



# **COST-EFFECTIVENESS OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH TREATMENT**

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# Mental Health Begins in The Earliest Years

**THE FIRST FIVE YEARS OF A CHILD'S LIFE IS A CRUCIAL PERIOD FOR BRAIN DEVELOPMENT AND FOR ACQUIRING THE SOCIAL AND EMOTIONAL SKILLS NECESSARY TO SUCCEED IN SCHOOL AND LIFE**

Safe, consistent, and caring relationships and environments support healthy development, but traumatic experiences – like abuse and neglect and natural disasters – can lead to serious mental health problems.

Young children can and do experience mental health problems. 1 in 6 children (ages 2-8 years) has a diagnosed mental, behavioral, or developmental disorder. Common early childhood disorders include posttraumatic stress disorder (PTSD) and anxiety.<sup>1</sup>



**The good news is that infant and early childhood mental health treatment is highly effective**

## **POSITIVE OUTCOMES OF EVIDENCE-BASED TREATMENT INCLUDE:**

- Reductions in behavior problems, symptoms of PTSD, depression, and anxiety in children
- Less parental stress, anxiety, and depression
- Prevention of child abuse and neglect
- Long-term improved school success, physical and mental health, and financial stability <sup>2,3,4</sup>



## **MENTAL HEALTH TREATMENT FOR YOUNG CHILDREN AND THEIR FAMILIES OFFERS A GOOD RETURN ON OUR INVESTMENT**

A **\$1 investment** in mental health prevention yields **\$1.80 - \$3.30** in savings in healthcare, education, criminal justice, and labor market expenditures.<sup>5</sup>

### **Every dollar spent on treatment leads to cost savings. For example:**

- **Triple P-Positive Parenting Program** has an average **return on investment of \$7.78 per child<sup>6</sup>**
- **Child-Parent Psychotherapy** has an average **return on investment of \$13.82 per child<sup>7</sup>**
- **Parent-Child Interaction Therapy** has an average **return on investment of \$15.11 per child<sup>8</sup>**

\*Online delivery of interventions can result in even greater cost savings for programs and families with equally good outcomes<sup>9</sup>



# Costs and benefits compound over time

**CHILDREN WITH UNTREATED MENTAL HEALTH DISORDERS END UP HAVING HIGH RATES OF INVOLVEMENT IN THE JUVENILE JUSTICE, CHILD WELFARE, AND SUBSTANCE USE RECOVERY SYSTEMS.**

## **THIS COSTS TAXPAYERS:**

- About \$33 billion each year in child welfare expenditures<sup>10</sup>
- About \$21 billion each year in juvenile justice expenditures<sup>11</sup>
- About \$600 billion each year in substance use recovery expenditures<sup>12</sup>

**BY ADULTHOOD, MANY COSTS ARE PASSED ON TO EMPLOYERS AS WELL.**

**A 2021 analysis shows that employees experiencing mental distress use, on average:**<sup>13,14</sup>

- Nearly \$3,000 more in health care services each year than their peers
- \$4,783 a year per employee in days lost
- \$5,733 a year per employee in costs related to turnover

**Early investments in mental health treatment set children on a trajectory of greater health, mental health, and educational success, with cost savings that accumulate over time**

## **FOR EXAMPLE:**

- Parent-Child Interaction Therapy saves an average of \$945 per child in educational, health care, and criminal justice expenditures<sup>15</sup>
- Triple P-Positive Parenting Program shows an overall cost savings of \$2,070 per child in educational, child welfare, mental health care and criminal justice expenditures<sup>16\*</sup>

\*Figures are presented in 2018 dollars.



**ALL CHILDREN SHOULD HAVE ACCESS TO EVIDENCE-BASED MENTAL HEALTH TREATMENTS WHEN NEEDED**

Comprehensive systems of care for young children and families are essential to promoting healthy social and emotional development, and preventing, identifying, and treating mental health problems.





Great inequities exist in access to evidence-based treatments. Many treatments have an established evidence base for certain populations but have not been normed or culturally adapted to be appropriate for children and families in different cultures or contexts. These are important limitations requiring continued attention.

**EVIDENCE-BASED TREATMENTS** are “interventions for which there is scientific evidence consistently showing that they improve client outcomes.”

### EXAMPLES OF EVIDENCE-BASED MENTAL HEALTH TREATMENTS FOR YOUNG CHILDREN AND THEIR FAMILIES INCLUDE:

- Attachment and Biobehavioral Catch-up (ABC)
- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Triple P – Positive Parenting Program (Triple P)

For further detail on the evidence base for early childhood mental health interventions, see the [California Evidence-Based Clearinghouse for Child Welfare](#) and the [Title IV-E Prevention Services Clearinghouse](#).

**COST-BENEFIT ANALYSIS** has been defined as a tool for evaluating public policy that “allows lawmakers to weigh multiple options and determine which will achieve the greatest results for the lowest cost.”<sup>17</sup>

**BENEFIT-COST RATIOS** estimate the value of changes in outcomes produced by an intervention compared to intervention costs. For additional discussion of cost analyses associated with implementing behavioral health programs, see Bowser et al.<sup>18</sup>

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