

Infant Mental Health: Taking Baby Steps Toward the Future

By Jeff Link

In the early 1970s, knowledge about the first three years of life was expanding rapidly in clinics and research laboratories across the country. One of the more interesting things psychologists, pediatricians and neonatal nurses were learning was that early relationships with a primary caregiver formed the basis for babies and toddlers to form close personal relationships, acquire knowledge about the world they live in, and grow into intellectually inquisitive and emotionally healthy adults.

It was during this time that Selma Fraiberg, a child psychoanalyst at the University of Michigan Medical School and director of the Child Development Project, laid the groundwork for a new practice, called infant mental health, devoted to improving the relational bond between a parent and her child. Fraiberg's early definition of infant mental health, which has remained remarkably apt, referred to the ability of children under three years of age to develop social, cognitive, and emotional well-being inside of a nurturing parent-child relationship.¹

The first years of life are important because this is when children begin to make sense of their environment and lay the foundation for later life trust, empathy, and resilience to stress and adversity. Research into early childhood development shows "early relationships and attachments to a primary caregiver are the most consistent and enduring influence on social and emotional development for young children."² Infants and toddlers who develop secure attachments are more likely to have better relationships with peers and adults, form distinctive and indelible memories, and display a more sophisticated emotional intelligence.

Babies are naturally equipped to develop strong, emotional bonds with their caregivers, and it is the quality of these connections that anticipates the trajectory of a child's development.³ Generally, we find that babies experience healthy social and emotional attachment. They communicate to parents and caregivers through smiling and cooing, quick recovery from bouts of crying, healthy appetite and weight gain, and consistent patterns of sleep. In familiar games such as peek-a-boo, babies and toddlers with typical mental health have the capacity to respond appropriately to the mother's voice, facial expressions, movement, and gestures. By reading and responding to a mother's emotional signals, they learn that adults are trustworthy and that the world is reasonably predictable and safe.

¹ Weatherston, D. (2000). *The Infant Mental Health Specialist. Zero to Three*. Washington, DC: Zero to Three Press.

² Ibid.

³ Onunaku, N. (2005). *Improving Maternal and Infant Mental Health: Focus on Maternal Depression*. Zero To Three National Center for Infants, Toddlers, and Families. Retrieved July 23, 2010, from <http://www.zerotothree.org/child-development/early-childhood-mental-health/most-popular-resources-on.html>.

But a child unable to develop a secure attachment with a trusted adult, whether due to traumatic early life experiences or biologic vulnerabilities, may suffer grave consequences across the life span. Later on they may have delays in learning and cognition, trouble developing lasting personal relationships, and difficulty expressing their emotions in mature and healthy ways.

A 2004 report of the Zero To Three Policy Center,⁴ reveals that the contributing factors to infant mental health disorders are various, from revolving door stays in foster care to repeated exposure to abuse and violence, to maternal psychiatric disorders. Of the more than 39,000 infants entering foster care each year,⁵ nearly 80 percent are prenatally exposed to drugs or alcohol, 40 percent are born prematurely or at low birth weight, and all experience traumatic separation from caregivers,⁶ increasing their risk for developing mental health problems. In fact, a report published in a supplement to the journal *Pediatrics* estimate that 21 percent of U.S. children under the age of 18 have a diagnosable mental illness, yet only one-fifth of that group receives treatment.⁷ This is part of the reason the American Academy of Pediatrics advises pediatricians to screen children for possible mental health disorders at every doctor visit.

National and statewide research and policy efforts have focused increasing attention on maternal depression as a contributing factor in the development of infant mental health disorders. The Early Head Start Research and Evaluation Project of 2002 found that 48 percent of mothers reported enough depressive symptoms to be considered depressed at the time of their enrollment in the project.⁸ Infants of clinically depressed mothers may shy away from daily activities and avoid interaction with caregivers, which in turn compromises the child's capacity for language acquisition, growth, and emotional development. At least one study found symptoms of depression in infants as young as four months of age.⁹ Older children of mothers who were depressed during the child's infancy often exhibit difficulty in school, increasing the likelihood the child will be placed in special education, held back to repeat a grade, or drop out of school.³

Parents, practitioners, and early childhood educators may recognize that a baby or toddler has a mental health disorder by a variety of early symptoms, including inconsolable

⁴ Osofsky, J. (2004). Before the Subcommittee on Substance Abuse And mental Health Services Committee on Health, Education, Labor, and Pensions. Zero to Three Policy Center. Washington, DC.

⁵ US Department of Health and Human Services, Administration for Children and Families (2002). The AFCARS report, interim FY2000 estimates as of August, 2002.

⁶ Halfon, N., Mendonca, A. & Berkowitz, G. (1995). Health status of children in foster care: The experience of the Center for the Vulnerable Child. *Archives of Pediatric and Adolescent Medicine*, 149(4), 386-391.

⁷ Colpe, L. (2000). Estimates of mental and emotional problems, functional impairments, and associated disability outcomes for the U.S. child population in household. Retrieved July 21, 2010, from www.mentalhealth.org/publications.

⁸ US Department of Health and Human Services, Administration for Children and Families (2002). Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start. Washington, DC.

⁹ Luby, J. (2000). Depression. In C. Zeanah (Ed.). *Handbook of Infant Mental Health* (296-382). New York: Guilford Press.

crying, extreme sensitivity to touch or cuddling, excessive biting, kicking and hitting, or lack of affect. As infants lack the neurological facility to respond to stress and trauma through language, it is important to recognize that these early risk factors are the child's mode of communicating underlying stress. Without early identification and intervention these problems can escalate into serious mental health disorders, including depression, attachment disorders, and traumatic stress disorder.⁴

Infant mental health practitioners trained in a psychodynamic or relationship-based approach are one effective source of support for children identified for intervention. Unfortunately, many of these disorders are not being identified as parents and providers lack sufficient knowledge of the early warning signs to make referrals; in fact one Illinois survey revealed that 62 percent of infant and toddlers lacked adequate mental health services.¹⁰ When referrals are made children typically are identified due to concerns about the child's development or behavior, parental factors, situational stressors, or risks to the home and family. According to a July 2002 issue of *Children's Advocate*,¹¹ in Fresno County's Infant Family Mental Health Program, about half the families are referred by clinics or schools; the other half have court orders to participate.

One of the main reasons that infant mental health is so important is because of the role it plays in school readiness. More and more young children are being expelled from childcare and preschool for behavior problems,¹² and supports are not available for these children, their parents, or their caregivers. In Illinois, it is estimated that 42 percent of child-care programs have asked families to withdraw their infant or toddler because the program was unable to handle the child's social or emotional problems.¹³ At the same time, research reveals that children who do not reach early social and emotional competencies perform below average in the first years of school, and are at an increased risk for school failure and juvenile delinquency later in life.¹⁴

The rapid brain development that occurs between infancy and kindergarten points to the essential need for early identification and treatment of infant mental health disorders. According to the National Academy of Sciences report *From Neurons to Neighborhoods*, neuronal connections in these early years proliferate at a rate surpassing that of any subsequent period of development.¹⁵ The child's relationships and environmental

¹⁰ Cutler, A. & Gilkerson, L. (2002). Unmet needs project: A research, coalition building and policy initiative on the unmet needs of infants, toddlers and families. Chicago, IL: University of Illinois at Chicago and Erikson Institute.

¹¹ Diaz, C. (2002). What is infant mental health care? *Children's Advocate*. Retrieved July 15, 2010, from www.4children.org/issues/2002/july_August/q_what_is_infant_mental_Health_care.

¹² Gilliam, W. (2005) Pre-kindergarteners Left Behind: Expulsion Rates in State Pre-kindergarten Systems New Haven, Conn.: Yale University Child Study Center.

¹³ Ibid.

¹⁴ Raver, C. (2002) Emotions matter: Making the case for the role of young children's emotional development for early school readiness. Social Policy Report of the Society for Research in Child Development.

¹⁵ Shonkoff, J & Phillips, D. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Research Council and Institute of Medicine, National Academy Press.

surroundings are vital for proper brain development, and abject environmental conditions such as extreme poverty, malnutrition, or family violence can damage a child's capacity to form neural pathways, as well as disrupt the release of the stress hormone cortisol. Children who are repeatedly exposed to harmful environments are at risk for poor development, because their stress levels remain consistently elevated, causing problems in the immune system and permanent damage to the brain.¹⁶

One of the stumbling blocks to the prevention and treatment of early childhood mental health disorders is the lack of skilled professionals needed to conduct screening and diagnosis for mental health disorders in young children. A survey of unmet needs in the Illinois early care and education system, for instance, found that 62 percent of programs reported inadequate mental health resources; these programs identified the lack of availability of trained mental health providers as one of the three areas of greatest concern.¹⁷ And although there is a wealth of available new knowledge on the importance of early childhood social and emotional development, limited funding, lack of public and professional knowledge, and the scarcity of child mental health experts, particularly psychiatrists, that provide therapeutic services to parents and children remain significant obstacles.

To fulfill Fraiberg's early vision, we need a universal approach directed at all young children and their families—a model that strives to improve the child's self-esteem and ability to regulate behavior, while at the same time assisting the parent in coping with underlying anxiety and depression contrary to the child's need for nurturing care.

Encouragingly, there have been a number of initiatives taken on the federal level to support early childhood and infant mental health, including Early Head Start, the Individuals with Disabilities Education Act (IDEA), the Child Care and Development Fund, the Title V Maternal and Child Health Services Block Grant, Medicaid, and the Early and Periodic Screening, Diagnosis, and Treatment protocol. The problem is many of these programs are being cut due to budget concerns.

Although the National Conference of State Legislatures report *Helping Young Children Succeed* recommends building on systems already in place—fully implementing federal referral requirements under the Child Abuse Prevention and Treatment Act of 2003 (CAPTA) and IDEA Part C Reauthorization of 2004, in addition to expanding early identification approaches, investing in family mental health services and supports, and providing mental health consultation to early childhood programs for addressing challenging behaviors—the reality is that without sufficient funding these goals are unlikely to be achieved.¹⁸

¹⁶ B. McEwen. (2000). The Neurobiology of Stress: From Serendipity to Clinical Relevance. *Brain Research*, 886: 172-189.

¹⁷ Cutler, A. & Gilkerson, L. (2002). Unmet needs project: A research, coalition building and policy initiative on the unmet needs of infants, toddlers and families. Chicago, IL: University of Illinois at Chicago and Erikson Institute.

¹⁸ Cohen, J & Onunaku, N. (2005). *Helping Young Children Succeed: Strategies to Promote Early Childhood Social and emotional Development*. Zero to Three Policy Center. Retrieved July 21, 2010, from

Closer to home, Illinois has taken a flagship role in strengthening infant and early childhood mental health services. In 2003, the Illinois Children's Mental Health Act paved the way for a unified and comprehensive system of prevention, early intervention, and treatment options to address children's mental health in the state.¹⁹ Since then social emotional specialists hired to provide training, technical assistance, and mental health consultation to the providers of Part C early intervention programs have resulted in improved access to mental health services and earlier identification of mental health disorders.⁴ Policy makers and practitioners in Illinois also are working to enhance maternal and child health outcomes by improving the early identification, screening, referral, and treatment of maternal depression. Currently, the Illinois Association for Infant Mental Health is developing a credential program for early childhood mental health practitioners and exploring Medicaid's capacity to increase the number of children and mothers who receive comprehensive primary care for mental health-related issues.²⁰ Measures such as these are a step in the right direction and hopeful reminders of the work that lies ahead to ensure the healthy growth and development of our children.

<http://www.zerotothree.org/child-development/early-childhood-mental-health/most-popular-resources-on.html>.

¹⁹ Illinois State Board of Education (2010). Illinois Early Learning Project website. Retrieved on July 28, 2010, from <http://illinoisearlylearning.org/initiatives.htm>.

²⁰ Illinois Association for Infant Mental Health (2010). illinois association for infant mental health website. Retrieved on July 28, 2010, from <http://www.ilaimh.org/ecmh-initiatives/healthy-beginnings-abcd-ii/>.