

# Substance Abuse and Mental Health Services Administration (SAMHSA)

## Expert Convening on Infant and Early Childhood Mental Health Consultation

September 11 -12, 2014  
SAMHSA Headquarters  
Rockville, MD

**Infant and Early Childhood Mental Health Consultation (IECMHC)** is an intervention for promoting the social, emotional, and behavioral well-being of young children and their families in early childhood settings. While a number of individuals and organizations have been working to advance the field, experts have had few opportunities to come to consensus about how to define and operationalize IECMHC and to discuss the state of the field with federal leaders. In the fall of 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened a 1.5-day meeting of national experts on IECMHC to provide a forum for beginning to explore these issues.

SAMHSA has long been a supporter of IECMHC; for example, through the development of a monograph on Early Childhood Mental Health Consultation (see References & Resources section below), and through Project LAUNCH: SAMHSA's early childhood wellness promotion initiative (<http://www.healthysafechildren.org/grantee/project-launch>). In recent years, this commitment has been reinforced by strong evidence of the lifelong health and behavioral health consequences of early adversities experienced by young children, and the potential for IECMHC to mitigate these negative impacts and to promote positive behavior and school readiness. SAMHSA organized this Expert Convening to

chronicle advances in the implementation, evaluation and funding of IECMHC and to join with national experts and federal partners in charting a way forward.

### Definition of IECMHC

Infant and Early Childhood Mental Health Consultation is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development.

IECMHC builds the capacity of providers and families to understand the powerful influence of their relationships and interactions on young children's development. Children's well-being is improved and mental health problems are prevented and/or reduced as a result of the MHC's partnership with adults in children's lives. IECMHC includes skilled observations, individualized strategies, and early identification of children with and at risk for mental health challenges.

On the first day of the convening, the Expert Group's aim was two-fold: first, to reach consensus on the definition, key elements, and core competencies of IECMHC; and second, to identify effective IECMHC approaches that would inform a dialogue with federal leaders.

On the second day, the group met with federal leaders to share points of consensus and to solicit input on next steps for the field.

The convening focused on IECMHC in **early care and education and home visiting**. Although IECMHC occurs in a variety of settings, narrowing the scope of the conversation was necessary to allow adequate time for the Expert Group to achieve its objectives. Moreover, the majority of research to date that has shown beneficial outcomes of IECMHC has been conducted in the context of early childhood education and home visiting programs. Nevertheless, the Expert Group agreed that future efforts should consider IECMHC across

multiple service settings; for example, primary care and child welfare.

## What is IECMHC?

IECMHC is a preventive intervention for promoting young children's social, emotional, and behavioral health in early childhood settings. The cornerstone of IECMHC is a collaborative relationship between the Mental Health Consultant (MHC) and the adults who care for young children (e.g., parents and other family members, early childhood educators, home visitors).

Rather than offering therapeutic services directly to a child or to a family, the MHC works in partnership with the child's caregivers to increase their capacity to support children's social and emotional development. The MHC helps caregivers learn to identify, understand, and address the needs of children at risk for mental health problems as early as possible. In addition, the MHC works with the adults in children's lives to consider how their own attitudes, beliefs, and actions affect their relationships with children and with other caregivers, and how to change their behavior in ways that lead to more optimal outcomes for young children. In turn, caregivers are better able to address issues as they arise rather than waiting until more serious problems emerge (e.g., preschool expulsion).

IECMHC is an interdisciplinary field representing diverse voices and perspectives. Accordingly, SAMSHA assembled experts from a wide range of backgrounds to identify points of consensus on the **definition, core elements, and core competencies of IECMHC**. The convening included leaders from both public and private sectors: federal and state agencies, research and policy institutes, colleges and universities, medical centers, mental health agencies, early childhood programs, and non-profit organizations.

## What is the definition of IECMHC?

The Expert Group began their discussion about IECMHC by noting the need for a common definition that is widely accepted and shared by multiple stakeholders. They defined IECMHC as an intervention that teams mental health professionals with the people who care for young children to improve the social, emotional, and behavioral development of children and their families. The Expert Group's definition emphasizes that IECMHC is:

- **Preventive** – stops social, emotional, and behavioral challenges in young children from occurring or becoming worse
- **Multi-level** – addresses young children's mental health needs by mobilizing the collective resources of families, staff, programs, and communities
- **Relationship-based** – recognizes the critical role of positive relationships – between parents and children and among the caregivers in children's lives –for supporting healthy child development
- **Capacity-building** – increases the ability of early childhood staff and programs to address the mental health needs of young children

The Expert Group noted that a hallmark of IECMHC is that it is a process of building the capacity of early childhood staff and families to understand the powerful influence of their relationships and interactions on young children's development. As a result of the MHC's partnership with the adult in children's lives, children's well-being is improved and mental health problems are prevented and/or reduced. Specific strategies for accomplishing these aims include **skilled observations, individualized services, and early identification of children with and at risk for mental health challenges**.

While the group came to consensus on the definition, they acknowledged that further refinement may be needed.

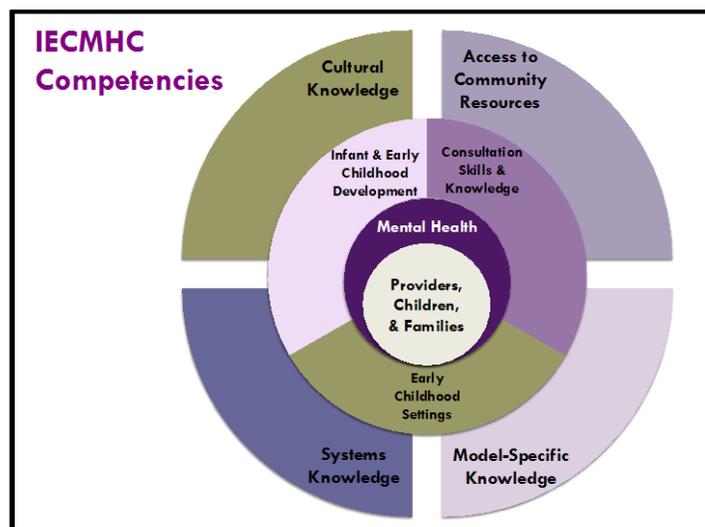
## What are the Core Elements of IECMHC?

IECMHC encompasses a broad array of strategies implemented at multiple levels – the child, the family, the provider, the program, and the community. The Expert Group reviewed the full range of strategies in early education and home visiting programs and identified **four core elements of IECMHC**:

1. **Infant/Child/Family Focused Mental Health Consultation** – The MHC helps caregivers understand and address a specific concern about a child or a family (e.g., by assisting caregivers in developing and implementing a plan to address a child’s aggressive behavior or a parent’s harsh discipline).
2. **Provider Focused Mental Health Consultation** – The MHC works with early childhood staff to improve the quality of care they offer to children and families (e.g., by helping providers develop the skills to manage life stress while at work or to maintain a high quality classroom environment).
3. **Program Focused Mental Health Consultation** – The MHC partners with directors and other program leaders to develop policies and practices that support children’s mental health (e.g., working with program leaders to develop policies and procedures to prevent preschool expulsion or address a parent’s depression).
4. **System & Community Focused Mental Health Consultation** – The MHC collaborates with community providers and systems to meet children’s mental health needs (e.g., by offering a training at a community agency or by coordinating care among community providers who work with a particular family).

## What are the Core Competencies for Mental Health Consultants?

Our capacity to realize the benefits of IECMHC rests in large part upon developing and maintaining a well-qualified workforce of MHCs. The current scarcity of trained MHCs is a serious impediment. Experts agreed that an essential first step in developing a well-qualified workforce is to establish consensus on the competencies MHCs need to provide effective IECMHC.



The Expert Group noted that well-qualified MHCs come from a variety of disciplines but must have **formal training and licensure and possess knowledge and skills in multiple domains**. These include but are not limited to:

- Mental health (assessment and treatment)
- Infant and early childhood health and development
- Early childhood providers and programs
- Consultative stance
- Culture of providers, children, and families
- Community organizations and resources
- IECMHC models

MHCs must develop an understanding of the social and emotional strengths and needs of providers, children, and families within a

particular program and community so that consultation can be tailored to meet the needs of those particular groups. They also

### Who Are Mental Health Consultants?

MHCs have advanced degrees and represent a variety of professional disciplines, including:

- Social workers
- Psychologists
- Psychiatrists
- Counselors
- Nurses

need to possess knowledge and skills in infant and early childhood health and development, consultation, and early childhood settings. Further, they must develop a deep understanding and appreciation of the cultures, systems, and communities in which young children and their families live. Because MHCs often serve as a resource to the community on social, emotional, and behavioral issues in early childhood (e.g., by providing referrals and training), they also need to be familiar with community resources and to build partnerships with community organizations that work with young children and their families. Finally, MHCs must have training in effective models of IECMHC.

### The Consultative Stance

MHCs build the capacity of early childhood programs to promote children's mental health through the use of a **consultative stance** – an approach that conveys to staff, families, and programs that supporting children's mental health is a shared responsibility. The MHC avoids the role of the "expert" and works collaboratively with caregivers to understand children's behavior and to identify and implement strategies that meet children's social and emotional needs.

## What is the evidence of the effectiveness for IECMHC?

The U.S. has increased its investments in young children and their families in response to clear and growing evidence showing that the early years set the foundation for lifelong individual health and development. Concurrently, policymakers are demanding evidence on intervention effectiveness to help guide decisions about how to allocate federal, state, and local funding. Therefore, IECMHC stakeholders must make a compelling case that IECMHC will yield a good return on investment.

The Expert Group reviewed existing research on IECMHC and concluded that **there is strong evidence that IECMHC works**. Research and evaluation findings offer compelling evidence that:

- ✓ IECMHC improves social, emotional, and behavioral outcomes for young children.
- ✓ IECMHC has major benefits to early childhood providers and programs.

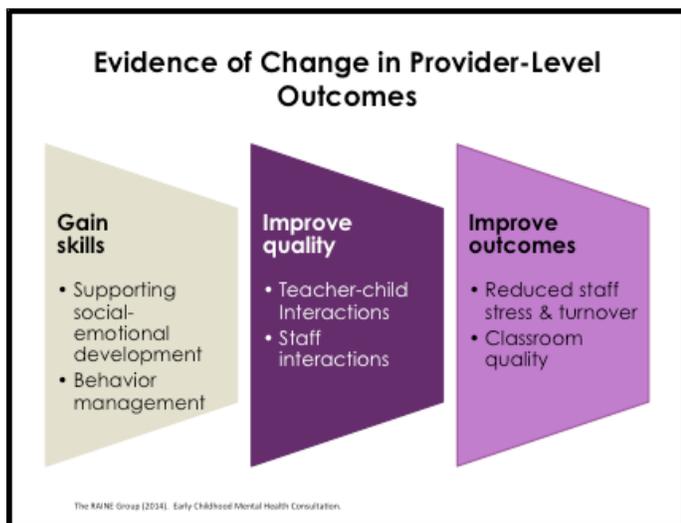
IECMHC that incorporates Core Elements and Competencies is associated with a decrease in children's behavior problems, prevention of preschool suspension and expulsion, enhanced parent-child relationships, and a reduction in missed workdays among parents.

### Evidence of Change in Child- and Family-Level Outcomes



The RAINE Group (2014). Early Childhood Mental Health Consultation.

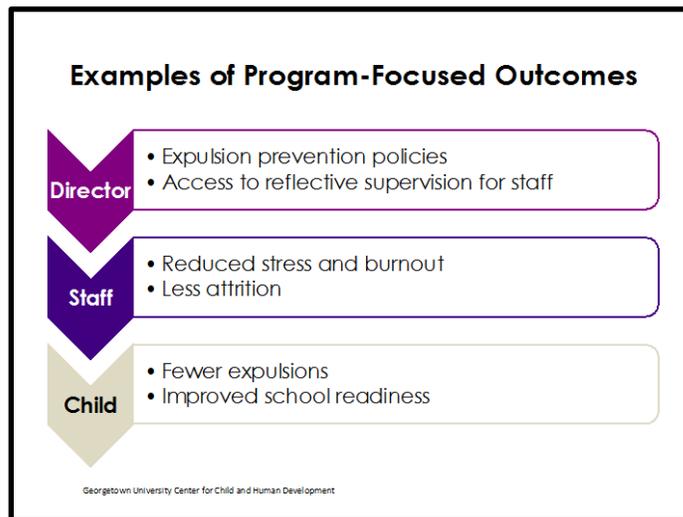
Research shows that IECMHC also has benefits for early childhood education (ECE) providers, including improved skills in teaching children about feelings and in behavior management, increased program fidelity, and better program outcomes, such as improved teacher-child interactions and classroom climate.



Less research has been done on IECMHC in home visiting, but initial findings suggest that providers show improvements in family engagement, amount of program participation (dosage), and home visitor retention.

In addition, IECMHC is associated with positive program level outcomes, such as more supportive prevention policies, increased access to reflective supervision for staff, reduced stress, burnout, and turnover among program staff, and fewer expulsions and improved school readiness among children.

Finally, system level outcomes of IECMHC include increased developmental screening, referral, and follow-up, early identification of mental health problems, and more appropriate referrals of young children and their families to specialized services.



## Next Steps for the Field of IECMHC

On the second day of the convening, the Expert Group met with federal partners, including leaders from SAMHSA, the Administration for Children and Families, the Health Resources and Services Administration, the Office of the Assistant Secretary for Planning and Evaluation, and the U.S. Department of Defense. The second day of the convening provided an opportunity for experts to share points of consensus and the evidence of IECMHC’s effectiveness with federal leaders, as well as a dialogue about the needs of programs they oversee, including child care, Early Head Start, and home visiting initiatives. Together, national experts and federal leaders identified critical next steps for the field to address the nation’s need for IECMHC and to scale up successful implementation. In particular, the Expert Group highlighted the following:

IECMHC supports caregiver well-being and acts as a powerful mechanism for ensuring the social, emotional, and behavioral development of young children.

- ✓ IECMHC has the potential for having a “multiplier effect” – partnerships between MHCs and the adults in children’s lives have beneficial reverberations throughout caregiving systems (e.g.,

immediate and extended family members, child care providers, community providers), including benefits for young children, families, providers, programs, and communities. Providers can then apply the skills and knowledge they acquired through IECMHC to their work with other children and families in the future.

- ✓ IECMHC is a preventive approach that is relatively free of a “mental health” stigma.

After receiving feedback from federal leaders, several critical and urgent next steps for the field of IECMHC emerged:

1. **Communication** - Further refine the definition of IECMHC and clearly articulate its unique value within the existing system of care that supports young children and their families. Solicit input from the broader field on optimal strategies for communicating with stakeholders about IECMHC’s distinct contribution to child and family well-being.
2. **Core competencies** – Adopt a consistent set of standards for the competencies of MHCs to ensure that training and credentialing lead to a well-qualified workforce.
3. **Training** – Expand opportunities for training to develop a workforce that is prepared to carry out effective IECMHC and has the capacity to scale implementation to meet the need.
4. **Model development** – Fully develop and manualize models of IECMHC to facilitate implementation and replication in early childhood programs, and to support state system infrastructure.
5. **Sources of funding** – Identify potential funding streams at the community, state, and federal level – both existing and new – to obtain sufficient funds to implement IECMHC across programs serving young

children and their families.

6. **Research and evaluation** – Conduct further research and evaluation to determine the precise amount (dosage) needed to achieve IECMHC’s intended results, and to ensure that the strategy can be standardized, replicated, and scaled up. Publish research findings in peer-reviewed literature.
7. **Policies** – Partner with stakeholders at the state level to establish policies that support widespread implementation of IECMHC and, in turn, lead to better outcomes for young children and their families.

## References & Resources

1. Cohen, E., & Kaufmann, R. (2005). *Early childhood mental health consultation*. DHHS Pub. No. CMHS-SVP0151. Rockville, MD: Center for Mental Health Services, SAMHSA.
2. Gilliam, W.S. (2008). *Implementing policies to reduce the likelihood of preschool expulsion*. FCP Policy Brief No 7. New York, NY: Foundation for Child Development.
3. Goodson, B.D., Mackrain, M., Perry, D.F., O’Brien, K., & Gwaltney, M.K. (2013). Enhancing home visiting with mental health consultation. *Pediatrics*, 132(Suppl 2), s180-S190.
4. Hepburn, K.S., Perry, D. F., Shivers Marie, M.E., & Gilliam, W. S. (2013). Early childhood mental health consultation as an evidence-based practice. *Zero to Three*, 33(5), 10-19.
5. Johnston, K., & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff and families*. Washington, DC: Zero to Three.
6. The RAINE Group (2014). *Early childhood mental health consultation protects and maximizes our national investment in early care and education*. Phoenix, AZ: Southwest Human Development.

## Conclusion

The SAMHSA Convening on IECMHC facilitated a consensus among experts on critical aspects of IECMHC, including its definition, core elements, and core

competencies. In addition, the convening brought together experts and federal leaders to discuss the state of the field and to identify important next steps. Together, federal leaders and experts concluded that, to advance IECMHC, the field will need to clearly communicate its benefits, increase training opportunities, facilitate widespread adoption of core competencies, identify funding sources, conduct additional research and evaluation, and further develop specific models. The work of the convening further clarifies and accentuates the importance of IECMHC as a strategy for improving and sustaining positive organizational, provider, family, and child social-emotional health and well-being.

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