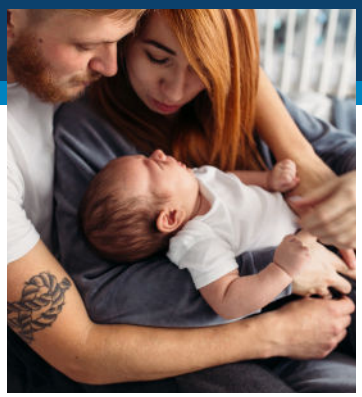
Infant and Early Childhood Mental Health Consultation: A Briefing Paper

ZERO TO THREE
Early connections last a lifetime



Early experiences of infants and toddlers influence all aspects of their development—cognitive, physical, social, and emotional. Children do best and learn best when they are healthy in body, mind, and spirit. What happens in one area of development affects all others, but at the core of infant and early childhood development is social, behavioral, relational, and emotional capacity. While there is increased interest and public investment in supporting children's cognitive development through early education, there must also be concerted effort to support their emotional health, as this is foundational for development of cognitive and all other competence.

The mental health needs of infants and young children can no longer be overlooked. The emotional health of young children suffers when they have a parent who is struggling with depression or when the home life is complicated by poverty, domestic violence, or substance abuse. Unaddressed, these challenges can continue to interfere with development and manifest over time. A disturbing revelation is preschool expulsion, where expulsion rates are more than 3 times that of students in kindergarten through 12th grade.[1] Between 9% and 14% of children under 5 years old experience mental health disorders, and many more are exposed to violence, fear, and stress on a daily basis.[2] Many of the leading causes of illness and disability in the United States, including substance abuse, depression, eating disorders, heart disease, cancer, and other chronic diseases, arise as a consequence of adverse early childhood experiences.[3]

Properly attending to early emotional development can help prepare young children for school, bolster their physical health, and lessen the need for more intensive services later in life. There is a growing body of evidence demonstrating the effectiveness of using infant and early childhood mental health consultation (IECMHC) for promoting social, emotional, and behavioral skills and preventing and reducing the impact of mental health problems in young children. Please see the box on page 4 for definitions of this and other key terms.

Policymakers are keenly aware of the costs of illness and disability, both on the pocketbook of the country as well as the lost potential of those who endure long-term struggles with health and mental health challenges. Identifying solutions and changing the trajectory of risk and capacity are essential. This briefing paper describes the core components and the evidence base for IECMHC. Policy recommendations are offered to guide efforts in states across the country.

What Is IECMHC?

IECMHC is a multilevel preventive intervention to improve children's social, emotional, and behavioral health and development. A mental health professional partners with an early childhood professional or program staff to infuse activities and interactions that promote healthy social and emotional development, prevent the development of problem behaviors, and intervene to reduce the occurrence of challenging behaviors.[4]

Sometimes consultation is focused on a specific child, helping the adults support the child's development more effectively. Other times, consultation is focused on systemic issues such as improving the classroom environment to provide predictable schedules, creating smooth transitions between activities, and offering spaces (i.e., cozy corners) and support for children and staff to calm down during times of stress.[5] Other activities foster positive relationships between providers, parents, and children; build classroom environments that promote emotional health and social skills; and help adults take care of children in ways that reduce the effects of too much stress. IECMHC can also be provided in home-based programs to enhance the work of a home visitor, to identify mental health issues such as parental depression, and to provide a bridge between home visiting and mental health services and supports.

Policy Recommendations in Brief

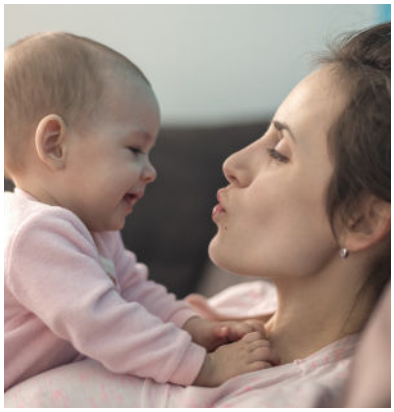
1. Leverage funding (federal, state, community, private, Tribal, territorial) to implement statewide IECMHC services.
2. Build the IECMHC workforce by offering incentives to colleges, universities, and IECMHC training programs to prepare IECMHC professionals.
3. Strengthen the IECMHC workforce by creating policies that encourage hiring IECMHC professionals with infant and early childhood mental health endorsement or credentialing.
4. Embed IECMHC as a primary support in statewide Quality Rating and Improvement Systems.
5. Embed IECMHC within a variety of programs serving young children and their families like early intervention or home visiting.
6. Expand the evidence base for IECMHC.

IECMHC is rooted in relationship-based practice, recognizing the importance of strong, positive relationships for supporting changes in caregiving practices and for promoting young children's development. Consultation is individualized to address the immediate needs of a child, family, and program, taking into consideration cultural, language, and organizational contexts. Ultimately, IECMHC is focused on building adult capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

IECMHC services can be provided in a variety of settings including: child care and early education (e.g.., Early Head Start, Head Start, pre-k), early intervention, home visiting, primary health care, child welfare programs, and domestic violence and homeless shelters. Services differ across programs but may include skilled observations, individualized strategies, and early identification of young children with or at risk for mental health challenges. IECMHC professionals provide staff with professional development around infant and early childhood development and mental health issues and may support staff in being reflective practitioners, thus increasing responsivity and decreasing staff burn-out.

IECMHC professionals come from a variety of disciplines—social work, psychology, psychiatry, marriage and family therapy, and counseling.[6] Consultants typically have a minimum of a master's degree in a mental health field and have deep knowledge of child development, infant and early childhood mental health, relationship-based approaches, and evidence-based practices. They also understand early childhood settings and community resources, and they are able to build positive relationships with staff and families.[7]

What Are the Core Components of IECMHC?



There are multiple IECMHC approaches being implemented, guided by emerging literature, an understanding of child development and mental health, and a commitment to collaborative, relationship-based work. Duran and her colleagues identified three core program components—a solid program infrastructure, highly qualified consultants, and high-quality services—and two essential catalysts for success—positive relationships, as well as providers and parents who are motivated to change practice.[8] Also important is the use of data to guide continuous improvement. Kaufmann and her colleagues identified a range of guiding principles for practice, including the following:

- relationship-based,
- collaborative,
- individualized,
- culturally and linguistically responsive,
- grounded in developmental knowledge,
- evidence-informed,
- data-driven,
- delivered in natural settings,
- spans the continuum from promotion though intervention, and
- integrated with community services and supports.[9]

Why Is IECMHC Important?

IECMHC builds the capacity of providers and families to understand the powerful influences of young children's relationships, interactions, and environments on their development. Children's well-being is promoted and mental health problems are prevented or reduced as a result of the consultant's partnership with adults in young children's lives. In addition, IECMHC can help schools, child care, and other programs reduce suspensions and expulsions and promote emotional and other important skills of young children.

An emerging evidence base demonstrates the range of outcomes that can result from the delivery of IECMHC. IECMHC has been linked to improvements in teacher-child interaction and classroom climate, reductions in children's problem behavior and increases in their social skills, prevention of expulsion including among young children of color, less work missed by families and lower parenting stress, and decreases in teachers' stress and rates of turnover.[10]

Recommendations for Policymakers

1. **Leverage funding (federal, state, community, private, Tribal, and territorial) to implement statewide IECMHC services.** At the federal level and in states across the country, there is no dedicated funding stream for IECMHC. The IECMHC focus on mental health promotion, prevention, and caregiver capacity-building benefits groups of children. As such it does not look like traditional mental health services that Medicaid and other health financing systems are accustomed to funding and which require an individual be diagnosed with a covered or medically necessary condition. It is therefore important to clarify rules and embed IECMHC in sustainable funding streams as a covered service. For example, it could be included as a covered service as part of a Medicaid waiver or the Early and Periodic Screening, Diagnosis and Treatment Program. For these, states must adopt guidelines, benefit definitions, eligibility processes, and payment mechanisms. Other possible sources of revenue for IECMHC may include: Early Head Start/Head Start; Individuals With Disabilities Education Act, Part C; Mental Health and Substance Abuse Block Grant; Child

Key Terms

IECMHC: IECMHC is a multilevel preventive intervention that teams mental health professionals with providers who work with young children and their families to improve children's social, emotional, and behavioral health and development.

Reflective supervision: Reflective supervision is a supervisor–supervisee relationship that pays attention to the influence of relationships on other relationships and empowers the supervisee to discover solutions/concepts through increasing self-awareness and consciously using strategies that include active listening, careful observation, and inquiry.*

Coaching: Coaching is a relationship-based process led by an expert with specialized training and adult learning knowledge and skills. Coaching builds capacity for specific professional dispositions, skills, and behaviors.**

* Shahmoon-Shanok, R. (2009). What is reflective supervision? In S. S. Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 7–20). Washington DC: ZERO TO THREE.

** National Association for the Education of Young Children and National Association of Child Care Resource and Referral Agencies. (2011). *Early childhood education professional development: Training and technical assistance glossary.* Washington, DC: Authors. www.naeyc.org/Glossarytraining_ta.pdf

Care and Development Fund; child welfare funds (e.g., Title IV-E); Maternal and Child Health Block Grant; Temporary Assistance to Needy Families; and Supplemental Security Income. States should look at all of these sources and determine how IECMHC can be best supported.

2. **Build the IECMHC workforce by offering incentives to colleges, universities, and IECMHC training programs to prepare IECMHC professionals.** There is a shortage of professionals who are trained to do this work. Expanding the number of trained consultants begins with defining the core competencies of IECMHC and working with institutions of higher education to ensure that they are offering training that will build a cadre of well-trained consultants who have the knowledge, skills, and experiences to demonstrate competence in this work. IECMHC professionals need a strong background in infant and early childhood development and infant and early childhood mental health and also training to be able to work with early childhood staff to bolster skills and build linkages between systems. Pre-service training programs should include didactic training seminars, clinical conferences, clinical and reflective supervision, and direct consultation experience. Few higher education programs are focusing on IECMHC and thus they may initially need financial (contracts for training, grant funding, etc.) or other incentives such as content expertise, resource materials, and case studies, to create the training that will enable students to amass the skills they need to enter the IECMHC field with competence and confidence.

3. **Strengthen the IECMHC workforce by creating policies that encourage hiring IECMHC professionals with infant and early childhood mental health endorsement or credentialing.** Multiple approaches are needed to build a cadre of IECMHC professionals, including increasing pre-service programs in universities and providing incentives to attract more to the field. It is best if those working as consultants have received an infant and early childhood mental health endorsement or credential in their state. This ensures that they have the depth of knowledge related to early childhood mental health that is essential to do the job well. IECMHC professionals also need focused professional development on how to effectively work with the adults—parents, teachers, program staff, and administrators. Because they need to be expert both in infant and early childhood mental health and consultation, it is important that consideration be given to creating incentives that attract those with the highest capacity in both areas.

4. **Embed IECMHC as a primary support in statewide Quality Rating and Improvement Systems.** As states implement early childhood Quality Rating and Improvement Systems (QRIS), they should be mindful of the benefit of IECMHC and take steps to include professional development and coaching on infant and early childhood mental health. For example, states can assign licensed mental health consultants to work with early childhood center staff. This approach helps to ensure that center staff have the support they need to fully understand strategies for promoting emotional health in young children. It should be noted that the Child Care and Development Block Grant Act of 2014 requires training and professional development of the child care workforce on social and emotional behavioral health interventions.
5. **Embed IECMHC within a variety of programs serving children and their families such as early intervention and home visiting.** IECMHC is relevant in the early learning community, and the approach can also be helpful in other settings such as primary health care, domestic violence programs, homeless shelters, home visiting, and child welfare, where promotion and prevention of mental health is critical. Staff unfamiliar with standard mental health perspectives and practices may need IECMHC support to enhance their engagement and effectiveness with children and families and to understand the orientation of consultation.
6. **Expand the evidence base for IECMHC.** Early research points to improvements for early learning educators (e.g., teacher attitudes, skills, stress levels, and classroom climates), and children (e.g., promotion of positive behaviors, social skill development, and decreased suspension and expulsion) when IECMHC is offered in early childhood settings. With respect to families, research demonstrated better communication between parents and educators, parents interacting with their children in a more positive way, and improved access to mental health services. Additional research, including randomized controlled trials, is needed to provide further evidence of the utility of IECMHC for advancing positive outcomes for children, parents, and providers. Research should focus on identifying a core set of elements and principles that can unite individual efforts, studying which aspects of IECMHC foster long-term success, and, as recommended by Arizona Smart Support,[11] examining expulsion and intervention data to promote racial equity. Research should also look at understanding how to implement IECMHC, the cost-benefit of consultation, and effectively scaling IECMHC across states, territories, and Tribal nations.

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/policy-and-advocacy/social-and-emotional-health

Endnotes

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