

Early Childhood Mental Health

Raising Awareness, Taking Action

An estimated 9 to 14 percent of infants and very young children in the U.S. experience emotional or mental health issues serious enough to interfere with their development and learning.

When infant or toddler behavior changes in troubling ways, parents are usually the first to notice. Typically they consult a pediatrician or other professional to figure out how to relieve their child's distress. But too frequently these behavioral symptoms are either missed or disregarded by parents and other important adults in the child's life. As a result, a small problem may grow and become harder to treat, sometimes evolving into a long-term mental health issue.

Nearly 20 years ago, a cross-disciplinary group of California early childhood health, education, and human services professionals decided to increase awareness about the human and social costs of untreated mental health problems among children ages birth to five, and they decided to take action to strengthen infant-family mental health systems and services in the state. Building on numerous accomplishments over the years, members of this original group recently created the California Center for Infant-Family and Early Childhood Mental Health to serve as a statewide hub for infant-early childhood mental health services in organizational development, research, and evaluation.

At the outset, the cross-disciplinary group that eventually created this new center knew that any strategy for improvement would need to take into account both the social stigma attached to mental health issues in general, and the widespread belief — among health care providers as well as lay people — that babies and very young children don't experience mental health problems. "Historically, infant mental health hasn't been taken seriously," says Virginia Reynolds, Director of the Center for Prevention and Early Intervention (CPEI) at WestEd, and a member of that groundbreaking group. "But people who work closely with very young children and their families have known for decades that it's a health concern among this age group."

As one way to begin to shift public perception, the team resolved to use the term *mental health* consistently in their communications with professionals and policymakers, rather than the "softer" but less precise social or *behavioral health*. Reynolds notes that attitudes among professionals have begun to change as research on infant brain development produces increasing evidence that babies who experience ongoing stress, trauma, or lack of parent responsiveness show physiological and psychological symptoms of anxiety, depression, or other psychological problems.

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Building On Two Decades Of Accomplishments

Reynolds and several other members of the original group have been instrumental in moving the work forward continuously since 1992 through a series of funded projects and through their own individual work.

From 2001 to 2003, the group headed the California Infant, Preschool, and Family Mental Health Initiative, a multifaceted, collaborative project that established new models of mental health service delivery. Initiative members offered training and consultation opportunities for mental health professionals and produced literature and reviews of best practices for early childhood mental health care.


Another important product of early collaboration among this group of California mental health professionals was the *California Training Guidelines and Competencies for Infant-Family and Early Childhood Mental Health*, the first such manual ever published in the state. Reviewed by national experts, the updated 2009 edition defines several categories of specialization in infant-family mental health care for practitioners and those who train and mentor them. It also sets detailed standards for professional knowledge, skills, and clinical/field experience for each category. For example, the Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioner category lays out requirements for professionals in such disciplines as audiology, social work, and physical therapy. In 2009 an online professional endorsement process was initiated to more formally recognize the professional competencies, and to guide consumers in selecting a mental health care provider, consultant, or trainer.

As part of implementing this series of foundational projects, members of the cross-disciplinary group of professionals that originally formed two decades ago have provided training in evidence-based infant-family mental health practices to nearly 12,000 professionals representing a variety of health and human service agencies and programs. This includes 6,700 personnel in California, more than 4,700 in 15 other states, and nearly 500 from outside the U.S.

The rollout in 2012 of the California Center for Infant-Family and Early Childhood Mental Health builds on this history and represents a major step toward accomplishing the group's long-term goals. Housed at WestEd's CPEI, the center offers technical assistance, resources, and training of trainers to help state and local agencies build capacity to provide high-quality infant-family mental health care. Services range from broad-based collaboration on policy issues at a national level to conducting training and workshops in the field with professionals.

Evidence-Based Practices That Ground and Inform the Work

Every aspect of the work that California stakeholders have undertaken to improve mental health care for infants and young children and their families is grounded in key evidence-based practices. One such practice is relationship-based care. A strong emotional bond with a parent is essential to a baby's earliest learning, development, and sense of security and well being. Professionals who follow best practices in infant mental health care — as established by research and experts in the field — focus on assessing the state of the infant-parent relationship and working with the family in culturally and socially sensitive ways to strengthen it.



“The goal is to support the families so they are able to do the best job they can caring for their child,” says Karen Moran Finello, a developmental psychologist specializing in children from birth to five years old and their families, and a member of the original project team. “Supporting the infant-parent relationship promotes healthy development both within the family and within the child. A lot of the related intervention work involves being a detective, working with the family to figure out what’s not working and change it.”

Because of the stigma often attached to mental health issues, she adds, some associate mental health care with serious psychiatric problems. “We think of physical health as having a continuum; we want to promote good physical health and eliminate or treat long-term physical problems,” she says. “We also know that some physical problems require long-term treatment and don’t just disappear. In the same way, best practices in mental health care include promoting good infant-family mental health, and intervening quickly in problems.”

Most projects the group has implemented target the needs of low-income or at-risk populations. Families are referred for care through early learning programs, welfare case workers, and other channels. Reflecting the history of how health and social services have been delivered in such communities, professionals from various disciplines typically make home visits to work with the infant and family. Because families are often coping with a number of issues, a care provider’s work can be complicated, intense, and emotionally draining.

To guard against burnout and to foster collegiality and support professional development, “reflective practice,” another essential evidence-based approach, is integrated into many aspects of project work. For example, a facilitator trained in reflective practice might help an individual or small group of practitioners take a step back from a challenging assignment in order to reflect on ways to apply relevant knowledge and theory to the work, to focus on the important infant-family or family-practitioner relationships involved, and to explore possible approaches to working effectively with the client. A reflective practice facilitator’s role is to listen carefully and ask strategic questions that support a practitioner to figure out a workable plan for moving forward to achieve goals in mental health promotion, intervention, or treatment.

With an organizational structure in place and a veteran team providing leadership and guidance, the new California Center is looking to grow and expand its reach. “Our combined success in policy and practice has meant that people are starting to get the importance of mental health care for very young children and their families,” Reynolds says. “And we’ve been able to build coalitions among top experts in a variety of health and human service fields who are passionate about and committed to improving infant-family mental health care.”

For more information about the California Center for Infant-Family and Early Childhood Mental Health and related projects, contact Virginia Reynolds at 916.492.4017 or vreynol@WestEd.org.