

The Douglas County Infant Mental Health Project (DC-IMH)

Executive Summary



"The field of infant mental health is defined as 'multi-disciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural contexts.' "

***Charles Zeanah and Paula Zeanah,
August/September 2001 Zero to Three***

In Douglas County and in other areas of rural Oregon, there is a significant need as well as a growing interest in infant mental health, which refers to the social and emotional development of infants and toddlers in the first three years of life. During those years, young children's development is guided by their primary caregivers, parents and others who spend significant amounts of time with them. Brain development in this critical time period affects all areas of growth – physically, cognitively, socially, emotionally and linguistically. That is why experiences in the first three years of life are critical building blocks for future development.

Young children need healthy attachment to primary caregivers in nurturing environments for healthy development. With young children's absolute dependence on their caregivers, infant mental health considers the health and well-being of both the child and the primary caregivers as intertwined. Using strengths-based practices, infant mental health supports the building of strong dyadic (one adult/one child) relationships that are the foundation of healthy attachment and relationships. Attention to infant mental health helps the family unit and primary caregivers support young children's relationships by addressing social and emotional stressors that impact development and the wiring of the brain in young children, birth to 3 years old.

Infant mental health is designed to strengthen protective factors in a community, including:

- Enhancing parental resilience to meet challenges and demands.
- Providing an array of social connections to mitigate isolation.
- Giving parents coordinated and specific supports in times of need.
- Facilitating knowledge of parenting and child development.
- Supporting healthy social and emotional development in young children.

Infant mental health supports emerge from interdisciplinary practices that involve families, social services, health, law enforcement and education to support families and caregivers of children birth to 3 years old. Supporting infant mental health offers unique opportunities to build on coordinated care systems for families and their young children in the community across public and private agencies.

The Douglas County Infant Mental Health Project was a place-based professional cohort model funded by The Ford Family Foundation. It focused on providing opportunities to support coordinated services between agencies while addressing issues of shared language and coordinated delivery of services. The project's goal was to create a safety net to support vulnerable families who had difficulty finding and/or accessing resources through coordinated services.

The multi-pronged approach focused on building an interdisciplinary cohort of individuals and agencies to serve children birth to 3 years old and their families that were engaged in strategic activities, including a shared:

- Educational research foundation in prenatal to 3 years old – Portland State University's Infant/Toddler Mental Health graduate certificate.
- Demonstration of competencies – Infant Mental Health Endorsement®
- Reflection on practice – reflective supervision.
- Construction of interdisciplinary approaches – networking and professional development.
- Input in designing a replicable model for other rural counties.

The Ford Family Foundation helped implement these activities with investment in convening, research and evaluation, as well as funding for program participants. This funding included support for a project coordinator and guest speakers as well as coursework, materials and endorsement fees.

Lessons Learned

Lesson 1: Relational work is important in rural communities. Building relationships need to take place over time, both as a primary and ongoing focus of the rural infant mental health work.

Lesson 2: Both interdisciplinary and multidisciplinary practices need to be developed. Working towards a multidisciplinary coordinated system of care for diverse rural communities required mapping of individual and organizational connections. Activities reveal both strengths of connections and silos of organizational information or bias based on narratives of competing resources.

Lesson 3: Strong place-based work acknowledges the complex relationships in rural communities. Projects need both leadership in the community and external supports to address issues of transparency between agencies to mitigate issues of perceived organizational power or preference.

Lesson 4: Sustained and transparent coordination is required for systems change. A project needs to develop a unified understanding of the group's goals. It is important to slow down to allow the process to unfold. Historic beliefs about individuals and communities require time to re-orient to build trust and new understandings.