

A Commitment to Supporting the Mental Health of Our Youngest Children

Report of the Infant Mental Health Forum
October 23-24, 2000

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In recent years the country has paid increased attention to the human suffering and underused potential caused by mental illness. As the stigma of mental illness has begun to fade we are also paying increased attention to the problems faced by children and youth, although most discussions have focused on school age children. Today we have new theoretical, practical and empirical knowledge from the young (but growing) field of infant mental health about the importance of identifying the emotional needs of our youngest children and their families. We now know that emotional development sets the stage for exploration and later readiness to learn and indeed, is the foundation for all later development. This knowledge provides early education and child care settings with great opportunity and challenge as they strive to modify existing practice. However, building the capacity to address the mental health needs of families with young children transcends the responsibility of early education and child care settings. To truly offer the continuum of services that will support emotional development, it is imperative that the broader caregiving community and related providers (e.g., social work, psychology, psychiatry, pediatrics, obstetrics, family health) come together. Widespread societal support will be needed if these efforts are to succeed. The time has come for the development of a comprehensive initiative to address the mental health of infants and their families. As a step in this process, on October 23 and 24, 2000, the Administration on Children Youth and Families convened the Infant Mental Health Forum in Washington, DC.

The Administration on Children Youth and Families undertook the planning of the Infant Mental Health Forum in response to questions about the field of infant mental health from program staff and members of the technical assistance network. These questions included inquiries about the meaning of the term “infant mental health” as well as resources to turn to for information. Given the Head Start mandate to provide comprehensive services to families, there were also many questions about the Early Head Start and Migrant Head Start role in providing or accessing mental health services for children and families. Programs are encountering some families with identified mental health needs, others who develop needs over time, while others are not in need of specialized services although they do experience milder and transitory problems, as do all infants and families as they encounter new developmental challenges. Therefore, this meeting was designed to address the range of needs from promotion of healthy emotional development to prevention of problems in at-risk groups and intervention for those families with identified needs. In order to cover this array, experts from many disciplines associated with infant mental health were asked to come and share their knowledge. Early Head Start and Migrant Head Start parents, program staff, regional and central office staff were also asked to share their knowledge from experiences in Head Start settings. Finally, partners from other federal

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agencies and private foundations were also invited in order to facilitate communication among those interested in furthering the mission of meeting the mental health needs of young children and their families.

We appreciate the time, energy, enthusiasm, and thoughtful comments that all of the participants contributed. They were also mindful that there is no panacea. Participants caution that success cannot be achieved overnight and that many families will need sustained support that is targeted to their particular needs so that they can develop the responsive, attuned relationships with their infants that are so crucial to healthy development. We hope this report captures the dynamic nature of the meeting and provides a document for reference and direction as we move toward the goal of providing infants and young children with the healthy and emotionally supportive environments they need to thrive.

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The ability of our youngest children to thrive depends on the quality and continuity of their relationships with responsive, loving caregivers. For most infants, their cognitive, social and emotional development is stimulated by the enthusiasm and joy of those who care for them. But for too many infants – particularly those who have a mother suffering from maternal depression, or where their home life is complicated by poverty, violence, substance abuse, or paternal mental illness – their healthy development is hampered by the sorrow, hopelessness, and despair that permeates their environment (Brooks-Gunn & Duncan, 1997; Fitzgerald, Puttler & Mun, 2000; Gelfand & Teti, 1990; Mayes, 1995; Murray & Cooper, 1997; Osofsky, 1995; Seifer & Dickstein, 2000). When supports and interventions are not available to help the family address their own issues and provide for their infant, sleep disorders, regulatory disorders, attachment disorders and affective disorders can result (Zero to Three, National Center for Clinical Infant Programs, 1994).

The quality of relationships can also be influenced by the biological characteristics of the newborn. Infants who are born premature, of low birth weight, exposed to drugs and alcohol during pregnancy, who have a difficult temperament, or other special health care needs can cause significant challenges for the family system (Conner & Streissguth, 1996; Friedman & Sigman, 1992; Minde, 1993; Sameroff & Fiese, 1990). Even those families with the best intentions and the most resources can be exhausted by the extensive medical and emotional needs of these infants. This holds true for biological families as well as adoptive and foster families.

An expanding research base is not only highlighting the importance of the first three years for school readiness, but also the important role that emotional health plays

in preparing children to engage in cognitive tasks (Beckwith & Cohen, 1989; Bradley, Caldwell, & Rock, 1988; Denham et al, 1997; Landry et al, 1997; Olson, Bayles, Bates, 1986; Pettit, Bates & Dodge, 1997; Thompson, 1999). The root of this preparedness lies in the interactive influences of genetics and environment (Shonkoff & Phillips, 2000), particularly the relationships that are able to promote or thwart development. Before there is thought and language, there is emotion, and it is this early affect within the context of the earliest relationships that forms the basis for all future development (Ainsworth, 1973; Stern, 1977; Winnicott, 1965).

A multidisciplinary body of experts convened by the Department of Health and Human Services on October 23-24, 2000 advises that now, more than ever, it is essential that the nation find ways to support the emotional health of our youngest children and their families through a continuum of comprehensive, individualized, culturally competent services that focus on promotion, prevention and intervention. Attention to the emotional health of infants and their families will not only address the first step for school readiness, but it will also help families be stronger, supportive teachers for their children.

This paper summarizes the central discussion and findings from the two-day Forum on infant mental health sponsored by the Head Start Bureau and the Commissioner's Office of Research and Evaluation, both of the Administration on Children, Youth and Families of the U.S. Department of Health and Human Services. The paper includes background on Head Start efforts to serve infants and their families; the impetus for the Forum on infant mental health; the rationale and framework for paying closer attention to the social and emotional development of infants and their families in all early care and education settings as part of best practices;

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the principles that should guide any training, technical assistance, research, demonstration efforts or policy to address infant mental health; the central issues that will need continuing consideration by the fields of early care and education and health; and the suggested action steps that emerged from the two-day Forum for what should happen to enhance the ability of Early Head Start and their community early care and education partners to support the emotional health of children. Among several items, the Appendix includes a list of the potential partners who could come together to implement the suggestions, thus making a concerted focus on infant emotional wellness a reality for all children in early care and education settings.

Head Start: A Federal Commitment to Supporting Comprehensive Early Child Development

Head Start has a long history of providing comprehensive early child development services to low-income children, their families, and communities. Since 1965, the program has served nearly 18 million children and their families (Administration on Children, Youth and Families, 1998), providing preschool-aged children with education, nutritious meals, and access to health, mental health and social services that support their early development. Further, the program has influenced the development and direction of a broad range of early child development services across the nation through its role as a national laboratory. The program has provided support to low-income families seeking enriching experiences for their children, and it has provided direction and leadership to the fields of early child development and education.

Recognizing the importance of the first three years of life, the Federal government made a commitment in 1994 through the Head Start Reauthorization legislation to expand Head Start to serve younger children. Building on the experiences of the Migrant Head Start program, the Parent-Child Centers, and the Comprehensive Child Development Program, and with the leadership of the Advisory Committee on Services for Families with Infants and Toddlers, the Department of Health and Human Services developed Early Head Start to provide services and supports to pregnant women and families with infants and toddlers. Early Head Start extends the national laboratory role so that research about outcomes, best practices and program models can influence the field, thus enhancing early care and education programs so that infants and toddlers can receive the high quality care they need and deserve.

Since its inception in 1995, Early Head Start has grown from 68 programs to 693 today serving more than 55,000 children across the country. Early Head Start puts resources into a constellation of high quality supports and services that will promote healthy child and family development, and backs them with a Federal commitment to training, program Performance Standards, and monitoring for high quality of early education practices, research and evaluation, and services coordination. It enables families and communities to design flexible and responsive programs but requires that, at a minimum, programs provide home visits, child development, health and nutrition services for young children and pregnant women, and develop family and community partnerships. Not only does Early Head Start build capacity within its own programs to address the comprehensive needs of the children and families it serves, but the Performance Standards that guide Early Head Start practices require that the programs reach out to community early care and education partners to build a system of support and quality care for all children.

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Concern about supporting the social and emotional well being of children is shared among program directors and staff of both the preschool Head Start program and the Early Head Start program. While the country in recent years has paid increased attention to the mental health of children, most discussions have focused on the school age population and issues surrounding treatment rather than the full continuum needed to support children beginning with promotion and prevention and including intervention (Department of Health and Human Services, 2001). But teachers and parents in the Head Start community – and in early care and education settings in general – report that they are struggling to understand and address the mental health needs of very young children and their families and lack the knowledge, skills and infrastructure within the community to assess and serve children. In part, they acknowledge, this is because of a lack of specific training for staff on social and emotional development; in part, this is because of the dearth of mental health services in the communities that programs would hope to turn to for guidance, support and services for the infants and their families; and in part, this is because of society's denial that infants have mental health needs. As stated by Charles Zeanah, MD, a keynote speaker at the Infant Mental Health Forum, "It is provocative to juxtapose the terms "infant" with its associations of innocence, beginnings, and hope for a better future, and "mental health" with its association of maladjustment, stigma and major mental illness."

Hearing these concerns, the Department of Health and Human Services – under the leadership of the Head Start Bureau and the Commissioner's Office of Research and Evaluation, both of the Administration on Children, Youth and Families – held an

Infant Mental Health Forum on October 23-24, 2000. The Forum was attended by more than 140 people representing parents; Early Head Start and Migrant Head Start directors, program staff and home visitors; early educators; training and technical assistance providers; researchers; pediatricians; psychiatrists; psychologists; social workers; federal partners; and private foundation representatives. The purposes of the Forum were (1) to develop a common understanding of the term "infant mental health," (2) focus on the role that Early Head Start and Migrant Head Start programs – in collaboration with their community early care and education partners – play in promoting the social and emotional development of infants and their families, and (3) identify action steps that should be part of a comprehensive initiative to address infant mental health using Head Start as a leader for the field.

The mental health provisions included in the Head Start Program Performance Standards guided discussion to address promotion, preventive intervention, and treatment. Discussion also focused on the context for mental health including age-appropriate developmental sequence, parental factors, relationships between young children and parents in their immediate environment, and factors in the broader family context and environment that impact child development.

During the two-day Forum, participants had the opportunity to meet in plenary and discussion sessions to consider the theories of infant mental health, the factors that influence the emotional health of infants and their families, the importance of culture in working with families, and practice issues for more purposefully addressing the emotional health of infants and their families. Suzanne Randolph, Ph.D., a keynote speaker at the Forum, reminded participants that culture and family provide the foundation for the

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development of cognitive and social competence. Thus early childhood programs and their staff must recognize and build on the cultural strengths inherent in families and communities.

Charles Zeanah, M.D. offered a definition of infant mental health: "Infant mental health may be defined as the state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationship, and culture. This definition emphasizes the infant as imbedded both within multiple contexts and as developing and changing. Normal developmental trajectories for various domains serve as reference points for assessing infant competence. Threats to infant mental health are created by intrinsic or extrinsic factors that increase the risk of suffering, developmental deviance, or maladaptation."

Plenary speakers were charged with the task of encapsulating both theoretical and empirical knowledge of factors associated with healthy emotional development of young children, and conversely, factors predictive of later problems. Identified factors included child biological factors (prematurity, low birthweight, temperament, other special health needs), mother-child relational factors (attachment), maternal factors (depression, emotional health, own attachment history), paternal factors (father presence and involvement, emotional health, own relational history), and family factors (marital relationship, resources). Speakers also reviewed characteristics of empirically validated preventive intervention. In so doing, they highlighted the tremendous work already underway in the field to better understand and address infant mental health. There was a general consensus about the importance of context — relational, family, community and cultural — both in

understanding infant behavior and in designing intervention services. However, all of the speakers returned to the experience of the infant, and at times the suffering of the infant, as the imperative for providing prevention and intervention services.

Four Early Head Start programs identified as having promising practices in the realm of mental health presented their models. Three of the programs have the internal capacity to serve the needs of families in the form of social work staff, while one program has a model of external consultation in collaboration with a local mental health clinic. A highlight of the meeting — a reminder of the importance of addressing the mental health needs of children and families — was a presentation by a particularly eloquent mother who reported on her own harrowing experience of depression and how Early Head Start helped her overcome the disease. She described the depression and associated thought patterns as "monsters" that lived with her "hand in hand" although she did not even see them. The program began by providing her concrete help, then education, support and love, and most valued of all, therapy that enabled her to bring out the monsters and destroy them. Themes that emerged from the presentation by the Early Head Start programs were the need to support frontline staff with reflective supervision as well as the need to establish working relationships with a variety of community network agencies.

Throughout the discussion, there was general agreement that early care and education alone cannot provide the range of services needed to support emotional development of infants and their families. Similarly, there was agreement that a small dose of mental health services cannot be a panacea for those infants and their families who are most challenged due to environmental or

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biological characteristics. Thus a continuum of services and supports are needed that can meet the individual needs of infants and their families over an extended period of time and are provided by those in the community most qualified to offer the particular services and supports.

The discussions led to the development of a rationale – or statement – for why it is important to address infant mental health; the principles that should guide any research, training, program and policy directives; the issues that warrant further attention and deliberation; suggested action steps; and potential partners. A summary of this information follows.

A Rationale for Attending to the Emotional Well-Being of Infants and their Families

Participants at the Infant Mental Health Forum expressed strong concern for the ability of early care and education settings – including Early Head Start, Migrant Head Start, and early care and education programs – to respond to the social and emotional needs of infants and their families. Given the interrelationship between the multiple domains of development and the great importance of social and emotional development in the equation, they believe it is important to act now to develop a purposeful multidisciplinary approach for attending to the emotional well-being of infants and their families. Their justification for this belief is grounded in research and practice, highlighting this critical window of human development.

From the first moments of life, infants develop notions of themselves and the world around them within the context of their primary relationships. Eye contact, a gentle touch, a warm cuddle, and responsive cooing teach infants about love, trust, and comfort. When infants do not experience this responsiveness – when caregivers are not attentive or when their own biological characteristics such as physical or mental delay or disability prevent the infant from responding thus causing the relationship to be tense – they are more likely to experience early attachment disruptions. Kathryn Barnard, RN, Ph.D., a presenter at the Forum, said “the primary caregiver of an insecure infant is partially or not at all attuned and typically does not respond appropriately to the infant’s states. Their caregiver may even promote extreme high or low arousal states.” More often than not, this creates the basis for later social, emotional and behavioral disorders (Costa, 1996). Further, researchers are increasingly finding that the multiple domains of development are interrelated: thus, a child with early attachment disruptions is more likely to suffer delays in cognitive and linguistic development as well.

This situation not only compromises the development of the child, it also challenges the family and community to respond and engage the child in school, work and productive citizenship. To ameliorate this problem, providing for a secure and responsive relationship between the infant and primary caregiver is paramount.

Promoting the mental health of infants is central to everything high quality early care and education programs do. From the way teachers interact with infants during feeding and diapering to the way they engage parents in the care of their child, early care and education programs are continuously building and nurturing relationships which support the social and emotional development of infants and their primary caregivers. For some infants and families served by the programs, factors such as maternal depression, domestic violence, poverty, homelessness, and a lack of supports for the family pose challenges to mental health promotion. This challenge is compounded even further when biological factors of the child such as prematurity, low birth weight, disability and regulatory disorders are present. But the strong relationships programs develop with the families enables them a unique vantage point to observe problems or the emergence of problems and to have the trust and respect of the family to provide or coordinate the help they may need. Thus it is important for program staff to understand the factors that influence infant mental health, to know how their work with families can best address the issues and support emotional development, and to have relationships with other providers in the community who are able to offer more intensive and specialized services for the child and family. As stated by Susan McDonough, M.S.W., Ph.D., a presenter at the Forum, “infant mental health is influenced by the baby’s caregivers and extended family members and the broader

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social and cultural networks in which these families live.”

Responding to the comprehensive social and emotional needs of the infant and family is more easily said than done. The field of infant mental health is relatively new and there are few people trained in relationship-based mental health promotion, prevention and intervention practices. There are even fewer people who are trained to understand how culture can be used as a resource in working with families. With our increasingly diverse society, it is ever important that all interactions with families are informed by and honor the infant’s home culture. Collaboration across agencies is still a challenge, with some communities succeeding in forging partnerships and blending funds and others not even trying because of the overwhelming complexity of multiple systems each with its own philosophy, history, professional backing and funding streams. General funding that can be used to provide mental health services is limited and complicated by federal and state restrictions. In addition, disincentives in many managed care plans can make it difficult to secure mental health services at all, but especially difficult to secure resources for services that would address promotion and prevention. Finally, there is little public understanding of the critical importance of the early parent-child relationship and how that influences child development.

Participants at the Infant Mental Health Forum recognize the challenges of moving forward to address the emotional health of infants and their families, but believe the research and experiences in practice are so compelling that developing a more purposeful approach to infant mental health can no longer be ignored. They were stirred by a provocative statement by Robert Emde, MD, a presenter at the Forum, who said that

infants are suffering, and all too often adults try to deny the fact that infants may have real mental health needs. He further told participants that the overall health and well being of America’s children is compromised by our unwillingness to see and address this suffering.

As a result of their discussion in plenary and small group sessions, participants at the Infant Mental Health Forum concluded that there is a need for greater investment and a collective commitment to prevention and early intervention that must be marked by efforts to:

- Increase public awareness about infant mental health in order to reduce the stigma associated with mental health services and to help the general public understand the importance of relationships in overall infant development and well being.
- Promote public policy that acknowledges the importance of early social and emotional development and provides direction and adequate funding to build the collaborative systems in communities that will support infants and their families by providing the continuum of services – from promotion, to prevention and intervention – that may be needed.
- Develop evidence-based curriculum and training resources and opportunities that are culturally appropriate and enhance the knowledge and skills of all those working with infants and their families, especially those in early care and education settings.
- Build the capacity for reflective supervision in early care and education settings, thus enhancing the quality of interactions caregivers offer.

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- Develop tools and measures for assessing mental health in ways that are program friendly and that can be used to develop an individual child and family plan for infant mental health promotion, prevention and intervention.
- Stimulate cross-disciplinary collaboration – sharing resources, joint training, coordinated planning and service delivery – that would build systems of care in communities to provide the continuum of supports and services needed to focus on emotional health promotion, prevention and treatment.
- Support ongoing evaluation to ensure practice is informed by research and to measure the long-term impacts in the community of an increased focus on infant mental health.

This work transcends any one professional discipline, organization, private or public agency. Building a system of care in communities to support the emotional well being of infants and their families requires a multidisciplinary approach that combines efforts across each of these sectors to ensure the continuum of mental health services is available. As a beginning, however, it is urged that Head Start – with its role as a national laboratory – lead the way in forming the partnerships, influencing training and practice, and conducting research that will ultimately enable a comprehensive approach to the emotional health of infants and their families to emerge.

Forum participants recognize that a comprehensive approach to the emotional health of infants and their families must be guided by a set of principles that influence policy, programming, service delivery, materials development, training, technical assistance, research and funding. Not unlike the principles that under gird the Early Head Start program and other health and social initiatives of the late 20th and early 21st century, the principles outlined below convey respect for the individual, appreciation of strengths, and the need for continuous, stable and accessible relationships and supports. Further, the guiding principles define the ways in which the systems – early care and education, early intervention, health, higher education – can work individually and collectively to create an environment that honors the relationships necessary for promoting the emotional health of infants and their families.

All pregnant mothers, their partners and new parents need to be part of relationships that support their emotional well being and prepare them for the joys and challenges of parenthood. And all infants need to be part of stable, caring, loving relationships with their parents and other primary caregivers so that their cues can be understood and addressed in ways that support and nurture their emotional development. For the infant and for the adults who care for them – their parents, non-parental caregivers, and other community providers – these relationships need to be:

- **Individualized:** Attention must be given to the individual needs of the infant and the parents. Responsive caregiving of the infant that acknowledges and addresses the infant's needs and behavioral temperament will convey the respect and security essential for early emotional development. It is equally important to recognize the individual needs of
- parents, as attending to the parents' issues – such as maternal depression, the parents' own feelings about their childhood referred to as “ghosts in the nursery” (Fraiberg, 1980), substance use – can enable parents to more comfortably engage in a beneficial relationship with their infant. Hiram Fitzgerald, Ph.D., a presenter at the Forum, stated that ignoring these and other events can have negative impacts on mental health outcomes of the infant. He also highlighted the important role fathers play in the emotional development of young children, explaining for example that fathers' play with their infants involved greater arousal levels which broadens children's regulatory skills. Thus, it is essential that programs recognize and appropriately support the role fathers and father figures play in their child's development and the functioning of the family.
- **Strengths based:** Early relationships must emphasize the strengths and resources of each participant. Everyone has strengths, even the newborn. Helping parents understand the strengths of their infant, and the strengths that they bring to their caregiving, builds confidence within parents and as such supports the interactions between the parents and their infants. This is not to obscure the fact that many families have significant challenges. Rather, it is believed that by understanding the profile of strengths and weaknesses of the child and family, programs are better able to provide the individualized services that focus on emotional health promotion, prevention and intervention. By individualizing services this way and building on the strengths of the child and family, trusting relationships can be established that will make the work to address the family's needs more successful.

- **Continuous and stable:** For the infant, continuous and stable caregiving builds confidence that their needs will be met. Especially in the earliest years, it is important for infants who are cared for out of the home to have a long-term relationship with a primary caregiver. For the parent, knowing that there are consistent people they can turn to – the child’s caregiver, a home visitor, extended family, network of formal and informal support – is equally important. Not only do the relationships need to be continuous and stable, but the supports and services provided need to be continuous and stable as well. There is no silver bullet for promoting emotional development or addressing mental health needs, and emotional wellness will not be realized overnight. The more complex the needs of the family and infant, the more intense and extensive the services. While early care and education programs can promote emotional development through best practices that focus on relationships, it is unrealistic to expect that these programs will ever be equipped to provide the more intensive services that are needed by infants and families with complex mental health needs. This is why a well-coordinated continuum of community based services and supports is needed so that the family can receive the targeted services they need at any particular point in time.
- **Accessible:** Relationships need to be accessible and responsive to when and how the infant and parent need attention and support. To achieve this for the infant, parents need to understand the rhythm of the infant, being mindful of the cues the infant sends when seeking attention as well as those cues the infant sends when he or she is overstimulated. The parent and caregivers also need to

be participants in supportive relationships. The extent to which the family and program staff and administration are available for the parent and caregiver when needed, helps to meet the individual needs of the adults, making them more able to engage in responsive relationships with the infant.

These early relationships that provide the foundation for future social, emotional and cognitive development must be supported by systems that are:

- **Child focused and family centered:** The services, training, policy, funding and research of systems need to support the well being of the infant and the active involvement of all family members – mothers as well as fathers and father figures – to achieve optimal infant development. A true family-centered system includes family members as equal partners along with caregivers, and administrators as a cohesive, responsive, respectful, interdependent team focused on meeting both the child and families needs in order to support the emotional health of the infant and family.
- **Culturally responsive:** Systems need to recognize the importance of understanding the values, beliefs, and practices of diverse cultures and as such integrate diversity into the policies, practices and products of the organization so that the ultimate interactions with individual children and their families can be mindful of and honor their home culture.
- **Community based:** Systems need to be community based so that they can offer more targeted services and supports that reflect the particular needs, strengths, resources and cultures of the community. Having staff who are of the community

further enriches the appropriateness of interactions that support infants and their families.

- ***Comprehensive, coordinated and integrated:*** In addition to being based in the community, systems need to offer comprehensive services and supports to infants and their families that reflect the continuum of care needed – from promotion, to prevention and treatment. No one agency can fulfill all the needs of families and their infants, thus it is critically important that across the community, systems are coordinated so that the broad range of factors, needs and contexts can be addressed. This ensures that planning and implementation of services are undertaken in partnership with staff and agencies from different systems that together make a formal commitment to providing the services and supports the infant and family need. It also ensures that resources and opportunities – including training opportunities – are shared, thus enabling service providers to recognize the full continuum of need, as well as where and how to access appropriate supports for the infant and family.
- ***Committed to continuous improvement and reflective supervision:*** At every level, systems must be committed to creating an environment that values and practices continuous improvement. Reflective supervision is a very important piece of this that offers staff a safe, nurturing environment in which they can regularly reflect on their experiences and gain new knowledge and perspectives that will help them better approach their work with infants and families (Mann, 1997). As staff in early care and education settings are working with families who have more complex needs, they need this type of support so that they can contin-

uously receive guidance and support. Fortunately, the early care and education field is increasingly recognizing the importance and value of reflective supervision both for the emotional support it brings to the staff and for the enhancement of services and supports to the family. Many are hopeful that with appropriate information and training, more and more programs will include this as a central component of their program. Another important piece of continuous improvement is outcomes research that helps programs measure the effectiveness of their interventions. Knowing what works for whom, how and why can be a critical guide for ensuring resources are expended in ways that are most effective and efficient.

Discussion during the Forum raised issues that warrant further attention and deliberation as steps are taken to address infant mental health. These issues are important as they will both help to define the work and the resources needed for carrying it out.

- **Nomenclature:** Some are concerned that the term infant mental health is not appropriate because it does not convey the importance of the parent-child dyad and context. Further, they worry that those who need the help the most will not seek services and support because of the stigma associated with mental health. A term such as infant emotional wellness or family wellness might be more palatable. Others are concerned however that in giving up the term infant mental health, it is likely that attention to the real suffering and needs of infants will be diminished. Further, they suggest that using the phrase mental health brings to the table a wider array of disciplines and experts who can work collectively to address problems. Regardless of the words used, all agree that the practices – providing services and supports that aid in creating the relationships infants and their families need to develop early emotional health – should be the same.

There is also concern that more work needs to be done to develop jargon-free language or at least a common language about infant mental health that can be understood by clinicians and early childhood providers alike. While the Infant Mental Health Forum attempted to build a universal understanding of infant mental health, confusion still arose when clinicians used words such as social referencing, attachment issues, regulatory disorders and maternal sensitivity. On the other hand, it was unclear whether all clinicians understood

the early childhood concepts of developmentally appropriate curriculum, teachable moments, primary caregivers and continuity of care. Developing a universal language that can be recognized and understood by all would yield increased clarity and enhance collaboration across the professional disciplines that must work together to truly address infant emotional health.

- **Skills and experiences of providers:** Significant discussion is still needed to gain clarity about the skills and experiences required to provide infant mental health services across the continuum of promotion, prevention, and intervention. As part of this discussion, it is important to define the roles and expectations for the various providers and systems that need to work together to provide the full complement of services depending on the needs of the individual infant and family.
- **Cultural competence:** As stated earlier in the paper, the field has not even systematically begun to understand how families of different cultural backgrounds perceive infant mental health and the most appropriate mechanisms for addressing the issues of the infant while respecting the culture of the family. Much more discussion and research is needed to understand these issues. As more is known, it is critically important that the information become woven into curriculum and training programs to educate those working with infants and their families. But as other fields that are taking steps to become more culturally competent are learning, knowledge of a particular culture does not translate to understanding each individual from that culture. This complexity, however, does not diminish the importance or value of

establishing culturally competent caregivers, programs, and systems. Rather, it underscores the importance of developing policies and practices that honor the beliefs, values and practices of all infants and families.

- **Training:** As stated in the 1994 Advisory Committee report that outlined the framework for the Early Head Start program, programs are only as good as the individuals who staff them. Time and again during the Infant Mental Health Forum, discussion came back to the inadequacies of the current training and professional development systems to educate caregivers about relationship-based mental health promotion, prevention and intervention practices. Staff in the Head Start programs – like their colleagues in early care and education – are doing their best to meet the needs of children in their care but for many, understanding emotional development and how they can promote it is not clear. While there are specific examples presented within the Appendix of this paper that offer action steps for enhancing professional development and training opportunities, much more discussion is still needed in this area. Just as important, is further discussion about infant mental health training for related disciplines – such as psychiatry and social work – so that families will have access within their communities to informed providers who can address mental health issues along the continuum of service needs.
- **Reflective supervision:** Increased attention to supervision and training go hand in hand. It is through reflective supervision that many current line-staff within Head Start and early care and education programs will receive the support and training they need to

understand overall infant development, normal and abnormal emotional development, and when and how to respond to particular behaviors. Reflective supervision provides a safe environment for staff to share their experiences and learn what approaches might be most effective for the particular situations they are encountering. Many providers within the early care and education field are struggling to implement reflective supervision in its most effective form. Further discussion is needed about how best to support programs and supervisors so that they have the understanding and the resources (e.g., time, space, trained personnel) to effectively carry out reflective supervision.

- **Emotional well being of staff:** While attention needs to be paid to the emotional development of the infant and family, attention also needs to be paid to the emotional well being of those who work with them. It is nearly impossible for staff to model and support the relationships infants and their parents need if they are not physically and emotionally healthy themselves. Staff working in these programs are not only trying to understand and address the complex needs of the families they are serving, but also they often are struggling to take care of the needs of their own family. Without attention to their physical and emotional well being, the support and services they provide may be compromised and staff burnout and turnover is known to escalate. This issue was raised repeatedly in discussions, and warrants a fuller dialogue.
- **Screening and assessment:** There are few good tools and measures that are program friendly and enable an accurate screening and assessment of infants'

emotional development. Without an accurate assessment, the needs of infants and their families will all too often go unmet. Much more work is needed to develop and test functional screening and assessment tools. As such tools are designed, attention needs to be given to ensuring that they are program friendly, culturally appropriate, use observation, involve parents, and measure the continuum of need for mental health supports and services.

- ***Infants with special needs:*** Infants with special needs often have even more intense needs than their peers that require specific attention. While the rationale and principles outlined in this paper are appropriate for all children, further discussion is needed to clearly identify the special issues and appropriate responses for this population. Some of these infants will already be involved in other systems – for example, Part C services of the Individuals with Disabilities Education Act – and others will be identified while in Early Head Start. Therefore, it is important that there be added emphasis to collaborate early on across systems to build comprehensive service delivery plans.
- ***Infants in the child welfare system:*** Further consideration also needs to be given to the particular needs of infants in the child welfare system. More often than not, these children have emotional needs that are not met by the system and there is little coordination in communities between child welfare and the mental health services providers. These children can suffer a double disadvantage: first, from living within the foster care system, which is highly unpredictable and unstable; and second, from not receiving the mental health services they need

during this vulnerable period of their development.

- ***Financing:*** Time and again at the Forum, participants raised the issue of adequate financing to support the services needed for promotion, prevention and intervention of emotional health. In rural and urban areas alike, there is a paucity of resources to pay for even the limited services that might be available. Continued discussion is needed with the school systems, community mental health systems, managed care companies, state Medicaid agencies, State Children's Health Insurance Programs (SCHIP), the Health Care Financing Administration (HCFA) and others to find ways to increase access and coordination so that infants and their families can receive the services and supports they need early on, hopefully reducing the need for extensive long-term therapeutic interventions.
- ***Evidence-based interventions:*** There are clearly multiple models and approaches to infant emotional wellness that are being implemented across the country. Forum participants expressed the need to have more discussion and research of the most promising programs to better understand what interventions work for whom, how, and why. As this research moves forward, it will be important to consider how effectiveness differs depending on a number of factors including but not limited to age of the child, family characteristics, problem or risk factor, community resources, and culture.

Forum participants worked in discussion sessions to identify the types of action steps they think are most needed to more fully address infant mental health. Their suggestions – the specifics of which are included in the Appendix – fall within two broad categories: first, actions step that are specific to Head Start; and second, action steps that relate to the broader early care and education field. Many participants commented that moving forward on some of the Head Start specific steps is important and should happen immediately, especially given the role of Head Start as a national laboratory. But they also recognize that infant mental health transcends Head Start and thus efforts should be undertaken to begin to build the capacity throughout the early care and education field and related health, mental health, and social service professions to increase understanding of early emotional health and appropriate responses. Only then will the nation be able to truly support the emotional health of all infants and their families.

Across the categories – Head Start and the broader early care and education field – there are several themes that emerge in the action steps outlined by the Forum participants. These include:

- **Program guidance:** Early care and education programs and related providers in the community need information about the principles of infant mental health and the appropriate roles they can play in supporting emotional wellness.
- **Public awareness:** It is necessary to increase public awareness about infant mental health in order to reduce the stigma associated with mental health and to help the general public understand the

importance of relationships in overall infant development and well being.

- **Public policy:** It is important to promote public policy that acknowledges the importance of early social and emotional development and provides direction and adequate funding to build the collaborative systems in communities that will support infants and their families.
- **Professional development:** It is necessary to develop evidence-based curriculum and training resources and opportunities that are culturally appropriate and enhance the knowledge and skills of all those working with infants and their families, especially those in early care and education settings.
- **Reflective supervision:** It is necessary to build the capacity for reflective supervision in early care and education settings thus enhancing the quality of interactions caregivers are able to offer.
- **Cross-disciplinary collaboration:** It is necessary to stimulate and formalize cross-disciplinary collaboration – sharing resources, joint training, coordinated planning and service delivery – that would build systems of care in communities to provide the continuum of supports and services needed to focus on emotional health promotion, prevention and treatment.
- **Financing:** It is important to identify and secure financing to cover the continuum of mental health services that may be needed by infants and their families. Without secure funding sources, programs will be limited in the ability to offer qualified services for those they serve.

Action Steps for Consideration

- **Research and evaluation:** It is important to support ongoing evaluation to ensure practice is informed by research and to measure the long-term impacts in the community of an increased focus on infant mental health.
- **Demonstration:** Conducting demonstration efforts will help the early care and education community gather new knowledge and test models and assumptions, thus ultimately providing more targeted and effective services to infants and their families.
- **A national agenda on infant mental health:** Building a universal commitment to address infant mental health transcends the scope and responsibility of Head Start. To truly offer the continuum of services that will support emotional development, it is imperative that the broader caregiving community and related providers (e.g., social work, psychology, psychiatry, pediatrics, obstetrics, family health) come together.

Already, the Administration on Children, Youth and Families is moving forward on suggestions from the Forum. For example, The Head Start Bureau will focus resources in fiscal year 2001 on dissemination of material related to infant mental health, including the development of a Head Start Bulletin focused on infant mental health; enhancement of the Head Start web-based mental health toolkit to cover infant emotional wellness; training for technical assistance providers; and “mini” infant mental health forums in selected states to increase awareness and expand the dialogue. With support of the Early Head Start National Resource Center at Zero to Three, the Head Start Bureau will also establish a task force to examine at a more in-depth level many of the questions that arose during the

Forum around the meaning of infant mental health and the individual and organizational competencies required to effectively deliver the continuum of services. Concurrent with the task force, information-gather sessions will be held to explore how different cultural groups think about infant mental health in very young children. The Head Start Bureau will also begin to identify examples of systems of care models at the state and local levels that could help communities that are interested in developing coordinated systems of care for very young children.

Within the Commissioner’s Office of Research and Evaluation, infant mental health has been added as a priority for Head Start University Partners Grants, discussions are underway with the National Institute on Mental Health to plan a research agenda for birth to five mental health, and an annotated bibliography on infant mental health highlighting empirically validated program models will be posted on the Head Start web page.

Additionally, the Child Care Bureau, also of the Administration on Children, Youth and Families, will convene a National Leadership Forum with child care, health, and mental health professionals. The purpose of the one-day Forum is to bring together leaders in the field to focus on ways of creating and strengthening partnerships between child care and mental health to meet the needs of young children and their families.

Importantly, all three units – the Head Start Bureau, the Child Care Bureau, and the Commissioner’s Office of Research and Evaluation – have agreed to work together on implementation of all aspects of follow-up to the Infant Mental Health Forum, recognizing that together their efforts will be more effective and reach across the early care and education field.

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Appendix A: Suggested Areas Requiring Attention and Related Action Steps

Suggested Areas Requiring Attention and Related Action Steps

Area Requiring Attention	Suggested Action Steps for Early Head Start and Migrant Head Start	Suggested Action Steps for the Broader Early Care and Education Community and Related Providers
<p><i>Program Guidance</i></p> <p>Early care and education programs and related providers in the community need information about the principles of infant mental health and the appropriate roles they can play in supporting emotional wellness.</p>	<ol style="list-style-type: none"> 1. Include principles of infant mental health in program announcements for the Early Head Start program. 2. Issue an Information Memorandum that clarifies roles and expectations related to infant emotional wellness services for the Early Head Start and Migrant Head Start programs. 3. Make infant mental health a priority area for Head Start quality improvement funding. 4. Issue a jointly signed letter by the Head Start Bureau and the Child Care Bureau to encourage states to use the quality set aside from CCDBG for infant mental health training. 	<ol style="list-style-type: none"> 1. Convene a task force of a representative cross-section of organizations, regions, programs, parents and disciplines providing infant emotional wellness services, in order to formulate a statement of the competencies and or requirements needed (of a program and of individual staff) to provide infant emotional wellness services. This would build on evidence-based research to highlight best practices. 2. Organize multi-disciplinary forums that provide information about the principles of infant mental health; the continuum of services needed in communities from promotion, prevention, and treatment; and findings from evidence-based interventions.

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<p style="text-align: center;">Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>	<p style="text-align: center;">Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<p style="text-align: center;">Area Requiring Attention</p>
<ol style="list-style-type: none"> 1. Create a public awareness (social marketing) campaign that would increase understanding within the general public about infant mental health and the link to overall health and well being including school readiness and early intervention. 2. Hold a White House initiative on infant mental health to raise awareness about the issues of social and emotional development in our youngest children and secure commitments for what the public and private sector needs to do to support the mental health of infants and their families. 	<ol style="list-style-type: none"> 1. Develop and disseminate user-friendly material on infant emotional wellness targeted to various audiences (e.g., child care providers, program directors, technical assistance providers). 2. Review the effort of a decade ago that resulted in materials and videos on Head Start and mental health. Determine the effectiveness of that campaign and consider developing a new campaign that would build on the previous and focus on the infant piece. 	<p>Public Awareness</p> <p>It is necessary to increase public awareness about infant mental health in order to reduce the stigma associated with mental health and to help the general public understand the importance of relationships in overall infant development and well being.</p>

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<p>Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>	<ol style="list-style-type: none"> 1. Advocate at the state level for Medicaid/CHIP funding for non-diagnosed relationship-based interventions and mental health consultation. Advocate raising Medicaid reimbursement rates for services provided by child care and other infant/toddler programs. 2. Introduce legislation that would provide federal funding to support masters degrees in infant mental health-related fields with payback arrangements.
<p>Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<ol style="list-style-type: none"> 1. Include language in the next Head Start reauthorization that would emphasize the importance of infant emotional wellness in overall child development by strongly encouraging programs to provide ongoing, significant, in-depth mental health services to infants and their families.
<p>Area Requiring Attention</p>	<p>Public Policy</p> <p>It is important to promote public policy that acknowledges the importance of early social and emotional development and provides direction and adequate funding to build the collaborative systems in communities that will support infants and their families.</p>

Appendix A: Suggested Areas Requiring Attention and Related Action Steps

<p>Area Requiring Attention</p>	<p>Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<p>Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>
<p>Professional Development</p> <p>It is necessary to develop evidence-based curriculum and training opportunities and resources that are culturally appropriate and enhance the knowledge and skills of all those working with infants and their families, especially those in early care and education settings. Within Early Head Start and Migrant Head Start, this means that training opportunities need to be extended to a range of key players including technical assistance providers, regional office staff, and programs. Beyond Head Start, training on infant mental health needs to reach community child care partners, and colleagues in related professional fields who will play a role in providing the continuum of supports and services needed to address emotional health promotion, prevention and treatment. In addition to training opportunities, it is important to develop appropriate training materials and offer career development opportunities and meaningful compensation to those working in the field.</p>	<p><u>Training Opportunities</u></p> <ol style="list-style-type: none"> 1. Train the Trainers. Create training opportunities to further strengthen the ability of training and technical assistance providers to support Early Head Start and Migrant Head Start programs around infant mental health. 2. Train Federal Staff. Aid the Regional Offices in understanding infant mental health issues, appropriate responses for Early Head Start and Migrant Head Start programs, and ways that Regional Office staff can facilitate enhanced practices in the programs that will support the social and emotional development of infants and their families. 3. Provide Distance Learning. Use distance learning technology to provide training and technical assistance to Early Head Start and Migrant Head Start staff on infant mental health. 4. Provide General Assistance to Programs. Provide training and technical assistance to Early Head Start and Migrant Head Start programs that focused on the social and emotional development of infants and their families. In addition, make mental health a key focus of the technical assistance provided to tribal Head Start programs by the Indian Health Service. 	<p><u>Training Opportunities</u></p> <ol style="list-style-type: none"> 1. Head Start should involve early care and education partners in all Head Start training and technical assistance opportunities so that information about infant mental health can be distributed equally among all early care and educating settings. 2. In collaboration with professional organizations and the guilds, develop cross-system training opportunities to increase skills and knowledge of staff that provide services to infants, toddlers and their families. 3. Infuse training on infant mental health in national conferences organized by the Federal government, the guilds, and other professional organizations.

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	<p>5. Offer Targeted Assistance to Programs. Provide targeted infant mental health consultation to Early Head Start and Migrant Head Start programs that addresses specific issues of the program. This should be ongoing and intensive (i.e., more than 1 hour per week).</p> <p>6. Offer Intense Training to Select Programs. Identify and develop a training and technical assistance model like Special Quest that would work individually and intensively with a community over five years to build program and community capacity to assess and address infant mental health.</p> <p><u>Training Material</u></p> <ol style="list-style-type: none"> 1. Develop and disseminate technical assistance papers on infant mental health. 2. Develop and disseminate a formal Head Start training guide on infant mental health. 	
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	<p><u>Career Development and Compensation</u></p> <ol style="list-style-type: none"> 1. Wheelock College and others are involved in an effort to build the infrastructure for training Head Start staff. The Head Start Bureau should encourage Wheelock to include social and emotional development in the work of the higher education faculty initiative. 2. Provide opportunities for student interns at the college and graduate school levels to gain experience in Early Head Start and Migrant Head Start programs as well as in the Head Start Bureau. 3. Establish a system for programs to pay staff based on their skills and completion of additional coursework. 	<p><u>Career Development and Compensation</u></p> <ol style="list-style-type: none"> 1. Develop a Child Development Associate credential in infant mental health. 2. Increase access to associated degrees in mental health and family support. 3. Work with community colleges and universities to develop a curriculum on infant mental health. This should begin with a focus on infusing infant mental health concepts into community college curriculum and then expand so that more intensive courses are offered at the university level. 4. Develop a cadre of pre- and post-doctoral level clinicians in psychology and social work to provide consultation (including screening, assessment, and therapeutic interventions and supervision) on infant mental health to early care and education setting. This could include NIMH funding postdoctoral positions at universities. 5. Establish a system for early care and education to pay staff based on their skills and completion of additional coursework to enhance skills. Also, raise pay scales for bottom rungs of the career ladder.
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<p>Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>	<ol style="list-style-type: none"> 1. Share information on reflective supervision with the broader early care and education community so that the value of this practice can be appreciated throughout the early care and education community thus enhancing the quality of interactions all caregivers are able to offer. This would require intensive training for supervisors, mentoring, time and space in programs to carry out the reflective supervision, and budgeting to make this possible.
<p>Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<ol style="list-style-type: none"> 1. Build the capacity in each program for reflective supervision. This would require intensive training for supervisors, mentoring, time and space in programs to carry out reflective supervision, and budgeting to make this possible.
<p>Area Requiring Attention</p>	<p><i>Reflective Supervision</i></p> <p>It is necessary to build the capacity for reflective supervision in early care and education settings thus enhancing the quality of interactions caregivers are able to offer.</p>

Appendix A: Suggested Areas Requiring Attention and Related Action Steps

Area Requiring Attention	Suggested Action Steps for Early Head Start and Migrant Head Start	Suggested Action Steps for the Broader Early Care and Education Community and Related Providers
<p><i>Cross-Disciplinary Collaboration</i></p> <p>It is necessary to stimulate and formalize cross-disciplinary collaboration--sharing resources, joint training, coordinated planning and service delivery--that would build systems of care in communities to provide the continuum of supports and services needed to focus on emotional health promotion, prevention and treatment.</p>	<ol style="list-style-type: none"> 1. At the local level, Early Head Start programs should identify and establish relationships with providers of relevant agencies that support the social and emotional well being of infants and their families. Programs should sponsor brown bag lunches, collaborative training opportunities and the like to facilitate partnership and systems development. 2. At the federal level, develop collaborative projects with the childrens mental health community to provide the continuum of services that infants and their families may need. For example, Head Start could partner with the Center for Mental Health Services and the Substance Abuse and Mental Health Services Administration both of the Department of Health and Human Services. 3. Continue to develop strong collaborative partnerships with Part C of the Individuals with Disabilities Education Act (IDEA) at the Federal, state and local levels. 4. Develop partnerships with states that are addressing early care and education through state policy and financing. 5. Explore systems of care models to learn more about building local systems that can support the early care and education community in addressing the social and emotional needs of infants and their families. 	<ol style="list-style-type: none"> 1. Develop collaborative projects with the early care and education community so Head Start, child care and other early care and education systems work in unison as equal partners in their work to facilitate healthy child development. 2. Collaborate with mental health and the Part C entities at the Federal, state and local levels to address and access services for infants and their families. 3. Collaborate with Healthy Child Care America to incorporate emotional development into the existing efforts of that campaign. 4. Collaborate with the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association and others to see if they would focus one of their upcoming annual campaigns on infant mental health. 5. Promote community-level action that implements the infant mental health orientation of promotion, prevention and intervention within a coordinated system of care. This includes: (a) awareness for community partners; (b) orientation to the promotion, prevention, intervention approach; (c) expectations for informal and formal roles and collaboration among community partners

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Area Requiring Attention	Suggested Action Steps for Early Head Start and Migrant Head Start	Suggested Action Steps for the Broader Early Care and Education Community and Related Providers
<p><i>Financing</i></p> <p>Identifying and securing financing to cover the continuum of mental health services that may be needed by infants and their families is essential. Without secure funding sources, programs will be limited in the ability to offer qualified services for those they serve.</p>	<ol style="list-style-type: none"> 1. Provide guidance and technical assistance to Early Head Start programs on budget allocation and accessing community resources so that they understand what mental health services and supports can be included in their budget request. 2. Issue a jointly signed letter by the Head Start Bureau and the Child Care Bureau to encourage states to use the quality set aside from CCDBG for infant mental health training. 3. Investigate other funding streams at the Federal, state and local levels for providing mental health services to families with young children (prenatal to age five). Specifically, look at Medicaid, TANF, Part C, child care, SCHIP, and others to identify how these funding streams might fill gaps and provide new money to support the social and emotional development of infants and their families. Fact sheets should be developed that would explain these various funding streams so programs would be better informed about what could be accessed, under what conditions, and how. 	<ol style="list-style-type: none"> 1. Develop a Federal-state match program for mental health services (prenatal to age five). 2. Provide financial resources to regions, states and communities for infant mental health needs assessments.

Appendix A: Suggested Areas Requiring Attention and Related Action Steps

<p>Area Requiring Attention</p>	<p>Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<p>Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>
<p><i>Research and Evaluation</i></p> <p>It is important to support ongoing evaluation to ensure practice is informed by research and to measure the long-term impacts in the community of an increased focus on infant mental health.</p>	<ol style="list-style-type: none"> 1. Conduct a survey of what Early Head Start and Migrant Head Start programs are currently doing to address infant mental health. Describe the models or approaches being used. Highlight the opportunities, challenges, lessons learned, and suggestions for replication. Based on this information, provide tentative best practice guidelines that could inform the Head Start and early care and education community. 2. Conduct research at a handful of demonstration sites to identify what approaches or models to addressing infant mental health work for which families. The review of approaches or models would take into consideration their effectiveness in working with families representing diverse cultures, races, ethnicities, classes, and from different geographical areas. At the same time, conduct research at demonstration sites within child care and maternal and child health supported programs to understand the focus and results of efforts in these related fields. 3. Conduct national and local longitudinal evaluations of Early Head Start programs that investigate program quality; parenting knowledge of infant emotional development, stress, and mental health status; and the dyadic relationship (observational). Further, the evaluations 	<ol style="list-style-type: none"> 1. Expand the Foundation Agency Network (FAN) to look at the social and emotional development of very young children (prenatal to age five), and how their early experiences influence school readiness. 2. Investigate barriers in health care funding that prevent integration with health and mental health. Develop strategies to eliminate the barriers. 3. Provide funding at the national level for the evaluation of intervention models aimed at the mental health of families with young children. 4. Provide funding for the development of measures to assess infant and toddler social and emotional functioning. Measures would need to reliably assess children from varying cultures.

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	<p>would look at child development measures at transition to Head Start. This can be achieved using the revised framework from the Early Head Start national evaluation to set performance measures for Early Head Start and select national and local outcome measures, and piloting the DC 0-3 classification system (Zero to Three, National Center on Clinical Infant Programs, 1994).</p> <ol style="list-style-type: none">4. Provide research grants that would investigate the tools used for assessing the dyadic relationships. Alternatively, create a study group that would study, define, and provide recommendations for measures of social and emotional development and for utilization of assessment tools/practices for measuring caregiver-child interactions and social/emotional development.5. Use data from the fathers sub-study of the national Early Head Start research effort to inform practices within programs so that they may better interact with and engage fathers in their infant's development.	
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Appendix A: Suggested Areas Requiring Attention and Related Action Steps

Area Requiring Attention	Suggested Action Steps for Early Head Start and Migrant Head Start	Suggested Action Steps for the Broader Early Care and Education Community and Related Providers
<p><i>Demonstration</i></p> <p>Conducting demonstration efforts will help the early care and education community gather new knowledge and test models and assumptions, thus ultimately providing more targeted and effective services to infants and their families.</p>	<ol style="list-style-type: none"> 1. Create a cultural competence demonstration project to learn more about cultural issues in addressing infant mental health. A series of focus groups could be organized with representatives from programs that serve various cultural groups. The focus groups could be designed to yield information about the understanding and acceptability in different cultures of infant mental health issues. This information could then be packaged and disseminated to other programs to influence the way they use culture as a resource in working with families. 2. Create pilot sites that would focus on implementing a particular model or approach to infant mental health. These sites would then be part of a research effort to understand what works for whom and under what conditions. 3. Organize a task force to investigate issues of the highest risk families and appropriate responses for Early Head Start and Migrant Head Start programs. The task force--composed of parents, and representatives from Early Head Start, juvenile justice, child welfare, the Substance Abuse and Mental Health Services Administration, and child psychiatry--would look at families with substance abuse, parental mental illness, and violence, and then recommend ways to identify, involve and work with these families. Models would be tested and then trainings would be developed to work with these highest risk families. 	<ol style="list-style-type: none"> 1. Provide funding to a set of pilot programs so that they can test the use of the 0-3 diagnostic classification of mental health and developmental disorders of infancy and early childhood (Zero to Three, National Center for Clinical Infant Programs, 1994) for reimbursement.

Appendix A: Suggested Areas Requiring Attention and Related Action Steps

<p>Suggested Action Steps for the Broader Early Care and Education Community and Related Providers</p>	<p>Suggested Action Steps for Early Head Start and Migrant Head Start</p>	<p>Area Requiring Attention</p>
<ol style="list-style-type: none"> 1. Establish a national coordinating body that would oversee the multiple components of an infant mental health initiative. 2. Encourage a wide array of national professional organizations to adopt infant mental health as a training, research and advocacy priority. This could be implemented by a summit on infant mental health organized by the Surgeon General, in collaboration with the Administration on Children, Youth and Families, Head Start, Child Care, and others. 	<ol style="list-style-type: none"> 1. Continue to promote a dialogue about infant mental health and share information about best practices through all communication and training opportunities with the Early Head Start and Migrant Head Start programs. 2. Organize discussions with related professional organizations to share the experiences of the Early Head Start and Migrant Head Start programs and the importance of working together to offer the continuum of services that will support emotional development of infants. 	<p><i>A National Agenda on Infant Mental Health</i></p> <p>Building a universal commitment to address infant mental health transcends the scope and responsibility of Head Start. To truly offer the continuum of services that will support emotional development, it is imperative that the broader caregiving community and related providers (e.g., social worker, psychology, psychiatry, pediatricians, obstetricians, family health) come together.</p>

Appendix B: Potential Partners

As stated earlier in this paper, Forum participants suggest that to fully address infant mental health, there needs to be a coordinated, multi-disciplinary call to action. No one field, professional organization, private or public agency can move this agenda alone. Head Start – as the national laboratory for early care and education – is well poised to move forward on many of the suggestions outlined in Appendix A, but will need the support and involvement of many so that a comprehensive, coordinated, multi-disciplinary effort to address infant mental health will emerge.

The following represents a preliminary list of the potential partners who could play an important role in realizing better emotional health for America's infants and their families. Many of these agencies, organizations and foundations are already engaged in very important work that supports infants and families.

Of equal importance to those potential partners that follow are parents. No action should be taken without further consultation and active involvement of parents of infants. Understanding their experiences, values, beliefs, and needs will help to shape a response to infant mental health that most closely represents what parents need and want to support the emotional health of their children.

Federal Agencies

U.S. Department of Health and Human Services

- Administration on Children, Youth and Families Commissioner's Office of Research and Evaluation
- Bureau of Primary Health Care
- Center for Mental Health Services
- Child Care Bureau
- Children's Bureau

- Head Start Bureau
- Health Care Financing Administration
- Maternal and Child Health Bureau
- National Institute of Child Health and Human Development
- National Institute of Health
- National Institute of Mental Health
- Office of the Assistant Secretary for Planning and Evaluation
- Substance Abuse and Mental Health Services Administration

U.S. Department of Education

- Federal Interagency Coordinating Council
- Office of Educational Research and Improvement
- Office of Special Education Programs

Organizations and Associations

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Association of Community Colleges
- American College of Obstetrics and Gynecology
- American Medical Association
- American Psychiatric Association
- American Psychological Association
- Child Welfare League of America
- Children's Defense Fund
- Council for Exceptional Children, Division of Early Childhood
- Federation of Families for Children's Mental Health
- I Am Your Child
- International Society for Infant Studies
- Healthy Mothers Healthy Babies
- National Association for the Education of Young Children
- National Association of Child Care Resource and Referral Agencies
- National Association of State Legislatures

Appendix B: Potential Partners

- National Center for Children in Poverty
- National Governors Association
- National Head Start Association
- National Medical Association
- National Mental Health Association
- Society for Research in Child Development
- World Association for Infant Mental Health
- Zero to Three: National Center for Infants, Toddlers and Families

Foundations

- Annie E. Casey Foundation
- Carnegie Corporation of New York
- Casey Family Programs
- Conrad N. Hilton Foundation
- The Bush Foundation
- The Commonwealth Fund
- The Devereux Foundation
- The Ewing Marion Kauffman Foundation
- The John D. and Catherine T. MacArthur Foundation
- The David and Lucile Packard Foundation
- The Robert Wood Johnson Foundation
- Rockefeller Brothers Fund
- W.K. Kellogg Foundation

Appendix C: Agenda of the Infant Mental Health Forum

Infant Mental Health Forum
October 23-24, 2000
Hilton Alexandria Mark Center Hotel
5000 Seminary Road - Alexandria, VA

Monday, October 23, 2000

8:00 a.m. **Continental Breakfast**

8:30 a.m. **Welcome and Overview**

Patricia Montoya, R.N., Administration on Children, Youth and Families

Judith Jerald, MSW, Head Start Bureau

Rachel Chazan Cohen, Ph.D., Commissioner's Office of Research and Evaluation, Administration on Children, Youth and Families

8:50 a.m. **Keynote Presentation: Defining Infant Mental Health**

Charles Zeanah, M.D., Tulane University

This keynote presentation will begin the discussion by providing a definition/guiding concept of infant mental health that encompasses the continuum of behaviors from normal social/emotional development to behaviors that warrant intervention. The speaker will also highlight the range of providers who have a role in promotion, prevention and treatment of infant mental health and identify the urgent need to build capacity within communities to appropriately address the mental health of infants and their families.

9:35 a.m. **Infant Mental Health As It Relates to Early Head Start and Migrant Head Start Programs**

Tammy Mann, Ph.D., Zero to Three

This session will tie the more global discussion about infant mental health to the responsibilities of Early Head Start and Migrant Head Start programs as articulated in the Head Start Program Performance Standards. The session should provide a framework for participants to begin thinking about appropriate roles for Early Head Start and Migrant Head Start programs in promoting social and emotional development of infants and toddlers.

9:55 a.m. **Morning Break**

Appendix C: Agenda of the Infant Mental Health Forum

10:15 a.m.	Discussion Groups
11:45 a.m.	Lunch
1:00 p.m.	Panel: Addressing Mental Health Needs of Infants, Parents and Families in Early Head Start and Migrant Head Start: Lessons from the Scientific Community <i>Helen Raikes, Ph.D.</i> , Society for Research in Child Development, Visiting Scholar, Administration on Children, Youth and Families – Facilitator <i>Kathryn Barnard, R.N., Ph.D.</i> , University of Washington <i>Rosanne Clark, Ph.D.</i> , University of Wisconsin <i>Robert Emde, M.D.</i> , University of Colorado <i>Hiram Fitzgerald, Ph.D.</i> , Michigan State University <i>Susan McDonough, Ph.D., M.S.W.</i> , University of Michigan This session will develop a better understanding of the context for social-emotional development including genetic endowment, developmental processes, parental factors, relationships between young children and their parents, and family factors which exist within the broader culture and community. Within each of these spheres mechanisms that facilitate mental health will be identified as well as those mechanisms by which pathologies might arise. The impact of poverty will be highlighted throughout the session.
3:00 p.m.	Afternoon Break
3:15 p.m.	Discussion Groups
5:30 p.m.	Adjourn

Appendix C: Agenda of the Infant Mental Health Forum

Tuesday, October 24, 2000

8:00 a.m. **Continental Breakfast**

8:30 a.m. **Overview of Mental Health Efforts Across the Department of Health and Human Services**

Beverly Malone, Ph.D., R.N., F.A.A.N., Deputy Assistant Secretary for Health

8:45 a.m. **Keynote Presentation: Understanding and Addressing Infant Mental Health from a Cultural Perspective**

Suzanne Randolph, Ph.D., University of Maryland

This session will increase awareness of how expectations and perceptions of infant mental health might differ by culture and the importance of understanding how the culture of the family and community can be used as a resource in addressing mental health issues.

9:30 a.m. **Panel: Opportunities and Challenges of Addressing Mental Health in Early Head Start and Migrant Head Start Programs – Lessons from the Field**

Jane Knitzer, Ed.D., Columbia University – Facilitator

Community Action Agency, Jackson, MI

Shelly Hawver, MSW, CSW

Chris Hines

Denise Kerwin

New Vision for Newport County, Inc., Middletown, RI

Susan Dickstein, Ph.D.

Cynthia Larson

Hope Street Family Center, Los Angeles, CA

Maria Toni Medina

Cecilia Samartin, MA

Sherrie Segovia, MA

Ounce of Prevention, Chicago, IL

Judith G. Bertacchi, M.Ed., L.S.W.

Ruby Peet, L.C.S.W.

Appendix C: Agenda of the Infant Mental Health Forum

Participants will learn about the various models or approaches to infant mental health services, how they are, or could be, integrated into Early Head Start and Migrant Head Start programs and the considerations programs would need to give to effectively implement mental health services in the program (with respect to screening, assessment, services, referral, training, mentoring, supervision, the program budget and other organization supports).

12:00 p.m.

Lunch

1:30 p.m.

Developing a Mental Health Initiative for Early Head Start and the Migrant Head Start Program

Hiro Yoshikawa, Ph.D., New York University

The purpose of this session will be to gather ideas from Forum participants about activities the Head Start Bureau should consider undertaking as part of a Mental Health Initiative for Early Head Start and Migrant Head Start. The session will begin as a plenary and then move to small discussion groups.

2:45 p.m.

Afternoon Break

3:00 p.m.

Reporting Back

4:00 p.m.

Next Steps

4:30 p.m.

Adjourn

Appendix D: Attendees at the Infant Mental Health Forum

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Appendix D: Attendees at the Infant Mental Health Forum

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