

# The Importance of Infant Mental Health

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NJ TASK FORCE ON CHILD ABUSE AND NEGLECT: 2022 SKILL BUILDING  
CONFERENCE

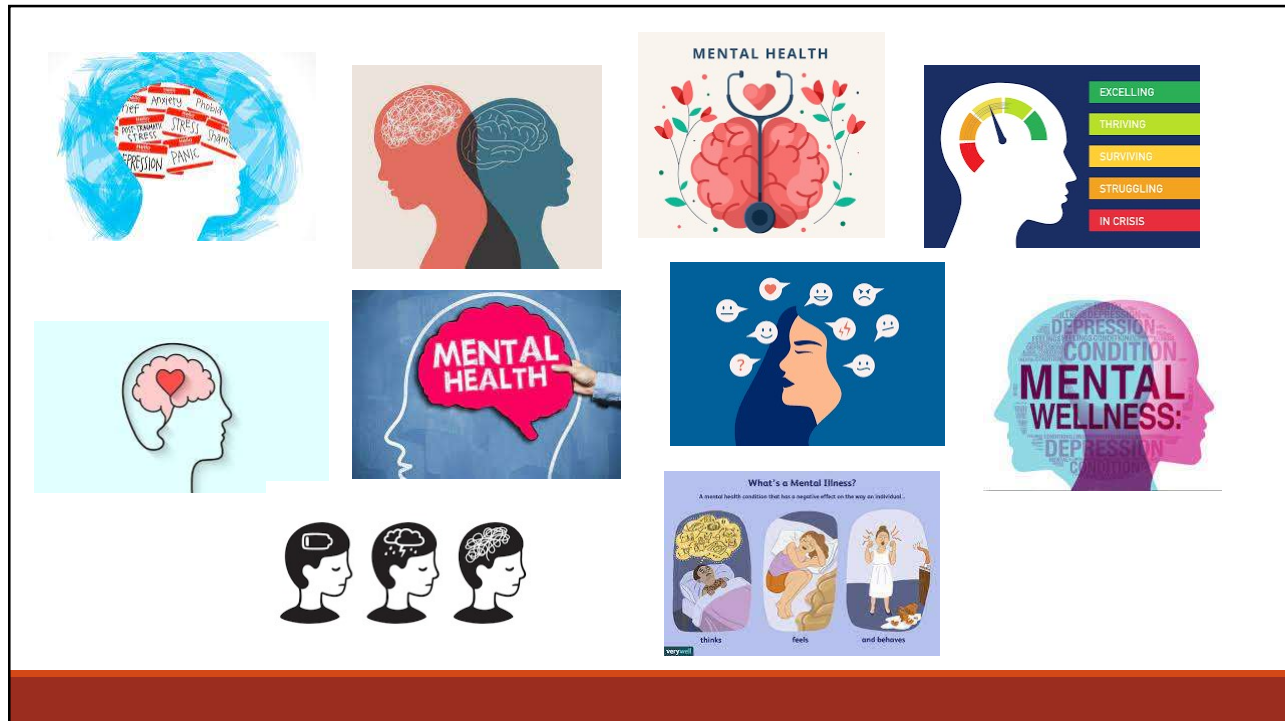
KAITLIN MULCAHY, PH.D., LPC, IMH-E

## Reflection #1

Notice the picture that shows up FIRST  
in your mind when reflecting on the  
term:  
mental health





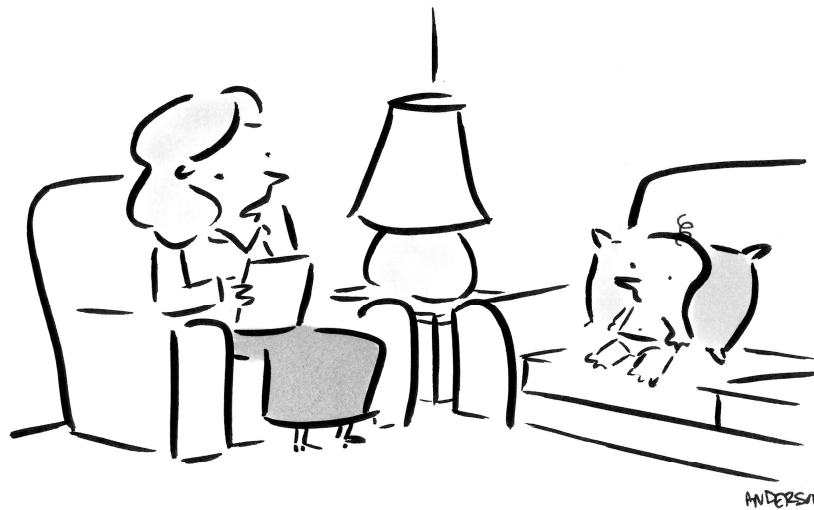


## Reflection #2

Notice the picture that shows up FIRST  
in your mind when reflecting on the  
term:

Infant mental health





"Normally I begin by asking about a patient's childhood..."

**What are we really talking about?**





Positive emotional connection







## state scan

### Infant and Early Childhood Mental Health The foundation of all future development

*Everyone who touches the life of a child can promote social and emotional well-being*

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure  
**adult and peer**  
relationships...



Experience, manage  
and express a **full**  
range of emotions...



**Explore the**  
environment  
and learn...

...all in the context of family, community, and culture.



Where can we promote

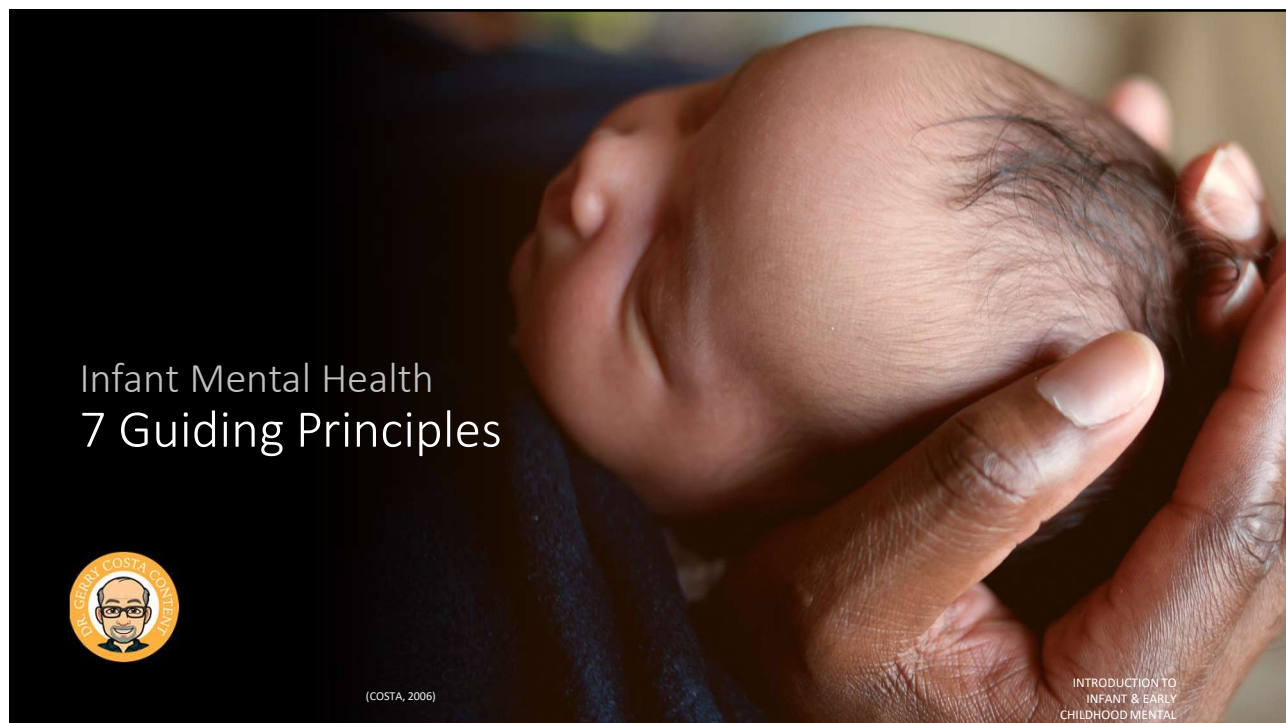




# Infant and Early Childhood Mental Health

Infant and Early Childhood Mental Health promotes five themes:

1. Early experiences matter to all future learning and connecting
2. Development occurs through relationships
3. Experiences of repair builds relational resilience
4. Culture and context organizes relationships and development
5. Reflection is required for best practice





## Infant Mental Health 7 Guiding Principles



# 1

The greatest period of brain development is from the last trimester of pregnancy through the first years of life, and is influenced by interactions and relationships, even during pregnancy.



INTRODUCTION TO INFANT & EARLY CHILDHOOD MENTAL HEALTH | 13



## Infant Mental Health 7 Guiding Principles



(COSTA, 2006)

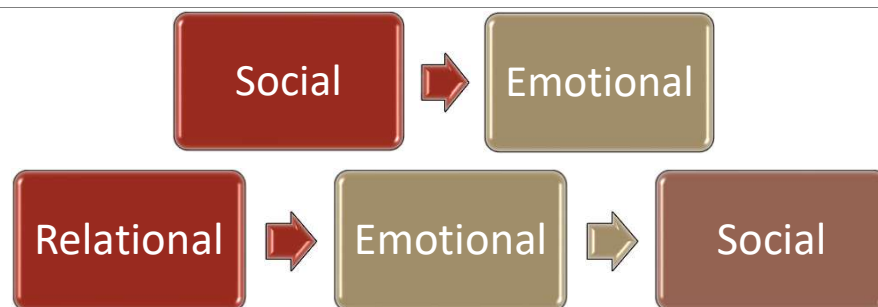
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The human infant enters the world with remarkable capacities for human connection. These relationships support critical developmental capacities to be met in the first three years of life.



INTRODUCTION TO INFANT & EARLY CHILDHOOD MENTAL HEALTH | 15

## Definition of Infant and Early Childhood Mental Health





## Infant Mental Health 7 Guiding Principles



### 3

Early disruptions in relationships often result in disruptions in behavior, language, and play. Responsive relationships can provide repair and restoration.



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Risks to infant mental health



## Infant Mental Health 7 Guiding Principles



# 4

What happens early in an infant/young child's life matters for all future physical health, learning, and connecting to others.



INTRODUCTION TO INFANT & EARLY CHILDHOOD MENTAL HEALTH | 19

Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child  HARVARD UNIVERSITY

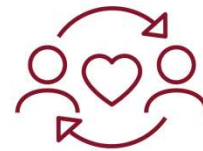


## Infant Mental Health 7 Guiding Principles



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Caregiving is a relationship that begins in pregnancy and is a powerful reminder of the caregivers' own early childhood experiences, which can help or hinder their relationships.



INTRODUCTION TO INFANT & EARLY CHILDHOOD MENTAL HEALTH | 21

## Promote caregiver well-being

Relationships with safe, stable and nurturing adults form the neurological foundations for all future learning and development

Relationships with at least one safe, stable and nurturing adult are consistently found to be a buffer against toxic stress

Relationships with at least one safe, stable and nurturing adult are consistently found to be a factor towards building relational and personal resilience

Werner & Smith, 1982; 1989; National Research Council (US) and Institute of Medicine (US) Committee on Integrating the Science of Early Childhood Development, 2000; Schore, 2001; Sameroff, 2009; Feldman, Magori-Cohen, Galili, Singer, & Louzoun, 2011; Shonkoff et al., 2012; Feldman, 2012)



## Safe, stable and nurturing relationships

**Safe:** The relationship is free of physical or psychological harm. *Children believe their caregivers will protect them.*

**Stable:** The adult is dependably there for the child. *Children believe their caregivers will meet their needs.*

**Nurturing:** The child's physical, emotional, and developmental needs are sensitively and consistently met. *Children believe their caregivers will use warmth and clear expectations to foster their development.*

AAP, nd

## Under the surface of early relationships

Safe, stable and nurturing relationships

Serve and return relationships

Caregivers who are regulated, attuned and reflective

Clear cue readers and cue givers

(Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Shonkoff et al, 2012; Feldman, 2012).



## Infant Mental Health 7 Guiding Principles



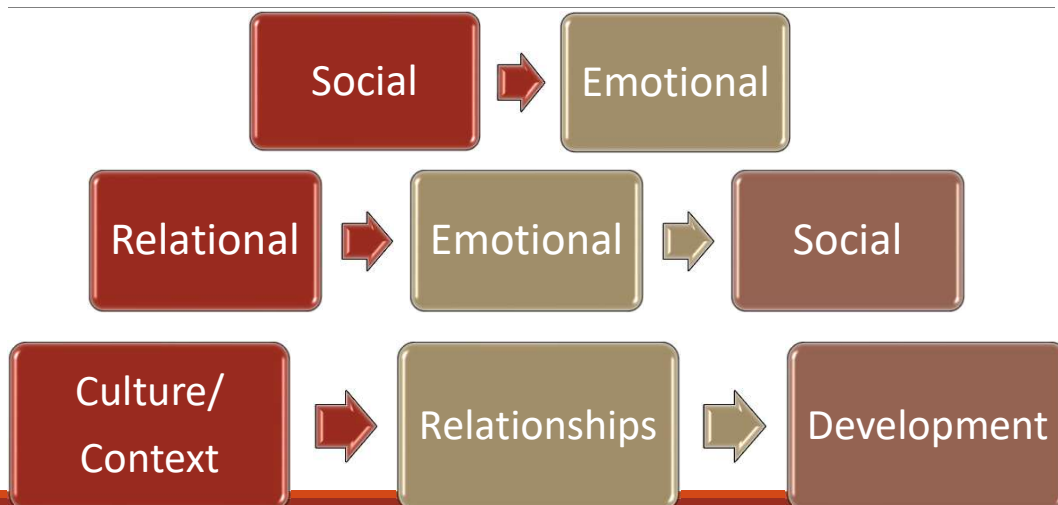
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The nature of the infant-parent relationship is best understood within the routines, culture, economic, communal, and historical context of the family.



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## Definition of Infant and Early Childhood Mental Health





## Infant Mental Health 7 Guiding Principles



# 7

We who work with infants, young children and families have our own emotional histories that must be attended to through reflection, support, and supervision.



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**OK -**  
**So you may be saying...**  
**What does this have to**  
**do with child protection?**



## Risks to infant mental health

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Infants and toddlers are the highest population in out-of-home placement and are the most likely to have multiple out-of-home placements.

In NJ: Over 4% of infants and toddlers have experienced maltreatment

3.5% of infants and toddlers are in out of home placement

Almost 30% of infants and toddlers existed out of home placement within 12 months

- 57% reunified; 43% with guardian, kinship, or adopted

Only 2% of eligible infant and toddlers received preventative home visiting services

Zero to Three: State of Babies Yearbook 2022, n.d.

## Risks to infant mental health

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Approximately 1 in 4 children under age 5 are at moderate or high risk for developmental or behavioral delays

Only approximately 35% of infants and toddlers received developmental screening

10.5% of infants and toddlers receive Early Intervention services, which is only a fraction of the children under age 3 who could benefit from early intervention services

Fewer than 50% of children facing a developmental disability/disabling behavioral problem are identified before they start school.

The NJ Early Intervention system does not enroll children based on at-risk categories

(Zero to Three: State of Babies Yearbook 2022, n.d.)

IDEA Section 618 Data Products: State Level Data Files: Part C: 2018-19 Child Count and Settings, November 2020)



## Risks to infant mental health

Nearly 10.7% of children aged 3-17 were struggling with anxiety and depression in 2020. This is an increase from 7.6% of children in 2016.

One in 6 children between the ages of 2-8 have a documented mental health diagnosis

Preschool expulsion rates are more than 3 times that of expulsion rates in K-12. These rates are increased for children of color and boys.

10% of mothers report symptoms of depression within the first year post-birth.

(NJ Kids Count, 2022; CDC, n.d.; Cree, Bitsko, Robinson, Holbrook, Danielson, Smith, Kaminski, Kenney, Peacock, 2016)

## Infant and early childhood distress: 0-3 yrs

Chronic eating or sleeping difficulties

Inconsolable “fussiness” or irritability

Incessant crying with little ability to be consoled

Extreme upset when left with another adult

Inability to adapt to new situations

Easily startled or alarmed by routine events

Inability to establish relationships with other children or adults

Excessive hitting, biting, and pushing of other children or very withdrawn behavior

Flat affect (shows little to no emotion at all)

(Zero to Three IECMH Briefing Paper, 2017)



## Infant and early childhood distress: 3-5 yrs

Engages in compulsive activities

Throws wild, despairing tantrums

Withdrawn; shows little interest in social interaction

Displays repeated aggressive or impulsive behavior

Difficulty playing with others

Little or no communication; lack of language

Loss of earlier developmental achievements

Anxious and fearful in most situations

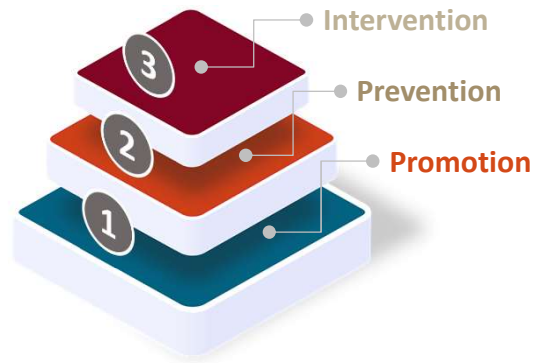
(Zero to Three IECMH Briefing Paper, 2017)

**So you may now be saying...**  
**What does this have to**  
**do with me and my work?**



## Promotion, prevention, and intervention

The field of infant mental health is about **promoting** wellness, **preventing** early toxic stress and trauma, and **intervening** as early as possible when needed.



## Intervention is prevention

“...universal primary prevention means trying to prevent the precipitants of toxic stress responses as well as promote healthy, adaptive responses to adversity through the provision of social supports that nurture the development of foundational resilience skills”

AAP Policy statement



## Infant Mental Health is Everyone's Business

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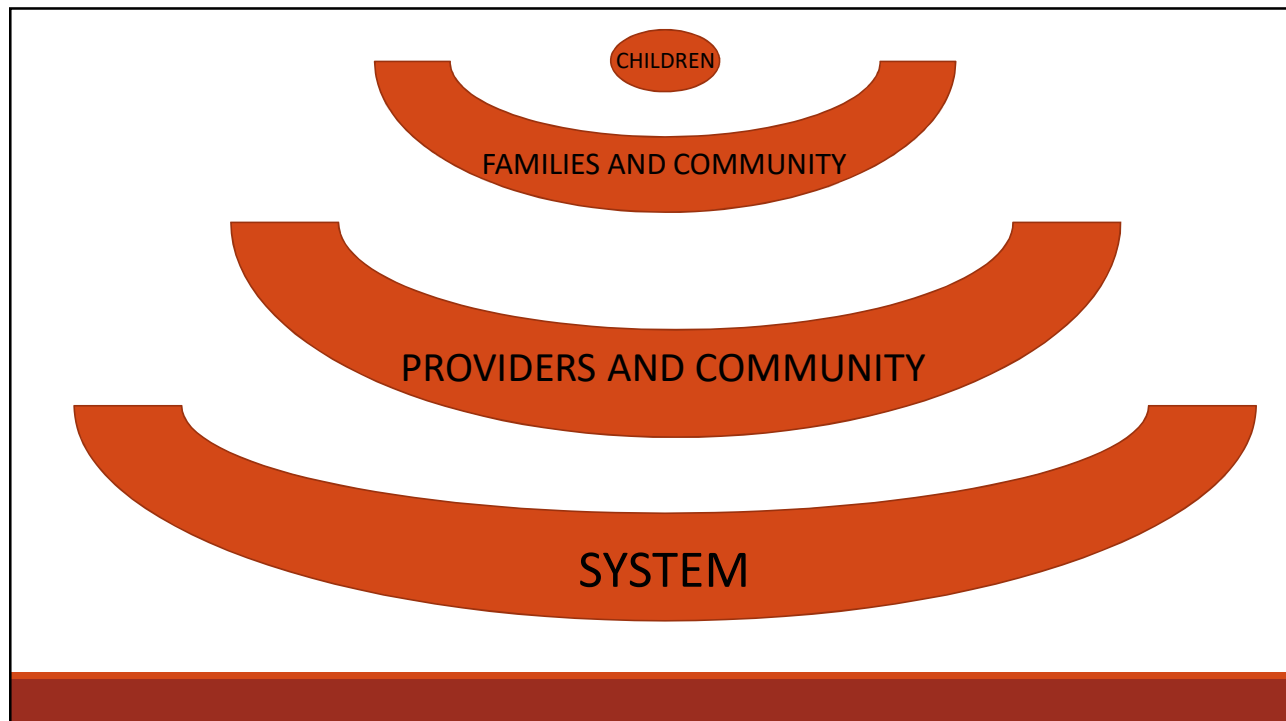
“ERH holds that it is not only a close family, **but the full web of relationships**, that support healthy growth and development for young children. And with the continued evidence of community connections and social networks as important protective factors, advancing **ERH must include the elevation of neighborhood, community, and system building, as well.**”

Willis, cssp.org, nd

**Infant Mental Health  
is everyone's business**









## Infant Mental Health is Everyone's Business

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Early distress costs approximately \$247 billion annually between health care, education, child welfare, and criminal justice, costs and economic productivity.

For every dollar invested in infant and early childhood mental health treatment, there is a \$3.64 return

## Birth to Five: Helping Families Thrive

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## Birth through Five: Helping Families Thrive Purpose and Intention

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There is a growing need for professionals to engage in quality practice with infants, toddlers, preschoolers, and their families.

The growth of knowledge in infant and early childhood mental health and brain development over the past three decades has outpaced practice in the field, leaving many talented and skilled practitioners without current theory or techniques to work with this age population.

As science is increasingly revealing more about the neurodevelopmental nature of early experiences and relationships, practitioners are required to understand more about this critical period of individual and family development.

## Birth through Five: Helping Families Thrive Purpose and Intention

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Birth to Five: Helping Families Thrive joins other IECMH initiatives in New Jersey:

- ❖ Evidence-based Home Visiting
- ❖ Universal Home Visiting
- ❖ Connecting NJ and Early Childhood Specialists
- ❖ Early Intervention
- ❖ Nurture NJ and the Doula Learning Collaborative
- ❖ Grow NJ Kids Quality Rating and Improvement System for Child Care
- ❖ Family Success Centers



## Birth to Five: Elements of the Initiative

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1. Introductory training through the Keeping Babies and Children in Mind series (21 hours)
2. Reflective Leadership groups for MRSS Directors and Coordinators
3. Skill-building webinars for the MRSS system (12 hours)
4. Two-year Clinical Practice Series in Infant and Early Childhood Mental Health for intensive in-community clinicians
5. 18-month Child-Parent Psychotherapy training for Intensive In-Community Clinicians
6. Quick Connection Coaching Line
7. IECMH Resource Dashboard

## Birth through Five: Helping Families Thrive Clinical Practice Series

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The Clinical Practice Series in IECMH provide a necessary foundation for work with infants, young children and their families.

Attendees receive the equivalent of 70 hours of training competencies towards the NJ-AIMH IMH Endorsement ([www.nj-aimh.org/endorsement](http://www.nj-aimh.org/endorsement)), including the areas of prenatal, infancy and early childhood development, the development of emotional and relational health, the power of relationships and interpersonal neurobiology, family and community systems, the influence of culture and context, assessment, intervention, and consultation strategies, evidence-informed clinical techniques, DC: 0-5 diagnostic system, Brazelton Touchpoints Approach, etc.

Attendees also receive 50 hours of Reflective Supervision/Consultation by an Infant Mental Health Clinical Mentor (IMHM-C).



## Birth to Five: Helping Families Thrive Child/Parent Psychotherapy

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Child-Parent Psychotherapy: <https://childparentpsychotherapy.com/>

Therapy for young children from birth through age five and their parents/caregivers

Supports family strengths and relationships

Helps families heal and grow after stressful experiences

Respects family and cultural values

**If you don't see yourself  
in one of these initiatives,  
you are still a part of the  
early relational health workforce**





**Every minute,  
every day,  
every interaction  
is an opportunity to use your  
relationship  
as a restorative resource**



IMH is Everyone's Business

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## ERH is Everyone's Business

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Consider the relationships that exist in where/how you work which can be witnessed through simple, every day, interactions

Begin to embrace your role as a relational supporter

Cultivate a regulated, attuned and reflective way of being-with

Attend to being a contingent and sensitive cue reader and cue giver

Consistently work at being actively anti-racist, anti-discriminatory, and inclusive in head, heart and hand

Be the CATALYST who "loves someone else into being" (Fred Rogers)

**We need everyone to be the CATALYST**





Catalyst

## The Importance of Infant Mental Health

**It is as simple as that!**



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