

## ***“Early Childhood Mental Health: What Is It All About?”***

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Early childhood mental health is the social and emotional well-being of infants, toddlers, and young children. Early childhood mental health is increasing being taken into consideration as an important aspect of early childhood development, as an important component of school readiness, and as a service that needs expansion in schools, early intervention, and other programs for infants, toddlers and young children.

Early childhood mental health (ECMH) can be viewed as a conceptual framework for practice (a context), as a set of service strategies with a range of intensity, providers, and environments (as content), or as a cornerstone of later development for individual children and larger development of comprehensive service delivery systems. All three aspects must be taken into account when addressing the issues of funding, policy, training, and service models. This paper provides a definition, and discusses three components of ECMH.

### A Definition of Early Childhood Mental Health

A simple definition of ECMH might be based on each of the words which make up that term. “Early childhood” is a term that implies the age range of birth to age 5 or 6 (school age). In educational circles, early childhood often extends from birth to age 8. Given these age parameters, a few additional issues should be considered. First, the specific needs of the birth to three population should be taken into account. Infants and toddlers are very different from 3-5 year old children, and their unique features and characteristics ought to be respected in planning for services. Second, the impact that could be made by including pregnant women and fathers in our thinking about mental health should be considered. Relationships between parents and babies are already beginning before the baby is born. Early Head Start recognized this, and built prenatal programs and services into their model. Third, while ECMH clearly focuses on the child, the family is an integral part of the child’s world, and should be acknowledged in discussions of what ECMH is all about.

The term “mental” encompasses the social, emotional and cognitive domains of development. “Health” implies the well-being of young children and families. Therefore, the term “ECMH” might be defined as the social emotional well-being of infants, toddlers, and young children.

“Social-emotional competence” has an unfortunate acronym. “Social-emotional well-being” is not descriptive enough, and too much of a mouthful. Some people have responded positively to the term, “social-emotional fitness”, coined by George Askew, a pediatrician currently doing a Soros Physician Advocacy Fellowship at ZERO TO

THREE<sup>1</sup>. This term suggests the infant mental health concept of “goodness of fit” and also implies that social emotional development is something active, that can be worked on (or worked out), and a developmental domain separate but connected to physical development.

Defining this term is tricky business. The term “infant mental health”, while it has meaning to those who consider themselves infant mental health practitioners, is seen by some (if there is any recognition at all that infants might have “mental health”) as too pathological, implying mental illness. There is reluctance to label young children for fear of stigmatizing, and disbelief by others that young children can even have mental health disorders. However, there is increasing recognition that the social and emotional development of young children is an important (although often overlooked) domain of development, an important component of school readiness, and a service area that needs expansion and improvement.

At any rate, for our purposes today, ECMH means social emotional well-being of children, age birth to 5. Let me now outline a framework where ECMH has context, content, and where it serves as a cornerstone of development for individual children as well as service systems.

### Context of Early Childhood Mental Health

The first of the three aspects proposed for the framing of ECMH (ECMH) is context. The context of ECMH is based on the growing awareness of the importance of early experience. Every child experiences the world uniquely. These experiences, both positive and negative, shape early and later development. Children’s experiences, and therefore, their development, takes place within relationships and environments. Children’s first relationships are with caregivers (usually parents) and later, with peers. Because of this link between a young child’s development, early experiences, and relationships, a child’s mental health cannot be addressed separately from other developmental domains, relationships or environment.

We know that children develop best in the context of nurturing relationships and environments, and the best way to assure this is through availability of emotionally healthy caregivers. The more inclusive context of ECMH would assure access to mental health services by caregivers as well as their young children.

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<sup>1</sup> George Askew, M.D., F.A.A.P., is a developmental and behavioral pediatrician and Soros Physician Advocacy Fellow. Dr. Askew has been focusing on infant (early childhood) mental health issues at ZERO TO THREE, particularly how we talk to others outside the field in a way that is specific, clear, and compelling. He coined the term “social emotional fitness” to describe infant (early childhood) mental health. He states that a child who is socially and emotionally fit is physically healthy, confident in their abilities, curious and derives pleasure from finding out about things, desires to have an impact on the environment and those around them, is self-controlled, is able to socially engage others, has the ability and derives pleasure from communicating with others, and is able to cooperate in a group setting.

So, with regard to context, ECMH is about promoting and supporting early relationships, and attending to the social-emotional aspects of development right along with physical health.

### Content of Early Childhood Mental Health

ECMH is more than a conceptual framework alone. It is also about a set of services (and intervention strategies) which are concrete and fundable. These services encompass a range of intensity, purpose, environments, and providers. The range of ECMH services:

*Promotion and maintenance* of social-emotional well-being. Promoting and maintaining social-emotional fitness in young children requires a population-based approach, one that is directed at all young children and their families (and pregnant women). This includes promoting and maintaining protective factors that can provide the “bounce back” factor for children growing up in risky environments. The types of services that might be included in such an approach include:

- Public awareness of social and emotional milestones;
- Materials for parents about promoting social-emotional “fitness”;
- Tools and materials on early warning signs (of developmental delay in all areas, especially social-emotional domain) for those who are in contact with children on a day-to-day basis (e.g., health care providers, child care and family child care providers, EHS and HS staff, preschool teachers, public health nurses, etc.);
- Training on recognition of other mental health issues, e.g., maternal depression;
- Resource directories (where to refer if you suspect a mental health concern).

*Prevention* of negative consequences of early experience. Prevention services are directed at a narrower population of young children and families, i.e., those who are experiencing or at high risk of experiencing situations that might lead to alterations in social-emotional development. Such services might include:

- Efforts to minimize the impact of foster care on infants, toddlers and young children (keeping the number of transitions and caregivers to an absolute minimum);
- Recognizing early situations, behaviors, and environmental factors that might lead to disrupted relationships, trauma, etc.;
- Mental health consultation to child care providers;
- Home visiting by trained personnel who intervene with high risk families.

*Intervention* that is highly purposeful, individualized to the child and family, and which requires skilled, supported and supervised practitioners. Children and families who require and desire mental health services exhibit characteristics of mental health disorders. According to Weatherston (2000), infant (early childhood) mental health services include:

- Concrete resources
- Emotional/family support
- Developmental guidance
- Assessment

- Advocacy
- Psychotherapeutic services

Therefore, ECMH content ranges from promoting social-emotional well-being for all children and families to intensive clinical services provided by highly trained mental health and infant mental health practitioners.

### Early Childhood Mental Health as Cornerstone

In addition to context and content, ECMH provides foundation and building blocks for comprehensive early childhood services and school readiness at two levels, the individual child level, and at the systems level.

#### *Individual child developmental cornerstones:*

“Social-emotional well-being is critical for early school success, and sets the stage for later success as well.” All children are ready to learn from birth. Social-emotional fitness allows children to learn effectively. (Huffman, L.C., 2000) This is a major advance in thinking about how to prepare children for school (change from flashcards and a singular focus on academics). In this sense, a young child who has “social emotional fitness” has the following essential capacities (Greenspan, 1999):

As an infant:

- Becoming calm, attentive, and interested in the world (self-regulation);
- Having the experience of “falling in love” with at least one nurturing caregiver;
- Two-way communicator;
- Problem-solving and a sense of self;
- Discovering a world of ideas; and
- Building bridges between ideas.

As a young child (a la Heart Start):

- Confident;
- Curious;
- Socially engaging;
- Communicates with others; and
- Coping strategies to master distress and transitions.

*Systems-level cornerstones.* The second level or way that ECMH serves as a cornerstone, or foundation, is as an important component of a comprehensive service delivery system for young children and families. ECMH is often described by front-line practitioners as the “missing link” in services that intend to support the healthy development (or recovery) of infants, toddlers, young children and families. The social-emotional domain of development is required to be addressed but is often neglected in policy, workforce development and training (especially in supervision), financing, and program models. Programs such as the Individuals with Disabilities Education Act (including the Part C Early Intervention Programs for Infants and Toddlers with Disabilities and section 619,

preschool special education) the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, Head Start and Early Head Start provide opportunities to promote the social-emotional development of young children. (Cavanaugh, D.A., et.al., 2000)

### Conclusion

ECMH can be viewed as a conceptual framework for practice (a context), as a set of service strategies with a range of intensity, providers, and environments (as content), or as a cornerstone of later development for individual children and larger development of comprehensive service delivery systems. All three aspects must be taken into account when addressing the issues of funding, policy, training, and service models as you are about to do over the next two days. I hope that this framework is useful in organizing your thinking, and framing the issue of ECMH. The better we can describe what it is all about, the more likely we are to be able to put the context, the content, and the cornerstones into place.

## Reference List

Cavanaugh, D.A, Lippitt, J., & Moyo, O. (2000) Resource guide to selected federal policies affecting children's social and emotional development and their readiness for school. The Child Mental Health Foundations and Agencies Network (FAN). Bethesda, MD: National Institute of Mental Health.

Greenspan, S.(1999). Building Healthy Minds. Cambridge, MA: Perseus Books.

Huffman, L.C., Mehlinger, S.L., & Kerivan, A.S. (2000) Risk factors for academic and behavioral problems at the beginning of school. The Child Mental Health Foundations and Agencies Network (FAN). Bethesda, MD: National Institute of Mental Health.

Weatherston, D.(2000).The infant mental health specialist. *Zero to Three*, 21 (2), pp.3-10.

ZERO TO THREE: National Center for Clinical Infant Programs (1992). Heart Start: The Emotional Foundations of School Readiness. Arlington, VA.

### Early Childhood Mental Health Web Links and Resources

[www.fsu.edu/~cpeip/research.html](http://www.fsu.edu/~cpeip/research.html)

Web site for Florida's Strategic Plan for Infant Mental Health; the plan is available for download from the site. The plan envisions a "comprehensive system to effectively prevent, identify and treat emotional and behavioral disorders in families with children birth to age five". Describes three levels of service: 1) strengthening the caregiver/child relationship (responsive caregiving); 2) developmental, relationship-focused early intervention; and 3) infant mental health treatment. The plan addresses integration with Part C services in Florida.

[www.birth23.gov](http://www.birth23.gov)

Connecticut Part C (Early Intervention) program has developed service guidelines for Infant Mental Health. This resource is available for download from the web site, and includes an annotated list of screening instruments for social-emotional development.

Minnesota

<http://ici2.umn.edu/ceed/publications/earlyreport/execsum.htm>

Minnesota Infant Mental Health Services Feasibility Study – Executive Summary  
CEED, the Center for Early Education and Development in the College of Education and Human Development at the University of Minnesota, was funded to conduct a Feasibility Study on an Infant Mental Health Services for the State of Minnesota. The Consultant Team and CEED talked with community providers and parents, and reviewed what infant mental health services are currently in place in

Minnesota and what service delivery models exist in other states. The recommendations in the report are a result of this process.

The executive summary is available on the web site, or by contacting:

The Center for Early Education & Development

University of Minnesota

207 Pattee Hall

150 Pillsbury Drive Southeast

Minneapolis, MN 55455

612-624-5780

#### Michigan Association for Infant Mental Health

August, 2000 – Guidelines for Infant Mental Health Programs

These guidelines provide an overview of IMH services in Michigan, describe typically used intervention strategies, staffing, supervision, and consultation.

MI-AIMH

Kellogg Center

Michigan State University

East Lansing, Michigan 48824-1022

517-432-3793 (phone)

517-432-3694 (fax)

#### Ohio Association for Infant Mental Health

Contact Sharon Marcum, Ohio Department of Health, Bureau of Early Intervention Services at 614-644-8389. OAIMH has developed guidelines for visitation in custody situations (*Promoting Positive Relationships Between Parents and Young Children When There are Two Homes*, adapted from the Children’s Charter of the Courts of Michigan, Inc.) and is supporting a pilot test of Individualized Family Service Plans and the DC:0-3 Classification System as a way to plan and pay for infant mental health services (a collaborative effort between a local MH Board and the local Early Intervention service delivery system).

[www.surgeongeneral.gov/cmh/](http://www.surgeongeneral.gov/cmh/)

Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda (DHHS, 12/99)

[www.bazon.org](http://www.bazon.org)

Bazon Center for Mental Health Law

Resources on mental health services, policy, and financing. Example: “Where to Turn: Confusion in Medicaid Policies on Screening Children for Mental Health Needs”. There is also a link to the Surgeon General’s report on children’s mental health.

[www.rtc.pdx.edu](http://www.rtc.pdx.edu)

Research and Training Center on Family Support and Children’s Mental Health

Portland State University

#### Early Childhood Mental Health Consultation

April, 2000 - Center for Mental Health Services, SAMHSA  
Available by contacting Roxane Kaufman  
Georgetown University Child Development Center  
National Technical Assistance Center for Children's Mental Health  
3307 M Street, NW, Suite 401  
Washington, DC 20007  
202-687-5000

*A Good Beginning: Sending America's Children to School with the Social and Emotional Competence They Need to Succeed*

A monograph prepared by Robin Peth-Pierce, based on two papers commissioned by the Child Mental Health Foundations and Agencies network (FAN), 2000  
Available from the National Institute of Mental Health  
301-443-4513 (phone) 301-443-4279 (fax)  
<http://www.nimh.nih.gov/childhp/fdnconsb.htm>

[www.zerotothree.org](http://www.zerotothree.org)

Award-winning web site with parent and professional information, links, publications and search through classic issues of the *Zero To Three Bulletin*  
ZERO TO THREE: National Center for Infants, Toddlers and Families  
2000 M Street, NW, Suite 200  
Washington, DC 20036-3307  
202-638-1144  
toll free number for publications 1-800-899-4301