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(overview)

The issues of infant and early childhood mental health have become increasingly significant, rooted in the developmental research on the importance of early attachment and healthy human development. In the United States, millions of very young children (birth to age 5) are enrolled in a mosaic of early childhood programs, including child care, Head Start, private preschool programs, and public school prekindergarten/3K/4K, and inclusion programs. Within these early care and education settings, teachers are reporting increasing numbers of young children with social-emotional and behavioral challenges. In addition, many young children – some with special needs and trauma-impacted backgrounds – are expelled or suspended from early childhood care and education classrooms.¹ The need to understand infant and early childhood mental health is paramount.

This Institute for Child Success (ICS) Brief focuses on the emerging research, policy, and practice related to infant and early childhood mental health (IECMH). It is presented as a tool to educate and inform decision-makers, administrators, community leaders, parents, and health and education professionals about the issues related to IECMH.

Early childhood is an incredibly important period of human development. Talk to any proud grandparent and you will hear about the extraordinary accomplishments of their little ones, “My two-year-old granddaughter can name all of the planets!” “My grandson is only 18 months and he can already count to 10!” While awfully cute, these demonstrations of rote memory are not the developmental accomplishments that serve as an indication of later life success. Early childhood mental health is defined as the capacity of a child from birth to age five to experience, express and regulate emotions; form close, secure interpersonal relationships; and explore his/her environment and learn, all within the context of family and cultural expectations.² *It is a child’s early social and emotional development that are the foundation for all other learning and development.*

Social and emotional competencies in early childhood have been linked to later academic achievements, whereas social and emotional problems are linked to academic challenges.^{3,4} Children construct knowledge and build skills within the context of relationships, making the quality of those relationships of central importance.

In this paper we will examine the value of attending to the mental health of very young children, also referred to as their social-emotional or relational health; review the research literature; describe the impacts of IECMH issues; discuss programs that support mental health in young children; and make future IECMH research and policy recommendations.

(the importance of IECMH)

Services and programs to support the mental health of very young children must be developed and delivered in support of the relationship between the child and their primary attachment figure(s). Dr. D. W. Winnicott, pediatrician, wrote, “There is no such thing as an infant, meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant.”⁵ This statement succinctly illuminates the central role a child’s primary caregivers play in supporting infant and early childhood mental health. The young child’s experiences of the world are shaped by the adults who care for her. If these adults carry unaddressed “ghosts” from their own childhood that hinder their ability to provide the kind of sensitive, responsive care that supports healthy social-emotional development in young children, then the detrimental effects of their own negative childhood experiences will be experienced by the baby.⁶ For this reason, infant and early childhood mental health is always promoted and supported in the context of the family and through attention on the relationship between the child and his primary attachment. The mental health and well-being of the adult in the infant-parent relationship is a central aspect of infant mental health. This attention on the mental health and well-being of both baby and adult caregiver – both independently and at their intersections – creates multi-generational impacts.

Our society’s general lack of attention to the social and emotional health of infants and young children is evident in the growing number of young children expelled from preschool,⁷ high rates of imprisonment, drug use, domestic violence, depression, life dissatisfaction, suicide, and many other

health and social ills. A significant portion of these social and health problems can be linked to young children's exposure to experiences that severely impact their social-emotional health, also known as adverse childhood experiences (ACES).^{8,9} These ACEs, when not buffered with sensitive, responsive care from a trusted caregiver, become toxic and reliably predict challenges during the life course. To counter many of our social ills and move toward a healthier future, there must be a greater understanding and appreciation of the incredible opportunities and vulnerabilities of the early childhood period. In addition, we must understand the implications of early experiences in setting a child's life course. This can be achieved from research and education, outreach and awareness campaigns, policy changes, resource reallocation, and financial investments.

(what the research says)

We turn now to a review of what the research tells us about infant and early childhood mental health and a discussion of the complex research issues around IECMH. We approach this research review from an interdisciplinary perspective, acknowledging the contributions of researchers from health, medicine, social work, psychology, early education and intervention, occupational therapy, and other professional fields.

IECMH and Relationships

To understand early childhood mental health – also referred to as early childhood social and emotional development – it is important to recognize that healthy development occurs within the context of healthy relationships.^{10,11} Children's emotional, behavioral, and cognitive outcomes are tied to the quality of the relationships with their caregivers. An absence of secure relationships between children and caregivers can lead to adverse experiences such as abuse, neglect, and stress, resulting in negative child outcomes. Perhaps most startling is the fact that adverse childhood experiences (ACES), including those experienced prenatally, can alter the *physiological structure and function of the brain*, impacting children's cognitive, social, and emotional competence.^{12,13} As a result, children may experience academic difficulties, problems with memory, behavioral and self-regulatory challenges, poor interpersonal skills, and other challenging outcomes.^{14,15} It is important to note that the child-caregiver relationship may either buffer or exacerbate the impacts of adverse early experiences.¹⁶ Children who experience relationships characterized by warmth, attentiveness and sensitivity may be better able to withstand adverse experiences than those who do not. Simply stated, safe and secure relationships may serve to protect young children, at least somewhat, from the negative effects of adverse experiences.

Impact of the Early Years

Experiences in the early years of life, particularly those that impact children's social and emotional development, have long-lasting and powerful impacts on health, development, and overall well-being not only during childhood, but continuing throughout the lifespan.¹⁷ There is a significant relationship between kindergarteners' social competence and later education, employment, crime,

substance abuse and mental health outcomes.¹⁸ Multiple studies also link early stress and other adverse experiences (e. g., child abuse and neglect, parents who are alcoholic, exposure to violence) to depressive symptoms and poor emotional health in later life.^{19,20,21,22} Additionally, the link between early experiences and physical health in adulthood is clear. For example, child maltreatment is identified as a risk factor for cardiovascular disease in adulthood,²³ and there is a relationship between early adverse experiences and adult obesity.²⁴ Given this knowledge of the powerful and long-lasting effects of early experiences, it is important to develop strategies that support early social and emotional development and promote healthy outcomes for young children.

IECMH Interventions and Strategies

Early childhood mental health is thus inextricably related to the quality of the child-caregiver relationship. A variety of interventions and strategies exist to support families and caregivers, as well as the child- and family-serving workforce to foster young children’s healthy social and emotional development. These interventions are delivered by individuals across sectors, such as social workers, psychologists, educators, nurses, pediatricians, and occupational and physical therapists.

All intervention providers, regardless of discipline, require specialized training and should be “someone with a distinct set of core beliefs, skills, training experiences, and clinical strategies who incorporates a comprehensive, intensive, and relationship-based approach to working with young children and families.”²⁵ Additionally, interventions vary in audience and intensity and are organized into four categories of activities that foster children’s social and emotional development:

Activity Type	Description	Examples*
Promotion	Widely available to the general population with a common purpose of encouraging healthy development in all children ²⁶	<ul style="list-style-type: none"> • Parent education • Advocacy efforts • Awareness campaigns
Prevention	Designed to decrease risk or causal factors and increase protective factors that shield children from adverse experiences and build resilience	<ul style="list-style-type: none"> • High quality early care and education programs • Maternal-child home visiting programs (e.g., Nurse-Family Partnerships) • Early childhood mental health consultation that supports the family- and child-serving workforce^{27,28}
Screening	Implemented in order to recognize when children may benefit from additional support	<ul style="list-style-type: none"> • Developmental screening tools, such as the <i>Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)</i> • Based on screening results there are organizations and programs, such as <i>Help Me Grow</i>, that support families by connecting them to a variety of beneficial resources
Treatment and Intervention	Delivered by early childhood mental health professionals and focus on strengthening the child-caregiver relationship; designed to meet the emotional needs of children and caregivers and are grounded in identifying, supporting and enhancing family and caregiver strengths ²⁹	<ul style="list-style-type: none"> • Child-Parent Psychotherapy (CPP), Attachment and Biobehavioral Catch-Up (ABC) • The Circle of Security (COS)

* Examples of well-researched or well-known activities are provided here for reader context; this is not an exhaustive list.

In summary, we can clearly see the importance of the early years of social and emotional development as it relates to later academic success and long term physical and mental health. In addition, we see the need for further research to determine which interventions are most effective for specific child needs and to understand the most effective strategies for developing workforce capacity and secondary support for early care teachers and providers.

(impacts and implications of IECMH)

Early childhood is a significant and sensitive period of human development. One area especially in need of further research and understanding is the topic of mental health in the early years. Early childhood mental health, as described above, has a lasting impact on children's later development, success, and happiness in life. *Therefore, understanding infant and early childhood mental health is key to preventing and treating the mental health problems of young children and guides the development of healthy social and emotional behaviors.*³⁰

Our society's lack of attention to the social and emotional health of infants and young children is evident in the growing number of reports of children as young as 2-years old being suspended or expelled from a variety of preschool settings, the high number of families engaged in the child welfare system, and high rates of imprisonment. Increasingly, policymakers, practitioners, and researchers are focusing on the vital opportunities offered by focusing on IECMH.

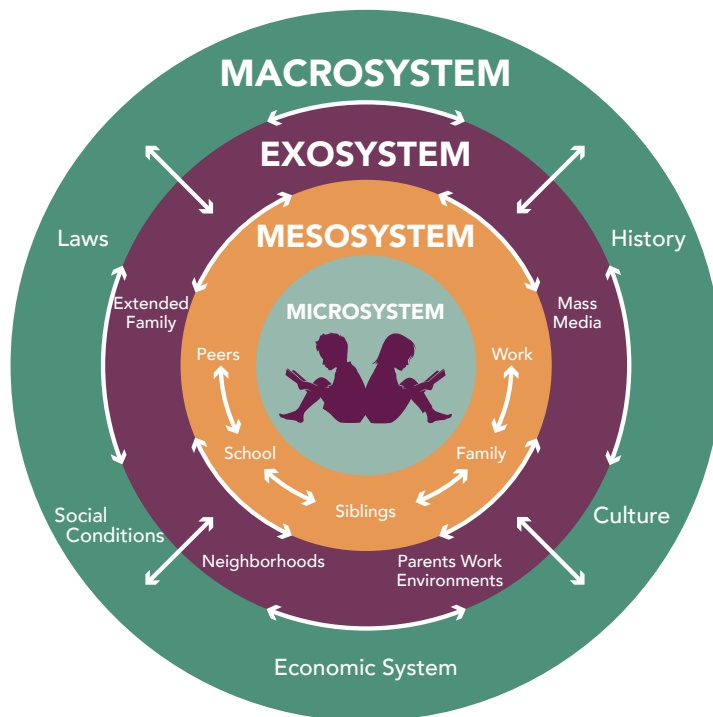
Children's earliest experiences directly impact their brain formation and, in turn, their social and emotional, physical, cognitive, communication, and sensory and motor skills development. Recognizing the tremendous opportunities and risks associated with this critical time, many states are increasingly investing in promoting IECMH. The growing but still emerging field of IECMH is focused on *supporting the early relationships between very young children with their parents and other caregivers so children can have the early experiences that enable them to flourish*. That means creating stimulating early opportunities, reducing the amount of toxic distress, and increasing protective factors for both children and families.

IECMH services are comprehensive and run the continuum from promotion to prevention, to developmentally appropriate assessment and diagnosis, to intervention and treatment. When something goes awry, with the right interventions, IECMH treatment can help to minimize future adverse outcomes during childhood and into adulthood. Delivering the "right intervention" is dependent on several factors that are still evolving. One critical factor is proper assessment and diagnosis, which greatly influences intervention. *DC:0-5TM: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5)* is a developmentally based nosology of infancy and early childhood disorders. It is the most appropriate diagnostic tool to accurately assess children, inform interventions, and align with Medicaid billing. Health care policy and financial investment is only beginning to recognize IECMH, with just a few states leading the way to ensure the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is used to its fullest.

A System's Approach to IECMH

When exploring the complex topic of IECMH, *Bronfenbrenner's Ecological System's Theory* is helpful to see the full picture. In this well-known theory, developmental psychologist Urie Bronfenbrenner describes the young child's life as a series of concentric circles representing the various settings in which the child lives, explores, and forms relationships.

Bronfenbrenner's Ecological Model of Child Development



The most intimate setting – the *microsystem* – is the home and immediate neighborhood setting. The child and his/her interactions in the *microsystem*, especially in the home and childcare setting, are impacted in a dynamic and interactive way.³¹ As the child grows and develops, he/she enters expanding social networks that include the larger community and beyond – *mesosystem* and *macrosystem*.

When there is toxic stress in the home, early learning setting, and/or community, all contribute to the growing issue of infant and early childhood mental health problems. Thus, the child can impact variables in the microsystem, mesosystem, and larger macrosystem; the interactive and dynamic relationships in each of the subsystems can also impact the child in both negative and positive ways.

The issue of IECMH is a dynamic phenomenon, and we must be prepared to assess and provide interventions for the child as well as the parents, caregivers and teachers, peers, and others who are a part of the child's settings. When young children – infants through age five – experience mental health problems, there are many implications and impacts for the child; the parents, caregivers, and family units; and the community and larger society.

Impacts and Implications of IECMH – The Child

Child development occurs in a holistic and interactive way, and IECMH relates to every area of child development. Specifically, IECMH impacts the following in a child:

- brain and neurological development
- social and emotional development
- physical development and motor skills
- sensory development and capacity to explore the environment

- expression, range, and management or regulation of emotions
- future social skills and ability to negotiate early learning settings
- ability to develop secure relationship with adults and peers
- ability to problem solve and utilize cognitive capacity

Impacts and Implications of IECMH – The Parents

When young children experience IECMH issues, many relationships are impacted. As Bronfenbrenner explains, young children live and negotiate within a circle of expanding social networks. Each of the networks involves reciprocal adult-child and child-child relationships. Thus, social and emotional skills are required on the parts of everyone involved: the young child, other children, and adults (parents, caregivers, teachers, family members, and others) engaged in the care and education of the young child. The IECMH issues impact the:

- dynamics and relationships with parents, caregivers, and extended family members
- parent's emotional and mental health well-being
- parent's ability to work and stay focused
- parent's ability to interact with other parents, caregivers, and extended family members
- parent's sense of competence as a parent

Impacts and Implications of IECMH – Our Society

As young children grow and develop from infancy through early childhood, their social worlds expand. Therefore, as young children increase the number and types of social relationships with other children and with an expanding number of adults, the implications and impacts of IECMH also expand. More specifically, we can see the implications of IECMH issues on the following:

- peers in the educational and care settings of the child
- relationships with teachers in the educational and care settings of the child
- administrators in the education and care settings of the child
- workforce productivity and well-being of parents of the child
- work place satisfaction, retention, and stress levels of early childhood teachers and other professionals
- increase in suspension and expulsion of children from early care and education settings
- increase in toxic stress in the home, early learning setting, and the larger neighborhood and community
- increase in adolescent and adult health problems, as evidence by the ACES research
- expanded need for health care and related financial support for health and educational services such as special education, vocational training, and mental health intervention.

Bronfenbrenner's Ecological Systems theory illustrates the increasing complexity of the young child's social networks, reciprocal relationships, and diverse settings in which he/she lives and explores. This allows us to better understand the dynamic and reciprocal effects of IECMH on other children, parents, caregivers, and our larger society. Given the complex interplay of relationships and networks, early screening, identification, and intervention for young children enhances their likelihood of a successful adolescence and adulthood. We can either pay now for increased support for young children with mental health needs or pay later in the form of more serious health problems, unemployment, incarceration, school dropout, and troubled adult relationships.

(research and policy considerations)

In this section, we present research and policy recommendations for IECMH, based on our review of the literature, current programs and best practices, and policy initiatives at the state and federal levels. As reflected in this discussion, we need more research on IECMH and effective and appropriate interventions. Equally important, we need expanded policies at the state and federal levels that acknowledge the growing need for financial investments in services and programs for IECMH, professional development for the many professionals serving our young children, and an expanded workforce of individuals who specialize in early childhood mental health.

Research Implications

While research informing work in early childhood mental health has increased in recent years, additional research is needed, particularly in the area of effective intervention and treatment. In this vein, future research should continue to ascertain the effectiveness of various interventions and treatments. With important implications for practice and policy recommendations, there is a need for research that:

- compares the effectiveness of various intervention and treatment approaches
- explores which interventions are effective for which populations³²
- evaluates the effectiveness of delivery methods considering frequency, intensity, sequencing, and duration of treatment³³

In addition, future research should provide information regarding the preparation and support that professionals need in order to effectively support children's social and emotional development. One area needing additional research is on the role of reflective supervision in supporting the child- and family-serving workforce, including a better understanding of the ways in which reflective supervision relates to caregiver well-being (e.g., reducing burnout) which, in turn, influences child well-being.³⁴ Reflective supervision is "supervision that is focused on learning from work with families, that is supportive and collaborative in nature, and that occurs on a reliable schedule. It is characterized by active listening and thoughtful questioning by both supervisor and supervisee."³⁵

More research is also needed on the ways in which higher education programs can more effectively prepare multidisciplinary professionals to support early childhood mental health. This includes

understanding which content is missing from which degree programs, methods to effectively support higher education programs as they add/revise content critical to early childhood mental health work, and to evaluate the effectiveness of higher education programs content delivery, ensuring that professionals have the requisite knowledge and competencies in early childhood mental health.

While there is still significant research needed for a more complete picture of how to best support IECMH, existing research and promising practices in the field provide a strong foundation for building a more supportive system, as outlined below.

Policy Initiatives

In this section we provide an overview of current policy efforts by states to address the IECMH issues, including building workforce capacity, investing in professional development, and expanding intervention services for children with mental health needs. In particular, this brief highlights developments in South Carolina as ICS's home state and as part of the ongoing work of the authors which can be adapted to and informed by efforts in other states.

One tangible starting place that many states have chosen to launch their infant mental health work is in building the capacity of the child-and family-serving workforce sectors. There is a need for attention on the well-being of the child's primary attachment figure for the purpose of promoting infant mental health; similarly, there is the need for attention on the well-being of our workforce who serve young children and their families. Relationship-focused work like that performed by child welfare workers, early interventionists, early childhood teachers, home visitors, child care providers, child and family therapists, and the many other child-and family-serving workforce sectors, requires a substantial emotional investment. Without intentional efforts to buffer the effects of such emotionally taxing work, many of these professionals will suffer burn-out. The notoriously high rates of turn-over among child welfare workers and child care providers³⁶ highlights this problem.

Creating a workforce that is well-prepared for the important and taxing work of supporting infant and early childhood mental health requires an investment in the professional development of the existing workforce as well as attending to the course content in higher education institutions that prepare our future workforce. This includes professional learning experiences that build the capacity of supervisors to provide *reflective supervision*, a key element of effective infant and early childhood mental health practice. As noted earlier, reflective supervision is "supervision that is focused on learning from work with families;" it also provides an opportunity for professionals engaged in relational work to unpack the meaning of their experiences with the adult caregivers and children they are serving. "Reflective practice focuses on the development of positive, affirming relationships between supervisors and staff members, staff members and families, and parents and children. Within these relationships is where learning and change can take place."³⁷ The practice of reflective supervision has been shown to decrease burnout and reduce turn-over.^{38,39}

In many states, infant mental health associations are taking leadership in facilitating access to professional learning experiences that promote workforce competencies focused on supporting IECMH. While a handful of states have created their own workforce competencies for IECMH, more than half the states in the country have adopted *IECMH Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health*.⁴⁰ The Guidelines and Endorsement were originally created by the Michigan Association for Infant Mental Health and have been adopted by over half the states in the country that together form the Alliance for the Advancement of Infant Mental Health. These IECMH Competency Guidelines provide a framework for identifying knowledge, skills and reflective practice approaches important to all workforce sectors that serve very young children. Endorsement[®] is a system that allows professionals who meet the Competency Guidelines to be formally vetted and designated as Endorsed[®] to show they meet the IECMH Competency Guidelines. This system provides a quality assurance measure that helps employers, families and other stakeholders, recognize professionals who have the specialized training, skills, and experiences needed to support the mental health of very young children across disciplines. Endorsement[®] can be used by organizations to inform hiring decisions and identify professional development needs of the workforce. In some states, the Endorsement[®] is formally recognized by Medicaid agencies and influences reimbursement rates for infant and early childhood mental health services.

In South Carolina, the South Carolina Infant Mental Health Association (SCIMHA) is leading the charge in bolstering attention and promotion of infant and early childhood mental health issues. The multi-disciplinary composition of the Association’s board and members reflects the cross-sector nature of infant and early childhood mental health work and ensures that the Association’s priorities are succinctly aligned with the identified needs of child-and family-serving professionals in both leadership and field-based roles. South Carolina’s current priority is to bolster the capacity of the child-and family-serving workforce to implement relationship-focused services and practices. The IECMH Competency Guidelines function as a map for professional development priorities and investments. It is important that professional development experiences build the capacity of all child-and family-serving workforce sectors whether working to promote, prevent, screen, or treat infant and early childhood mental health.

Interventions focused on repairing and supporting the attachment between child and caregiver are beginning to take root in South Carolina and other states through the work of SCIMHA and partners. Several such programs include:

Attachment Biobehavioral Catch-up (ABC)	Child Parent Psychotherapy	Safe Baby Courts
Evidence-based model provides a home-based intervention to children under 24 months old, and their primary caregivers, who are engaged in the child welfare system.	Treatment based in attachment theory for children 0-5 years old who have experienced trauma and mental health, attachment, and/or behavioral problems.	Program of ZERO TO THREE, uses the science of early childhood development to work with the child welfare and family court systems to create a pathway for young children that minimizes additional trauma and disruptions in attachment relationships.

These programs may operate independently or in collaboration; be used for prevention or treatment; and are all part of the broad systems in which families operate.

SCIMHA, in partnership with the BlueCross BlueShield of South Carolina Foundation, the SC Department of Social Service, and the SC Program for Infant/Toddler Care, is launching an Infant and Early Childhood Mental Health Consultation Network in 2020 to support young children using child care as the access point. IECMH Consultants provide support that can span prevention, screening and, in some instances, treatment, to very young children, families, child care providers, and other important stakeholders in the child's life. As in all early childhood mental health interventions, the focus is on supporting the relationships in the child's life. South Carolina is among several states making investments in the current and future workforce to better address children's mental health needs; see *States Making Strides* box.⁴¹

Promoting the well-being of child-serving professionals is also an important aspect of infant and early childhood mental health. One strong example of this is the Be Well Care Well program, part of the South Carolina Program for Infant/Toddler Care, which provides well-being services and supports to child care teachers. Child care providers can have an incredible influence on a child's social-emotional and cognitive development, yet they are one of the most underpaid and underappreciated child- and family-serving workforce sectors.⁴² They regularly report high levels of stress, significant health problems and depressive symptoms.⁴³ This is concerning for many reasons, chief among them is the fact that child care teachers with elevated levels of job stress and/or depressive symptoms are less able to provide the sensitive, responsive care needed to promote healthy social-emotional development, and are more likely to expel children.^{44,45} An investment in the well-being of child care teachers is an investment in the social-emotional health of very young children.

States Making Strides

In addition to South Carolina, other states are making strides in IECMH policy and service development.

The **Ohio Department of Mental Health and Addiction Services** provides cross-system leadership through its Early Childhood Mental Health (ECMH) initiative that supports evidence-based training to equip parents and caregivers of young children with the skills to help their children develop into mentally healthy people.

The **Florida Center on Infant and Early Childhood Mental Health** offers IECMH services that help children regulate and express emotions, form close and secure relationships, and explore the environment and learn.

(conclusion)

The early years of childhood are a period of incredible development across all domains. Crucially, early social and emotional development provide the foundation for all other learning and development. Thus, early childhood mental health develops within the context of family and cultural expectations and thus can be fostered by a range of policies, practices, and programs grounded in evidence. While interest in this area has grown tremendously in recent years, both researchers and policymakers must make significant investments in building knowledge and expanding what we know works to ensure all children start life with this foundation for success.

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- Advising governments, nonprofits, foundations, and other stakeholders on strategies to improve outcomes
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