are a set of diagnosis codes used to identify factors that affect a patient's health status and their need for health services.



Most likely to find Z codes "very helpful":

- Mental health care providers, especially psychiatrists, psychologists, and Master's level clinicians
- Work in private practice
- Encounter young keiki with mental health concerns at least once a month
- Those who have been practicing 11-20 years
- Find billing to be "very challenging"

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Strengthening 0-5 Support for Keiki Mental Health: Recommendations

Broader policy actions around healthy families, including paid leave and quality childcare, and more culturally responsive approaches are considered important to improving infant and young keiki mental health

Respondents see parents and ‘ohana as key to care for these “littles.”

Below is a list of ways to improve mental health care for children age 5 and under in Hawai‘i . Please indicate how important each is to you.

Rank ordered by “one of the most important”	One of the most	Very important	Somewhat important	Not too/Not at all	Not sure
Access to family wellness and protective factors for infants and young children that increase the emotional and economic viability of healthy family life, such as paid family leave, simplified medical care access, and quality childcare.	68%	29%	2%	0%	0%
Culturally responsive, self-aware providers who consciously and regularly reflect on bias and stigma to improve the nuance, responsivity, and efficacy of both their independent work and the systems in which they work.	61%	33%	4%	1%	0%
Promotion services, such as parenting and child development education, support groups, and community connections, for families with infants and young children that are readily available and easily accessible.	60%	36%	4%	0%	0%
Specialized providers who are both clinically trained in dyadic treatment models and part of an ecosystem that facilitates easy access to a range of interconnected family supports	52%	38%	7%	0%	2%
Training and technical assistance opportunities available to providers on an ongoing basis regarding how to navigate multiple funding streams and what infant and early childhood mental health services are allowed to be billed	45%	39%	12%	2%	2%

Most of the improvement proposals tested are of greater importance to mental health experts than primary health providers

Specialized providers are seen as more critical to those providing primary care.

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Below is a list of ways to improve mental health care for children age 5 and under in Hawai‘i . Please indicate how important each is to you.

Percent saying “one of the most”	Behavioral Health Providers	Primary Care Providers
Access to family wellness and protective factors for infants and young children that increase the emotional and economic viability of healthy family life, such as paid family leave, simplified medical care access, and quality childcare.	74%	62%
Culturally responsive, self-aware providers who consciously and regularly reflect on bias and stigma to improve the nuance, responsivity, and efficacy of both their independent work and the systems in which they work.	69%	53%
Promotion services, such as parenting and child development education, support groups, and community connections, for families with infants and young children that are readily available and easily accessible.	68%	52%
Specialized providers who are both clinically trained in dyadic treatment models and part of an ecosystem that facilitates easy access to a range of interconnected family supports	54%	59%
Training and technical assistance opportunities available to providers on an ongoing basis regarding how to navigate multiple funding streams and what infant and early childhood mental health services are allowed to be billed	46%	43%

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Respondents see big benefits to focusing on the parent-child relationship, including intervention and family-friendly policies

"Infant and early child mental health is worth investing in because early intervention is correlated with better outcomes for individuals later in life, which may reduce the burden of mental health needs on government support systems."

"I wish our parents had more resources so they could spend more time with their children. I would like to see better social policies supporting maternity leave, paternity leave, time for bonding without the stressors of finances. I feel a lot of harm is done by not making an investment in paid time off for young parents to bond with their children, and all get off to a good start. Many of our early childhood foundations are unstable because of parental stressors, fears of homelessness, inability to keep food on the table. Many good parents are stressed out and this could be avoided with better social policies to better protect and strengthen this stage of parent-child life."

"Dyadic interventions fully funded can provide the state with cost saving preventative and protective factors that move with the family into the future. Fully funding this is the number one effort that will make a huge difference in Hawai'i."

"It seems there are many opportunities for broad systemic change that will greatly improve the outcomes of our children, adolescents, families and the community. "Results Based Medicine" is one such initiative."

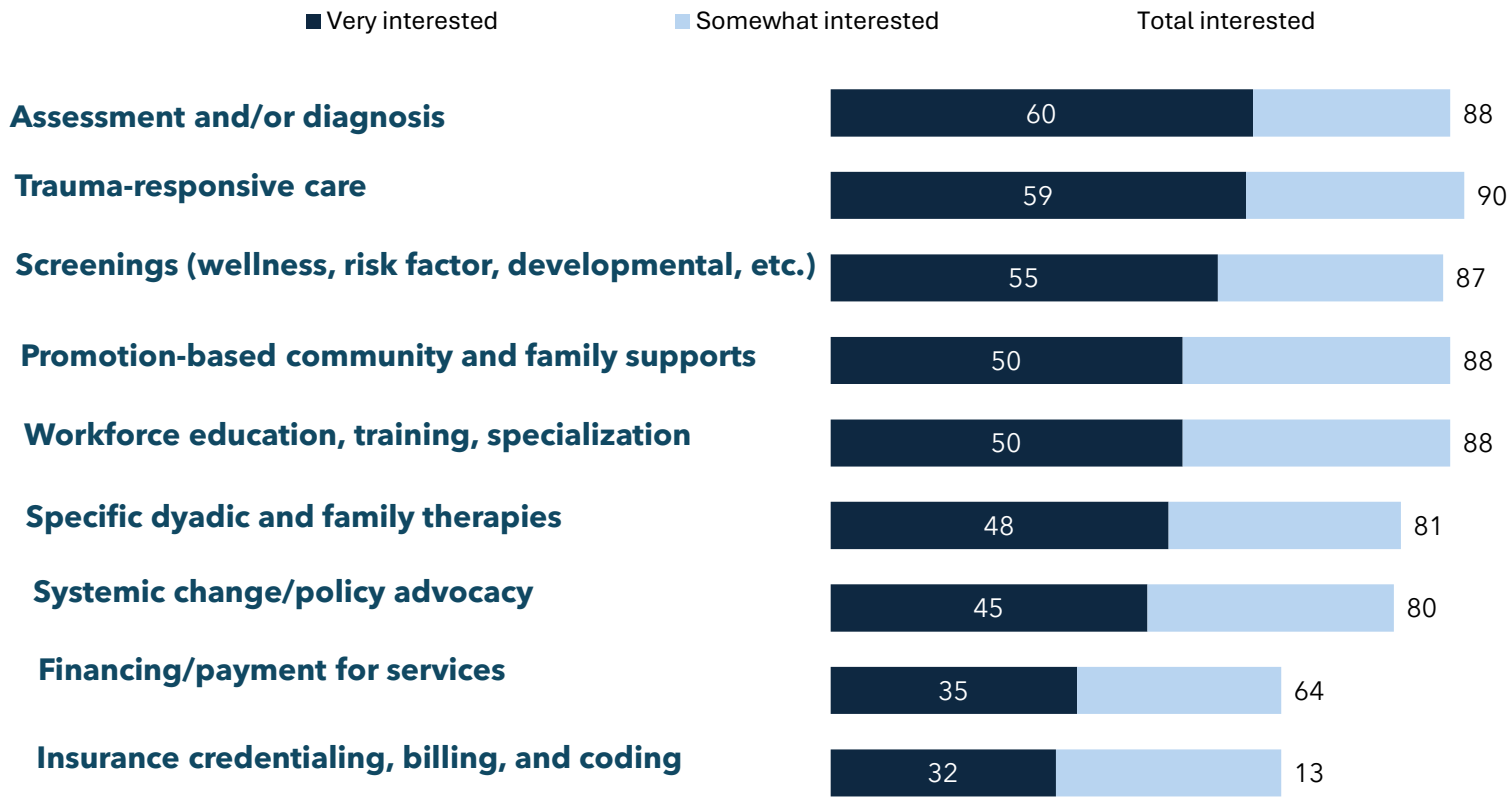
"Infant and early child mental health is dependent on the wellness of the parents and family system surrounding the child. Parent and family systems support not inherently considered systemically, billing codes, treatment modes, etc."

"We need to commit to identifying children and families affected by neurodiversity such as those affected by substance use exposure in pregnancy and the sociocultural, economic, systemic issues they confront or are embedded in."

Providers express the most interest in assessment, diagnosis, screenings and trauma-responsive care

Assistance with billing, reimbursements, and financing generated the least amount of interest.

How interested are you in learning more about the following topics related to the infant and early childhood mental health field?



Number of respondents who provided contact information and asked to be kept in the loop:

189

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Demographic groups most interested in learning more about the topics tested

	Demographic groups most likely to be "very interested"
Assessment and/or diagnosis	11-20 years in field; Filipinos
Trauma-responsive care	6-10 years in field; Filipinos
Screenings (wellness, risk factor, developmental, etc.)	6-10 years in field; Filipinos
Promotion-based community and family supports	6-10 years in field; Native Hawaiians;
Workforce education, training, specialization	6-10 years in field
Specific dyadic and family therapies	Care coordinators/case managers; 11-20 years in field
Systemic change/policy advocacy	Psychiatrist/Licensed Master's Level Mental Health Clinician/Post-Master's, Pre-Licensure Mental Health Clinician; 6-10 years in field
Financing/payment for services	11-20 years in field
Insurance credentialing, billing and coding	11-20 years in field

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- Respondents are nearly unanimous that mental health screening, assessment, and diagnosis for ages 0-5 is needed; they don't need to be convinced of its value and importance. The problem is that many lack the know-how to make it happen. There is a demand for a range of IECMH specialized training – starting with screening through care management – even help making referrals.
- They are strong believers in parent/caregiver-child (dyadic) therapy, and a majority mental health professionals are trained in this practice. But less than one-quarter currently offer it.
- These providers support advocacy around broader policy changes to improve family support systems. They worry about economic insecurity and the toll it takes on families. Parental leave and quality, affordable childcare are on the list.
- Survey participants place a high priority on cultural competency and greater awareness of bias on the part of providers. They also look for ways to reduce stigma, with parents and caregivers.
- With the exception of Z codes, which are considered helpful, billing and funding issues were less important.
- **The clear request is for more specialized training tailored to young keiki across the health care spectrum to properly assess, diagnose, and treat those five and under with mental health concerns; expand the qualified workforce and increase access; advocate for family-friendly policies; and increase awareness of the biases health care professionals bring to the patient relationship, coupled with attempts to reduce stigma among parents and caregivers.**

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Recommendations

1. With near unanimity, survey respondents agree that screening, assessing, and diagnosing these young patients is critical, rendering it unnecessary to convince providers of the importance. What they may not fully understand, however, is the extent to which these services are available to keiki five and under. Perhaps a status report on what is and is not currently available would be helpful.
2. While considered essential, many don't know how to screen, assess, and diagnose infants and young children, let alone treat and manage these patients. The good news is that a plurality wants to better understand, diagnose, and treat these children.
3. Education and training, starting with screening and assessments, are critical. It is as, or even more, important to increase knowledge around managing and treating mental health concerns. It may even be worth considering hosting a short tutorial on making referrals and/or ensuring the list of providers is up to date. Without question, this is of paramount importance.
4. The Promising Minds Fellows Program and DC: 0-5 Training (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) were confidence boosters cited often by respondents. These lauded programs should be replicated as much as possible, among other IECMH programs.
5. A majority of mental health experts are capable of providing care to this cohort but are not currently doing so, likely due to lack of training. This target-rich environment is most likely to be composed of bachelor's level social workers, care coordinators, case managers, and community health workers (CHWs). Perhaps they can serve as the first line of protection for these young keiki.

Recommendations, continued

6. Respondents believe more focus is needed on the parent/caregiver-child relationship and our communications should continue to reflect this. This ranges from direct care, dyadic treatment, to stigma reduction and lessening reluctance which is seen as a bigger issue among parents than keiki.
7. When it comes to dyadic care, it may be more impactful to use more colloquial language that invokes the parent/caregiver and child. This is what respondents used more often. It is also the case that roughly one-quarter have provided dyadic treatment in the past but no longer do so. Perhaps they can be deployed again to help these families. These tend to be mental health pros who are in private practice, have at least a decade of work experience, are white – and, perhaps problematically, rarely or never see this young age group.
8. Cultural competency and awareness is another important topic. Not only is more needed to reduce stigma by parents and caregivers, but providers must also be made aware of the biases they bring to the interaction. Bias and sensitivity training is warranted, especially as it relates to interactions with parents and caregivers.
9. The economic and social pressures that come with Hawaii's high cost of living cannot be overlooked. Paid leave is one example of a policy proposal worthy of advocacy. It is seen as creating the foundation for healthy parent-child connections which reap dividends in the form of improved lifelong mental health.

Recommendations, continued

10. Billing and reimbursement concerns are considerably less important than increasing awareness and continuing to provide specialized training. Z codes are the exception and should be promoted as much as possible.
11. More than half of respondents – 189 individuals – provided their contact information to continue to be part of the conversation centered on better supporting young keiki and their families, and the professionals who serve them. Please make sure to activate this corps of interested individuals soon.

Mahalo!

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"Let's keep on keepin' on!"
Final thoughts from a Provider

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