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## **Column: Building workforce skills to help address stresses is a key to healthier kids, families**

By Justina Acevedo-Cross and Erin Henderson Lacerdo

With May recognized as Mental Health Awareness Month, let's expand our understanding of who needs mental health services. A strong mental health system starts at birth — and it includes services for babies, toddlers, preschoolers and their families.

Poor mental health shows up in different ways in children than for adults, and not enough adults are trained in how to spot it or make it better. Babies, toddlers and preschoolers might display

disruptive or aggressive behavior like throwing toys at a teacher. Or a child may be quiet or show signs of being withdrawn like retreating to a corner during shared meal time.

Signs of infant distress are easy to miss: Babies may turn away from a caregiver who is seeking to console them or not cry at all. All these behaviors, whether disruptive or withdrawn, can be signs of trauma or toxic stress. Toxic stress wreaks havoc on developing brains and bodies — like a car engine that’s revving at high levels for an extended period. All the wear and tear is damaging. Fortunately, that damage can be minimized by trained adults who can help a child’s “engine” run smoother and allow them to shift gears.

With the recognition that babies, toddlers, and preschoolers have similar mental health needs as adults, and an understanding that adults are a part of the solution, a cross-sector team in Hawaii developed a five-year Integrated Infant and Early Childhood Behavioral Health (IECBH) Plan in 2021.

The plan proposes to integrate mental health and trauma-informed care into the health and early learning systems throughout the state and lays out a roadmap on how to do just that.

The plan identifies four components: 1) systems and policy, 2) community education, 3) workforce development, and 4) programs and services that will make the biggest difference toward creating a mental health system that starts at birth.

Let’s take one of those plan components — workforce development — to illustrate what is underway and what still needs to improve.

In the last three years, there has been an increase in capacity toward developing a skilled workforce that can work with infants, toddlers and their families on addressing toxic stress and improving their overall wellbeing.

Professionals have gained new knowledge, skills, connections and resources. An example is the way one teacher now addresses a child who aggressively threw toys in the classroom. She’s changed the classroom daily routine and accessed help for the child from a specially trained preschool counselor. The teacher has reported less encounters and a “new calmness for the entire classroom.”

Efforts to equip medical professionals with knowledge have also begun through partnerships with continuing education programs for doctors, nurses and other allied health professionals. Today, in Hawaii, more than 100 people working in early childhood jobs are equipped with mental health knowledge and an additional 39 mental health professionals have gained deep expertise.

This workforce should be celebrated, and yet it is not enough to meet the demand for services or provide consistency in care for infants and toddlers.

Out of the 95,000 children under age 6 in Hawaii, 23,000 children need mental health services. Let's not have them wait to get it. By the time they are teens or adults the health and social costs are too great.

Together let's advocate for increasing the workforce through policies that incentivize training programs that prepare infant and early childhood mental health professionals.

Let's ensure that Hawaii uses federal, state and private funding to implement necessary services for families. Let's encourage government and nongovernment coordination to expand our mental health system to reach all children who need it.

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