CENTER OF EXCELLENCE FOR
Infant & Early Childhood
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# Status of the Evidence for Infant and Early Childhood Mental Health Consultation

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-oriented, multilevel intervention in which mental health professionals with early childhood training partner with the adults in young children's lives to build their capacity to foster healthy social-emotional development. With roots in infant mental health and community psychiatry, IECMHC is conceptualized as a force for social justice, serving children who are at risk for negative mental health outcomes and affected by systemic inequities by working to foster strengths in their caregiving environments.

IECMHC is currently being implemented in a range of settings including early childhood education (ECE), home visiting, primary care, and child welfare in states, localities, and tribal communities across the country. While each setting may have unique outcomes for consultation, the mechanisms through which IECMHC leads to outcomes are thought to be universal. In the theory of change for IECMHC, the activities of consultation are inextricably linked to the characteristics of the consultant and consultee(s), and the relationship they form. These factors directly affect the consultees' change in knowledge, attitudes and behaviors, and indirectly lead to outcomes for children and their families.

The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation has undertaken an exhaustive review of the literature base for IECMHC, including both peer-reviewed literature and program evaluation reports. The purpose of the current document is to synthesize the current status of the literature base and to provide an agenda for next steps in IECMHC research.

Much of the research and evaluation on IECMHC to date has been motivated by persistent disparities in rates of expulsion from preschool for boys of color. For this reason, the majority of studies reviewed in this brief have been implemented in community child care, Head Start and preschool/pre-kindergarten programs. Further, while there is considerable evidence that IECMHC leads to positive impacts for children, providers, and programs, most studies have not been focused on quantifying reductions in disparities and have not disaggregated outcomes by race/ethnicity.

Despite these limitations, the vast majority of the findings presented in this brief are consistent with the theory of change for IECMHC which is thought to be agnostic to the setting in which IECMHC is being implemented. So, there is reason to believe that these findings would generalize to IECMHC delivered in other settings (i.e., home visiting, early intervention for infants and toddlers with disabilities, child welfare, etc.). Nevertheless, more work in those settings is needed to build the evidence base for the effectiveness of IECMHC for outcomes for the populations served, and to measure the role of IECMHC in enhancing equity for young children.

# WHAT IS THE EVIDENCE FOR IECMHC?

Does IECMHC have positive outcomes? According to findings from dozens of studies, children and adults involved in IECMHC show improvement in a range of domains after engaging in consultation.

**Children's social-emotional wellbeing improves.** Specifically, children demonstrate both increased social-emotional competency[1,2,3,4,5,6,7,8,9,10,11] as well as reduced challenging behavior [1,5,9,11,12,13,14] over the course of consultation. Social-emotional competencies that increase after consultation include social skills, self-regulation, protective factors, and adaptive behaviors. Challenging behaviors that decrease after consultation include hyperactivity, defiance, and aggression. Research has not yet demonstrated an impact of IECMHC on children's internalizing behaviors (e.g., anxiety). Critically, studies show that after consultation in ECE settings, children are less likely to be expelled[2,3,4,5,9,13,15,16], though it is important to note that there is no evidence to date that the intervention closes the well-documented racial disparities is expulsion rates. Overall, the positive impacts for children have been replicated many times with different settings, measures, and research designs, underscoring their credibility.

**Consultees' improve their social-emotional support for young children.** Specifically, consultees demonstrate changes to their knowledge, attitudes, and behavior over the course of consultation—and these changes align with best practices in fostering social-emotional development. For instance, consultees report improved knowledge about social-emotional development[1,2,8,9,17,18,19,20] and increased self-efficacy in managing challenging behavior[1,6,7,17,21,22]. Further, consultees' observed and self-reported interaction styles with children become more positive and sensitive to mental health needs, characterized by reduced permissiveness and detachment and increased sensitivity and closeness.[3,4,7,11,23,24,25,26] Some studies found lower stress[2,18,18] and reduced turnover[3,4,17] for consultees after consultation. These changes accumulate into healthier social-emotional climates overall.

**IECMHC may yield programmatic changes.** For example, consultation for teachers in ECE programs is linked with improvements to classroom climate[3,4,6,8,8,25,21,22,23,25,27] and to center quality[17] in some studies. Because consultation is a multilevel intervention, consultants intervene across levels of influence, including leadership, to affect program policies and program culture.

**Emerging findings.** The evidence base for IECMHC includes a range of other interesting findings not mentioned above. Many of these findings are considered preliminary, because they have not been extensively replicated. Nevertheless, they provide additional insight into IECMHC and provide a starting point for future research. Other findings are from new settings where IECMHC may be just starting to be introduced. These findings include additional outcomes of IECMHC as well as insights into what works in the process of engaging in IECMHC.

- IECMHC may have significant impacts on parents and families. One study found that parents missed less time at work or school to address childcare issues when engaged in consultation. Further, parents perceived that they enhanced their abilities to advocate for their children after consultation[9]. Notably, the impact of IECMHC on child challenging behaviors was mediated by improved parent-child interactions. In other words, participation in IECMHC affected parent-child interactions, which in turn affected child behavior. [28]
- After consultation, educators who received consultation reported improved communication with the parents of their students.[9]
- Teachers engaging in consultation had fewer unused sick days, suggesting increased job satisfaction.[23]
- Home visitors who worked with an IECMH consultant reported increased knowledge of child and adult mental health.[20]
- From an equity lens, a large proportion of infants and young children are cared for by providers who are not formally licensed or accredited child care providers (often referred to as Family, Friend and Neighbor or FFN). A research team documented the unique social and emotional context for FFN providers and the families they serve and described a continuum of mental health supports that included IECMHC. Considerations for integrating IECMHC are highlighted and a theory of change and outcomes to guide future work are offered.[29]
- It is essential not only to measure whether an intervention works, but also how and why it works. Several aspects of the process of IECMHC have been investigated. **The centrality of relationships**[37] has been assessed in several studies, which demonstrated that the strength of the consultant-consultee relationship predicted better outcomes for consultees and children.[21,30] Furthermore, the relationship may be a particularly salient predictor of child and teacher outcomes when the child is a boy of color, and when the consultant has expertise in cultural diversity, suggesting that relationships may be particularly important when exploring issues of culture, race, and bias.[22] **Reflective supervision** has been shown to bolster consultants' ability to engage in reflective practice with consultees.[31] For some outcomes, a higher **"dose" of consultation** (i.e., frequency and duration of consultation) predicted greater positive changes.[4,8,13,17, 24,26,30] Outcomes may differ based on the **background characteristics of consultees**. For example, IECMHC was associated with greater gains in self-efficacy for less experienced ECE teachers.[27]

# HOW DO WE KNOW?

These findings can be best understood in the context of the participants and research methods used.

**Setting.** The vast majority of the studies evaluated ECE-based IECMHC programs[1,5,6,7,10,11,12,13,15,16,17,19,21,22,24,26,27,28,32,33,34,35] with a subset in Head Start.[14,25,30,36] While the literature based on IECMHC in home visiting has grown in the past several years no studies have reported impacts on children and families to date.[20,37]

**Participants.** Most of the recipients of IECMHC in these studies were ECE teachers; other recipients included childcare directors, home visitors, and parents. Outcome data are also commonly reported for children who are the indirect beneficiaries of IECMHC. Samples of teachers and young children varied in terms of racial/ethnic makeup, including studies of predominantly White communities[5,6,12,28], predominantly Black communities[14,25], and one study from a predominantly Latinx community.[23] Study samples also included both rural[6,10,35] and urban communities.[1,16,17,25]

**Research Methods.** One **randomized-controlled trial**[12] has been conducted so far for IECMHC. This is the most rigorous research design that allows for causal claims. The vast majority of studies employ **quasi-experimental**[1,5,6,7,17,21,22,23,26,27,Error! Bookmark not defined.] research designs. These designs collect data about participants in IECMHC before and after consultation to measure change. They cannot claim that IECMHC *caused* any changes that were seen from pre- to post-consultation (because unmeasured variables could have driven the change) nor can they assert that the changes would not have happened over time without intervention. A handful of studies use a **comparison group**[9,11,13,14,28] meaning that they are able to analyze whether individuals participating in IECMHC demonstrated greater improvement in key outcomes from baseline to follow-up data collection time points when compared to individuals who did not engage in consultation. In terms of data analysis, most studies analyze outcomes using traditional inferential statistics (e.g., linear regression, t-tests). Some studies that measure impact at the child, consultee, and/or program levels used **multilevel modeling**[10,12,21,22,25,27,36] that account for the fact that the data are clustered at different levels (e.g., multiple children in a dataset working with the same teachers). Further, several studies have integrated **qualitative data**[8,9,9,10,15,20,23,32,35,37] using interviews and focus groups, which bring essential voices from the field into the evidence base and allow for exploration of nuanced and subjective topics. Additionally, a number of reviews of IECMHC literature[38,39,40,41,42] have synthesized the literature based from different perspectives over time, and additional articles have described IECMHC programs or practices without reporting data.[43,44,45,46,47,48,49]

# FUTURE DIRECTIONS FOR RESEARCH

1. Given the social justice focus and origins of this model, it is critical that future research not simply examine outcomes, but closing disparities in outcomes. It is also critical that the field begin to examine how the explicit inclusion of issues of race, bias, and disparities in IECMHC affects consultees' relationships with children from diverse communities, and bridges disparities. Most of the evidence base describes and assesses the overall (or average) effects of IECMHC for all participants. The next generation of research needs a more explicit equity focus in which programs seek to answer the questions: what works for whom. In this way, researchers can measure whether there may be differential impact for subgroups of children, consultees, or programs, and can measure the role of IECMHC on reducing disparities. Researchers should assess disparities in access and outcomes based on a wide range of child characteristics (e.g., race/ethnicity, gender, age, disability, child welfare involvement, linguistic background) as well as caregiver and program-level variables. To answer these questions requires intentional focus on providing services and engaging in evaluation with children and programs from historically marginalized communities and demographic groups.
2. The strongest evidence is derived from a range of "ways of knowing" rather than centering the work in the priorities and practices of Western science. As new evaluations and studies are designed, they should utilize a community-engaged approach in which individuals embedded in the community can help develop the research questions, adapt the theory of change for their own context and setting, define and measure success, interpret and disseminate findings, using mixed methods approaches.
3. The majority of these findings relied on quasi-experimental research designs that do not control for confounding variables. When adequate funding is available, it is useful for some researchers to design increasingly rigorous studies that allow for causal claims. These findings may be more impactful in advocacy efforts.
4. Additionally, researchers should investigate the sustained impact of IECMHC on outcomes and disparities in outcomes, as well as predictors of sustained impact. These longitudinal findings are critical for practice and policy audiences.
5. As mentioned above, the evidence base is primarily comprised of ECE-based studies. This does not reflect the current state of IECMHC implementation, which has been growing into other child-serving systems. While these studies have made valuable contributions, the next generation of studies should be conducted in settings other than ECE (e.g., home visiting, child welfare) to fill in gaps in the literature.
6. Research to date has focused on the outcomes of IECMHC. With solid evidence for its main effects, future research should include how those impacts are achieved. The IECMHC Theory of Change articulates pathways whereby IECMHC is thought to yield its positive impact; each should be empirically tested.

This synthesis represents our current assessment of the evidence base for IECMHC. This synthesis will be updated as more studies become available over time. Further, there are likely additional evaluation reports and articles that were unintentionally excluded from this review. If

readers are able to share additional resources that may add to the literature review, please email them to iecmhc@georgetown.edu. Program evaluation reports that are not published in scholarly journals are particularly welcome contributions as they often represent innovative, community-based studies.

We are grateful to the evaluators for their contributions to this field, as well as the participants in these studies who have shared their experiences with evaluation teams.

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