Infant–Early Childhood Mental Health
An Interdisciplinary Call to Action

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Session Overview

- Infant–Early Childhood Mental Health (I-ECMH)
  - Definition, research, rationale, and continuum of services
- I-ECMH System
  - Essential building blocks
  - State trends and strategies
  - Next steps
- South Carolina’s I-ECMH System
- Q & A
- Thank you!
What Is Infant–Early Childhood Mental Health (I-ECMH)?

Definition, Research, Rationale, and Continuum of Service
There is no such thing as a baby, only a baby and someone else . . . A baby cannot exist alone, only as part of a relationship.

—D. W. Winnicott, 1964
Infant–Early Childhood Mental Health

Social, emotional, and behavioral well-being of young children and their families

Children’s developing capacity to:

- Experience, regulate, and express emotion
- Form close, secure relationships
- Explore the environment and learn

(adapted from ZERO TO THREE)
What Does the Science Tell Us?

- Health & well-being
  - Social-emotional and physical health are inseparable in the very early years.

- Early relationships matter
  - Permanent effects on brain development, health, and later mental health.

- Responsive caregiving
  - May mediate effects of chronic health conditions.

- Intervention
  - Promising responses to treatment in children and adults.
I–ECMH: A Cross-Cutting Issue

- Mental health challenges common in young children
- Chances for school success may be compromised
- Early onset without effective intervention →
  - Need for special education services, delinquency, and early school drop-out.
Awareness is on the Rise

◆ Research
  ▪ Walter Gilliam
    • Preschool expulsion study (2005)
  ▪ James Heckman
    • “Non-cognitive” skills
  ▪ Adverse Childhood Experiences Study
    • Social determinants of health

◆ Advocacy
  ▪ National organizations
    • ZERO TO THREE, Harvard Center on the Developing Child, National Center for Children in Poverty

◆ Approaches
  ▪ Trauma-informed care
Expulsion Research

- Children in state-funded preK 3X more likely to be expelled
  - Compared to children in K-12
- Children in child care 13X more likely to expelled
  - Compared to children in K-12

39% Children in child care who have been expelled in last 12 mos

- Disparities are growing
Barriers for Families and Practitioners

- Reluctance to seek mental health services
- Lack of access
  - Family support, especially for parental mental illness
  - Financing strategies
  - Skilled providers and available training
  - Awareness that mental health is a concern for infants, toddlers, and their families
Why We Care Enough to Invest in I-ECMH

1. Babies can’t wait.
2. Science supports our concern.
3. Social and emotional development are robustly linked to success in school (and beyond).
4. Barriers exist for families and providers, and inaction fails us all.
I-ECMH: A Continuum of Services
I-ECMH System: Essential Building Blocks

Comprehensive and Well-Aligned Systems
Building Blocks for a System of Early Childhood Mental Health

Policy

Public Awareness

Evidence-Based Practice

Promotion | Prevention | Intervention

Workforce/Professional Development

Financing
I-ECMH: An Issue for All Disciplines, Sectors, and Systems

- Child Care
- Health Care and Public Health
- Part C Early Intervention
- Child Welfare
- Education
- Juvenile Justice
- Mental Health
- Head Start/Early Head Start
- Part B Special Education
State Early Childhood Systems
Comprehensive Early Childhood System

- Define and Coordinate Leadership
- Recruit and Engage Stakeholders
- Ensure Accountability
- Create and Support Improvement Strategies
- Finance Strategically
- Enhance and Align Standards
- Early Learning and Development
- Outcome: Thriving Children and Families
- Family Leadership and Support

Source: Early Childhood Systems Working Group, 2014
Comprehensive Early Childhood Systems: Health/Mental Health Component

Comprehensive services that promote children’s physical, development, and mental health

Health

Source: Early Childhood Systems Working Group, 2014
Interdisciplinary I-ECMH Systems

State Trends and Innovations
An I–ECMH Oriented System

- Financing
- Policy
- Practice
- Professional Development
- Public Awareness
Nurturing Change

ZERO TO THREE’s State Strategies for Improving Infant and Early Childhood Mental Health

Introduction

Infant and Early Childhood Mental Health (i-ECMH) remains a critical but often overlooked policy challenge. Compared to other issues affecting infant and early childhood mental health, i-ECMH stands out in many states as lacking a comprehensive approach to implementation. In some states, a major barrier to accessing treatment after diagnosis. As its care, i-ECMH suffers from a fundamental lack of understanding by policymakers best positioned to nurture change.

In 2011, the ZERO TO THREE Policy Center identified and interviewed key informants at the state and national levels to learn about barriers, successful strategies, and possible recommendations for federal policy action in the field of i-ECMH. Telephone interviews were conducted with 20 leaders in 10 states: California, Idaho, Illinois, Louisiana, Michigan, New Mexico, Ohio, Pennsylvania, Washington, and Wisconsin.

As a result of these interviews, in May 2012, the ZERO TO THREE Policy Center released Making It Happen: Overcoming Barriers to Providing Infant Early Childhood Mental Health. This report reviewed the scientific evidence behind i-ECMH policies, examined barriers faced by national, state, and local program directors and mental health practitioners in providing i-ECMH services.

STATE POLICY RECOMMENDATIONS IN BRIEF

1. Promote the Cross-Cutting Nature of i-ECMH: Create a state strategic plan to integrate i-ECMH into Behavioral Health, maternal-child health, child welfare, home visiting (including the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program), and Individuals with Disabilities Education Act Part C Early Intervention initiatives.

2. Encourage Greater Attention to Early Identification and Response: Require a social-emotional component to screening, referral, and intervention requirements in home visiting (including the MIECHV program), child welfare, and other early learning and development programs, as well as Pediatric and Preventive Health care.


4. Build Capacity and Competence in i-ECMH Practice: Expand professional development in i-ECMH.

5. Promote Public Awareness of the Impact of Early Experiences on Success in School and Life: Emphasize the importance of social-emotional development for children to succeed in school, be healthy, and enjoy financial stability in adulthood.
Strategic Ideas: Wisconsin

- Seek opportunities to bring about changes that are tied to practice.
- Craft a clear, consistent message about I-ECMH.
- Build relationships with policymakers and administrators so they understand the importance of I-ECMH.
- Gather data on the cost savings realized by providing I-ECMH services.
- Seek public and private funding for strategic initiatives and leverage federally funded projects that have an I-ECMH component.
## Strategic Ideas: California

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<td>• Leverage class-action lawsuits for policy change.</td>
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<td>• Mobilize providers and families of infants and toddlers.</td>
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<td>• Build a formal partnership between health and mental health agencies.</td>
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<td>• Provide information to state Medicaid staff about I-ECMH symptoms and effective treatments.</td>
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<td>• Anticipate increased demand for services and train sufficient numbers of providers.</td>
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Strategic Ideas: Michigan

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<td>• Work in partnership with your state infant mental health association.</td>
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<td>• Seize opportunities to strengthen infant mental health across systems.</td>
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<td>• Create a learning community with other States.</td>
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<td>• Build momentum through incremental change.</td>
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<td>• Encourage individuals seeking certification.</td>
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<td>• Develop and align I-ECMH training curricula, competency guidelines, and endorsement system.</td>
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Strategic Ideas: Florida

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<td>• From the beginning, ensure that all decisionmakers and other partners are at the table.</td>
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<td>• Provide relevant I-ECMH information to state Medicaid staff.</td>
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<td>• Encourage Medicaid staff to formally support use of the <em>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised</em> (DC:0–3R).</td>
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<td>• Ensure that I-ECMH providers are well-versed in Medicaid requirements.</td>
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Strategic Ideas: Ohio

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<td>• Leverage synergy between home visiting and mental health programs.</td>
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<td>• Embed early childhood mental health in other systems, including home visiting and child welfare.</td>
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<td>• Provide child welfare staff with social-emotional training and professional development on the impact of trauma.</td>
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<td>• Train child welfare workers to conduct screenings to identify social-emotional concerns.</td>
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<td>• Partner with researchers and other States piloting similar approaches.</td>
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Strategic Ideas: Louisiana

**Louisiana**

- Apply an I-ECMH frame to the larger early childhood system.
- Enlist an expert in I-ECMH to educate mental health, Medicaid, and other relevant state-level directors.
- Gather data for evaluating the success of interventions on a large scale.
- Diversify funding sources to guard against the effect of harsh budget cuts.
South Carolina’s I–ECMH System

Building on Strengths and Opportunities
Strategic I-ECMH System Building Questions to Consider

**Access**

- What existing I-ECMH services and supports for expectant parents, infants, young children, and families are available?
- Are there waiting lists for I-ECMH services and supports?

**Delivery**

- Do you have a plan for delivering I-ECMH services?
- To what extent is there a formal training program for I-ECMH providers?
- What is the plan for growing the number of professionals who have specialized knowledge and competencies in I-ECMH?
Strategic I-ECMH System Building
Questions to Consider

**Systems-Level Issues**

- Do I-ECMH issues have traction in your State?
- Can you link I-ECMH to other early childhood issues that are high on the policy agenda?
- Do you have an infant mental health association? If so, what are its strategic priorities?
- Who are your I-ECMH champions?
Strategic I-ECMH System Building Questions to Consider

**Financing**

- How are I-ECMH services and supports funded?
- Can you garner additional funding for I-ECMH services?

**Incorporating I-ECMH into Practice and Policy**

- Is the use of evidence-based I-ECMH approaches required by your state mental health and partner agencies?
- Do you have an approved list or definition of evidence-based approaches for I-ECMH?
State Strategies for Improving I-ECMH

- Cross-cutting nature of I-ECMH
- Early identification and response
- Access to services and financing
- Build capacity and competence
- Promote public awareness
South Carolina’s Potential Next Steps

- Conduct a scan of current I-ECMH system initiatives and investments
- Develop or refine I-ECMH system goals and outcomes
- Determine the fit and feasibility and readiness to change
- Clarify system approach and develop an implementation plan
- Implement the plan and monitor results

(Fixen et al., 2013)
Questions and Answers
I-ECMH System-Building Resources
ZERO TO THREE

- Making It Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health
- State Strategies for Improving Infant and Early Childhood Mental Health
- Early Experiences Matter Policy Guide
- Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems
I-ECMH System-Building Resources (contd.)

- National Center for Infant and Early Childhood Health Policy
  - *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*

- Early Childhood Systems Working Group
  - *Comprehensive Early Childhood System Building: Tool to Inform Discussions On Collaborative, Cross-Sector Planning*
References


References (contd.)

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