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Building an Infant Mental Health Workforce

The science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children's relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain.¹

Early childhood research shows that attention to infant and toddler mental health is critical and hinges on the early relationships between babies and their parents or caregivers. The quality of these early relationships lays the groundwork for a child's social, emotional and cognitive development and lifelong mental health. In addition, early identification and intervention for infants at risk for developing emotional or behavioral problems can minimize their suffering and potential long-term consequences. Between 9.5% and 14.2% of children under age six experience social-emotional problems that negatively impact their functioning, development and school readiness.

What is Infant Mental Health?

<u>Infant mental health</u> is defined as "the developing capacity of the infant and young child to experience, express, and regulate emotions; form close and secure relationships; and explore the environment and learn, all in the context of cultural expectations."² An important component of addressing infant mental health is assuring that the adults who interact with young children and their families are knowledgeable and skilled in promoting social-emotional development and identifying the early signs of mental health issues and how to respond.

The Infant Mental Health Workforce

The early childhood mental health workforce is multidisciplinary by definition, encompassing all those who care for or nurture infants and toddlers including parents, early care and education providers, home visitors, child health providers, early interventionists, speech and occupational therapists and mental health clinicians. As more states, including Connecticut, make major strides in developing comprehensive early childhood systems of services and supports that include attention to social and emotional health, there is recognition of the shortage of early childhood professionals with mental health expertise and mental health professionals with early childhood expertise. States are taking steps to ensure that they have a sustainable and competent infant and early childhood workforce that is well trained in promoting consistent, reliable, protective and nurturing caregiving, and reducing adverse experiences such as abuse, neglect, exposure to trauma, and significant stress among parents.

Building an Infant Mental Health Workforce in Connecticut

The Connecticut Association for Infant Mental Health (CT-AIMH), working with state agencies, providers, advocates and private philanthropy, has taken a leadership role in Connecticut to advance a professional development program for all those who work with or on behalf of infants, toddlers, and their families. They have based this effort on an adaptation of the Michigan Association for Infant Mental Health (MI-AIMH) competency-based Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. MI-AIMH's competency guidelines are founded on the principle that all development occurs in the context of relationships. They are organized around eight core areas: theoretical foundations; law, regulation, and agency policy; systems expertise; direct service skills; working with others; communicating; thinking; and reflection. Connecticut joins 13 other states that are using this set of competencies. Over the past few years, 17 Connecticut professionals have received this endorsement, which requires a combination of training linked to a defined set of skills, knowledge and values, reflective supervision, and, for the highest two of the four levels of endorsement, a written exam.

With the goal of embedding people competent in infant mental health in all service systems for young children, a growing number of programs in Connecticut are incorporating training and support for the endorsement including: Birth to Three, Child FIRST, the Department of Children and Families (DCF), Head Start and Early Head Start, Promising Starts (CT's federally funded Project LAUNCH), and the Yale Child Study Center. Leading the way, the Birth to Three System has already established a goal for every one of its programs to have at least one staff person endorsed in infant mental health within the next three years.

This important work has been supported through a combination of public and private funding. Funds have supported capacity building, strategic planning, training and reflective supervision, and the purchase of the competency license and guidelines from MI-AIMH. The work is guided by a Professional Development Advisory Committee, with representation from state agencies, academia, and nonprofits including CHDI that has resulted in strong collaborative efforts across agencies and organizations that serve Connecticut's most vulnerable young children. This is significant groundwork that will serve the proposed new Office of Early Childhood in its effort to develop a comprehensive integrated system of services and supports for young children and their families.

For more information on Building an Infant Mental Health Workforce, please contact Judith Meyers at meyers@adp.uchc.edu or 860-679-1519.

For further information on the Endorsement, go to www.CT-AIMH.org or contact Tanika Simpson, CT-AIMH Endorsement Coordinator at: tanika.simpson@yale.edu

Parents and caregivers can find information on infant and early childhood mental health at <u>www.kidsmentalhealthinfo.com</u>

¹ Center for the Developing Child at Harvard University. (2012). InBrief: Early Childhood Mental Health. Available at:

http://developingchild.harvard.edu/resources/briefs/inbrief series/inbrief early childhood mental health/

² Osofsky, J & Thomas, K. (2012). What is infant mental health? Washington, DC: Zero to Three. (33,) p.9