

*New Hampshire Association for Infant Mental Health
c/o Community Bridges
525 Clinton Street
Bow, New Hampshire 03304
Ph: (603)225-4153, Fax: (603)226-3354*

**NEW HAMPSHIRE ASSOCIATION
FOR INFANT MENTAL HEALTH
DOCUMENT OF ORGANIZATION
Revised 6/10/02**

INTRODUCTION TO THE NEW HAMPSHIRE ASSOCIATION FOR INFANT MENTAL HEALTH

The New Hampshire Association for Infant Mental Health began meeting as a conference planning committee to organize the first New Hampshire Infant Mental Health Conference, held in June 1995. Following the conference, the planning committee determined that New Hampshire needed ongoing efforts to increase awareness about the principles and best practices of infant mental health and to provide training to a wide variety of providers of services to families with children birth through five years. The New Hampshire Association for Infant Mental Health (NHAIMH) was developed to be the statewide professional organization dedicated to increase awareness and competency in the field of infant mental health.

This document has four primary goals. First, it provides an overview of infant mental health principles and defines the breadth of infant mental health practice. Second, it presents research on the efficacy of infant mental health programming in reducing later, more costly social and emotional challenges in children. Third, a review of the history of the infant mental health movement in New Hampshire is presented. Finally, it offers a vision of the future of NHAIMH.

MISSION STATEMENT

In 1997, the Association Board of Directors adopted the following mission statement:

New Hampshire Association for Infant Mental Health identifies and disseminates information, research, and best practices that promote interdisciplinary efforts on a community level in order to strengthen relationships in families with infant and young children. New Hampshire Association for Infant Mental Health advocates for public policy initiatives that support continuity of care for children and families throughout the early years.

DEFINITION AND PRINCIPLES OF INFANT MENTAL HEALTH

Infant mental health services address all systems of development for children birth to six years, emphasizing the interaction of factors that affect social/emotional health and development. The infant mental health approach stresses the need for prevention and early identification of factors associated with the development of social/emotional and cognitive difficulties and encompasses all areas of the child's development, neurobiological factors, issues such as parenting skills and parent mental health, and safety issues, as well as sociological and environmental issues.

The following list of principles guides all of the NHAIMH's efforts and articulates our philosophy and values regarding services to families and young children.

1. Infants are fully contributing family members who share in the development of the emotional attachments and behavioral investments that evolve within the family relationship.
2. Families with young children, birth to six years old, experience unique stresses, needs for information and support, and vulnerabilities.
3. All families have strengths that can provide the basis for continuing care and nurturing for all their members
4. All families are capable of participating in the design, implementation, and evaluation of their own services. They are also capable of determining their level of participation in these activities. Families are essential partners in the design and evaluation of service systems.
5. Services provided to families with young-children, birth to six years old, have a greater probability of having long term benefits to the parent/child relationship, parenting skill development, and child development, as well as prevention of parent/child relationship disorders, disabilities, and substance abuse when compared to services first delivered when children in the family are older.
6. The stress related to accessing services is compounded each time applications, intake meetings, and documentation verifications must precede service delivery.
7. Services originating from multiple agencies should be well-coordinated, easily accessible, and working relationships between agencies should facilitate application processes for families.
8. Services that are coordinated in regards to schedule, treatment plan, ancillary supports, and paperwork requirements among family and service providers provide greater benefit to and are received with greater satisfaction by families.
9. Providers evaluating and treating infant mental health issues and/or providing supervision of the treatment of these issues require training in mental health, disorders and treatment of young children, family systems, social systems, infant/child development, and emotional/relational development.
10. All people, programs and agencies working with families impact and therefore have a role in promoting family development and infant mental health.
11. People providing a wide variety of services and supports to young children and their families need training and support to identify issues and concerns. Ongoing consultation with a qualified professional should be accessible when community programs and agencies continue providing services to young children and their families when an issue of infant mental health has been identified.
12. Treating families with infant mental health issues is relational and inclusive of social issues. Addressing case management needs is essential to treatment.
13. Infant mental health is multidisciplinary. No one individual can possess the expertise to evaluate and treat all the possible mental health, relational, and developmental issues that can affect a young child. The availability of consulting relationships among professionals and agencies is, therefore, essential.
14. Infant mental health is multicultural. Different cultures value and attend to different facets of child development. Different styles and methods of parenting are supported differently dependent on cultural expectations of parents and children.

CONCEPTUAL HISTORY OF INFANT MENTAL HEALTH

Infant mental health is an interdisciplinary field of practice. The 1970's witnessed a significant increase in academic and research interest in infancy and infant development. This interest evolved from a desire to understand the early developmental history of children, adolescents and adults who exhibit psychological, behavioral, or emotional difficulties adjusting to their families, educational settings and communities. Professionals from a variety of disciplines shared the common experience of meeting infants, toddlers, and preschoolers who were already exhibiting symptoms of social/emotional/mental health disorders. These professionals understood through experience, that symptoms in very young children not only exist, but also persist, and young children exhibiting such symptoms usually became older children and adolescents with more serious symptoms of mental health disorders.

Infant mental health as a field of research and practice was born in this arena of early developmental research. The questions and concerns that led to infant mental health's conception derive from a variety of disciplines concerned with the development and welfare of infants, young children, and their families, most notably:

- Psychology
- Psychiatry
- Pediatric medicine
- Obstetrics and prenatal care
- Social work
- Early intervention
- Child development
- Education
- Speech and language therapy
- Occupational therapy
- Physical therapy

THE BREADTH OF INFANT MENTAL HEALTH SERVICES

Infant mental health services can be defined as a broad array of services and supports that have as their goal the assurance of healthy development and relationships for infants, young children, and their families within their homes and communities. These services and supports are informed by attention to cultural, psychosocial and physiological factors including, but not limited to, temperament, physical health and ability, resilience and motivation, as well as the expectations of the caregiver and child. Infant mental health services seek to assure that all children birth to six enjoy safe, responsive and reciprocal relationships with their caregivers.

Infant mental health practice comprises a multidisciplinary field of service providers. Regardless of professional discipline, when day-to-day conceptual orientation and concrete interventions are based on principles of attachment, the nature of the parent-infant relationship, and parental education and guidance, infant mental health is

informing professional practice. Disciplines that have the potential to provide infant mental health services include, among others:

- Early intervention specialists
- Early childhood educators
- Child care providers
- Adoption workers
- Public health nurses
- Teen parenting workers
- Nutritionists
- Speech therapists
- Physical therapists
- Occupational therapists
- Child protective and foster care social workers
- Special educators
- Midwives
- Pediatricians
- Obstetricians
- Child psychiatrists
- Clinical social workers
- Family counselors
- Clinical psychologists
- Early care and education teachers

Others who may affect the mental health of young children and their families include:

- Private industry managers who develop personnel policies regarding maternity, family and medical leave
- Businesses that explore in-house child care or other child care supports for their employees
- Legislators and other public policy makers facing early childhood policy and funding decisions
- Family court personnel

It would not be accurate to label such family court attorneys, judges, private industry managers, legislators and public policy makers as infant mental health practitioners. They engage, however, in activities that affect the mental health of young children and their families. To make the best decisions, their work should be guided by the core principles of infant mental health. This requires that infant mental health professionals must assume, then, the education of other professions in the essentials of infant mental health.

RESEARCH-BASED EVIDENCE OF EFFICACY OF INFANT MENTAL HEALTH SERVICES

A number of controlled research studies have demonstrated the effectiveness of programs supporting infant and their parents (Zigler, Hopper, and Hall 1993; Meisels, Dichtelmiller and Liaw 1993; and Mrazek 1993). These programs have been conducted with a variety of young families whose children were experiencing or were at risk for experiencing emotional, behavioral, and/or developmental disorders. Interventions have included families deemed "at risk" due to poverty, families for which there are specific concerns about parenting ability such as child abuse or neglect, families experiencing medical challenges such as prematurity, and families experiencing developmental challenges such as regulatory disorders. Cramer and Robert-Tissot (2000) describe how family-centered treatment of a variety of symptoms resulted in the alleviation of the presenting symptoms and follow-up assessments have demonstrated no return or substitution of symptoms. Field (1987) describes treatment that improved infant growth and development, and that when taught to parents resulted in increased parent competency, as well as improved parent-infant relationship skills. Although this kind of research has not yet yielded specific data detailing the cost-effectiveness of these early interventions, the documented gains illustrate the benefits that occur when families receive support from the beginning. Infant mental health, therefore, becomes a critical component of any plan to stretch shrinking health care and social service dollars.

The explosion of research on the development of the human brain during the 1990's provided information that both answered many questions regarding the process of human growth and development, and validated many of the principles of infant mental health. This research also provided new puzzles that gave rise to a new set of questions regarding the best ways to provide preventive and ameliorative interventions for young children and their families. Of greatest importance are the conclusions drawn by the National Academy of Science (2000):

1. The traditional nature versus nurture debate is simplistic and scientifically obsolete because there is now ample evidence to conclude that early experiences clearly influence brain development and that genetic factors clearly influence early experiences.
2. The social/emotional health of children is as important as cognitive development, particularly with regard to school readiness.
3. Healthy early development depends on nurturing and dependable relationships
4. Striking developmental disparities associated with economic and social disadvantage are apparent well before kindergarten and are predictive of later school performance
5. Development is influenced by the ongoing interplay among sources of vulnerability or risk factors that increase the probability of developmental problems, and sources of resilience or protective factors that increase the probability of developmental health and mastery.

6. Early intervention efforts that are aimed at identifying and mitigating the influence of risk factors, as well as identifying and enhancing the capacity of protective factors have the greatest likelihood of success
7. Early intervention programs can improve the odds for vulnerable young children but those that work are rarely simple and inexpensive

HISTORY OF NEW HAMPSHIRE ASSOCIATION FOR INFANT MENTAL HEALTH

In 1993, to comply with the Individual with Disabilities Education Act requirement to develop a comprehensive system of personnel development for early intervention staff, New Hampshire's Infant and Toddler Office (now called Family-Centered Early Supports and Services) surveyed practitioners across the state. Infant mental health was identified as the highest priority training need. In response, the Office convened a steering committee to develop a two-day conference on infant mental health, to be held in 1995. The survey and conference put infant mental health issues into focus. Equally important, the conference steering committee continued to meet and, in 1996, formed a statewide, multidisciplinary professional organization – the New Hampshire Association for Infant Mental Health (NHAIMH). The Association's goal was to address both the lack of mental health services in the state for children birth through five and the absence of formal infant mental health policy on the state level. NHAIMH immediately engaged in making the statewide infant mental health conference an annual event.

By 1996, NHAIMH presented an educational forum to a select group of pediatricians, the Pediatric Leadership Coalition. Also in that year, administrators from New Hampshire's Department of Health and Human Service and the Department of Education formed an interagency coalition known as the Children's Care Management Collaborative (CCMC). Its charge was to coordinate funding streams for those children and families involved with multiple programs and agencies. In 1997, NHAIMH initiated a discussion with administrators in the CCMC to obtain their formal support for the development of infant mental health services in New Hampshire. NHAIMH and the CCMC identified common goals, including increasing service capacity and developing a system of care in which local agencies would collaborate to address the full continuum of infant mental health needs.

In 1998, the NHAIMH and the CCMC began working together to structure the 1999 New Hampshire Infant Mental Health Conference as the launching pad for twelve Regional Interagency Infant Mental Health Teams. The CCMC provided philosophical support, changed contract language, and technical assistance from the state funding agencies. The NHAIMH met with professionals throughout New Hampshire regarding fundamental issues such as definitions and terminology, goals, constituency of Regional Teams, and funding. The Regional Teams continue to meet regularly to identify services gaps and current resources, and to develop and implement plans to address service needs for young children and their families. The Regional Team system has developed into an effective network of agencies both within the regions and between different regions throughout the state.

The NHAIMH expanded outreach to other NH professional organization in 1999, providing conference and workshop presentations to the New Hampshire Association for the Education of Young Children and informational roundtable discussions for the Early Education and Intervention Network (EEIN). In that year, NHAIMH began submitting educational articles on infant mental health for inclusion in EEIN's bimonthly newsletter.

In 2000, NHAIMH and EEIN co-sponsored the annual professional conference. The culmination of the Regional Team development was the presentation to the Annual National Training Institute of Zero To Three on the New Hampshire's development of an infant mental health service system in December 2000, and the publication of the Zero to Three Bulletin article, "Developing Infant Mental Health Policy and Service Delivery in New Hampshire in Spring 2001.

By 2001, in response to needs identified by community providers, Regional Teams, and state administrators, NHAIMH had expanded its activities. In addition to the annual conference, outreach to other NH professional organizations, and continuation of technical assistance to the Regional Teams, NHAIMH has engaged in the following initiatives:

1. Formed a Northern New England Steering Committee that is developing a curriculum proposal for a master degree and post-master certificate in infant mental health for presentation to a local institution of higher education
2. Surveyed the licensed child care centers in New Hampshire regarding experience with children whose issues are so challenging that the children are expelled from the center. The survey also addressed the training and assistance resources that would be most helpful to child care providers to reduce expulsion rates throughout the state.
3. Developed a grant proposal for relationship-based consultation model that uses the expertise of medical, educational, and infant mental health specialty experts to improve child care environments, increase child care provider competency, reduce the occurrence of challenging issues, and reduce the expulsion rate in 3 pilot sites.
4. Developed the proposed eligibility criteria and process for children birth through 5 for New Hampshire mental health centers. Participated in the committee developed by the New Hampshire Division of Behavioral Health to prepare the proposed criteria and process to be presented to the Department of Health and Human Services.
5. Contributed technical assistance and resource information to the state of Illinois in its national research regarding the development of statewide infant mental health services.

THE FUTURE OF THE NEW HAMPSHIRE ASSOCIATION FOR INFANT MENTAL HEALTH

The adoption of organizational bi-laws has positioned NHAIMH in reach of 501(c)(3) status, a goal for 2002. The identification and dissemination of information, research, and best practices that promote interdisciplinary efforts to support young children and their families continues to be the focus of NHAIMH. For further information regarding current and future activities, copies of the NHAIMH Annual Report and the Annual Work Plans can be made available. To receive copies of these documents, please contact the Early Supports and Services Secretary at Community Bridges.

