

Advancing Racial Equity in Early Childhood Through Infant and Early Childhood Mental Health Consultation

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Young children, especially those from historically marginalized backgrounds, benefit from high-quality early care and education (ECE) to thrive later in life. This brief explores how Infant and Early Childhood Mental Health Consultation (IECMHC) can help early childhood programs and professionals advance racial equity in ECE and therefore address early social-emotional and educational disparities. The resource provides equity-focused recommendations to help IECMHC programs, researchers, and policymakers expand IECMHC's potential as a model.

Introduction

Early childhood is a time of unparalleled developmental promise but also of vulnerability. Nurturing caregiving and enriching environments can pave the way for healthy development of a child's social and emotional skills, which are the building blocks for their lifelong well-being and learning. All too often, young children who are Black, Latine, and Indigenous receive fewer of these early developmental protections as a result of the impacts of structural racism on their families and communities.ⁱ Reduced access to optimal opportunities and environmentsⁱⁱ limits the quality of children's early experiences, as demonstrated by high rates of harsh discipline,ⁱⁱⁱ poorer health, and other disparities^{iv} when compared with White children. Policy, practice, and research efforts must prioritize ensuring that all families have access to the supportive environments they need to thrive.

Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-based service in which a trained consultant partners with early childhood professionals and programs. These consultants build early childhood staff capacity to foster social-emotional development in infants and young children and enhance equity in early childhood settings.^v IECMHC is a relationship-based service; consultants adopt a consultative stance^{vii} when they interact with ECE staff to create a safe and supportive atmosphere for discussing potentially challenging topics. The activities of consultation vary, but often include observations of children and their environment, conversations that promote staff self-reflection, and discussions of child behavior in the context of

Why mental health?

For all people, the development of healthy emotional patterns starts in infancy. In early development, mental health is synonymous with social and emotional health. Infant and early childhood mental health (IECMH) refers to “the developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture” (Zero to Three, 2017). Fostering children's mental health—by providing supportive relationships and healthy environments, and buffering them from the effects of potential traumas/adversities—can improve mental health across the lifespan.

Source: ZERO TO THREE. (2017). *The basics of Infant and Early Childhood Mental Health: A briefing paper*. <https://www.zerotothree.org/wp-content/uploads/2017/08/The-Basics-of-Infant-and-Early-Childhood-Mental-Health-A-Briefing-Paper.pdf>

development and culture.^{viii} IECMHC is implemented in a range of early childhood settings, but this brief will focus on IECMHC provided in early care and education (ECE) settings.

Over decades of implementation, research has indicated that IECMHC positively affects ECE staff skills, teacher-child relationships, and children’s social-emotional development.^{ix} More recently, IECMHC has been described as a potential disruptor of racial bias,^x with evidence that it may strengthen relationships between ECE staff and Black children^{xi} and help staff provide more positive relationships and confident care for Black, Latine, and Indigenous children—particularly when there is a strong consultant-staff relationship.^{xii} And, by creating space for reflection, consultation may help staff be more empathetic and less biased in their responses to children’s behavior.^{xiii}

The purpose of this brief is to outline priority actions that the IECMHC field can take to further understand and advance the potential of IECMHC to disrupt the detrimental and unjust effects of bias on young Black, Latine, and Indigenous children. We will describe four equity priorities for the IECMHC field; within each priority area, we provide individual recommendations for three key audiences.

Equity Priorities and Recommendations

This resource will provide recommendations for the following four equity priorities for the IECMHC field:

1. Providing equitable access to high-quality consultation
2. Growing and supporting an IECMHC workforce that reflects the race, ethnicity, and lived experiences of ECE staff and the families with whom they work
3. Preparing the IECMHC workforce to promote racial equity through relationship-centered work
4. Focusing consultation on adults in the ECE program as a way to promote equitable experiences for children

For each equity priority, we provide recommendations for three key audiences:

IECMHC programs and consultants: Programs are any entity that houses and administers IECMHC for a certain service area (e.g., an ECE program, city, county). Programs often employ and support multiple consultants. IECMHC programs may be housed in state government departments, nonprofit agencies, and other settings. In some cases (e.g., Head Start), services are provided by independent consultants who are not part of IECMHC programs.

Glossary

IECMHC program: The entity (state agency, local mental health nonprofit, etc.) that employs consultants and administers and oversees IECMHC in a defined service area.

Consultant: The professional who partners with ECE staff using the consultative stance to enhance staff and program capacity to support early social-emotional development.

Early care and education (ECE) program: An early care and education site that provides care for young children from birth to age 5. ECE can be center-based or home-based and encompasses a variety of setting types, such as pre-K, day care, Head Start, and family friend and neighbor care.

ECE staff: Any employee of an ECE program—including center-based care, licensed home-based child care, Head Start, and family friend and neighbor care—who may interact with children or families. These staff are the “consultees” in IECMHC provided in ECE settings.

Researchers and evaluators: Individuals and teams who conduct research studies and formative and summative program evaluations^{xiv} related to IECMHC. Their activities include quantitative and qualitative data collection, analysis, and dissemination. These efforts can be internal or external to the IECMHC program and require institutional capacity for research.

Policymakers and funders: Individuals and teams that advocate for and allocate sustainable funding for IECMHC and other supports for infants and young children at a local, state, or federal level. This group may include state legislators, philanthropists, and community advocacy groups.

Equity Priority 1: Providing equitable access to high-quality consultation

Problem

Access to IECMHC is limited. Ideally, IECMHC would be universally available to all ECE programs nationally. However, with limited resources, equitable access would entail prioritizing service to communities and ECE programs that have been historically marginalized and underfunded; in the United States, these are often low-income communities with majority Black, Latine, and/or Indigenous populations. It is unclear how many existing IECMHC programs intentionally serve these communities. Where IECMHC is provided, service quality is variable because there is no standardized consultant training or fidelity monitoring. Further, IECMHC programs may not be sustainable given their use of time-limited funding mechanisms.

Recommendations for IECMHC programs and consultants

- **Examine and eliminate potential inequities inherent in processes for selecting ECE programs for consultation.** Currently, many IECMHC programs and consultants only work with ECE programs that 1) request IECMHC and 2) meet their inclusion criteria. Based on these practices, ECE programs that could most benefit from IECMHC often have the least access to it. First, many ECE programs are not familiar with IECMHC^{xv} and therefore do not request it. IECMHC programs should conduct outreach to ECE programs to address this issue. Second, many IECMHC programs have eligibility criteria for services—for example, requiring that ECE programs have a certain quality rating, be licensed, or be center-based. If these criteria were removed, many more ECE programs that serve Black, Latine, and Indigenous children at high rates would be eligible for IECMHC (e.g., family friend and neighbor care^{xvi}).
- **Examine the messaging used to describe IECMHC^{xvii} to determine whether it is inclusive and effective across populations served.** For example, the term “mental health” may be a barrier in some communities.^{xviii} Also, IECMHC materials should be translated into a particular community’s language(s) and presented in different formats, such as videos.^{xix}
- **Build IECMHC program capacity to collect demographic information.** By tracking the demographics of ECE staff and of children and families in the ECE programs served, IECMHC programs can monitor access patterns in an ongoing manner. If needed, IECMHC programs can work with an external research partner to identify best practices in collecting these data.
- **Consider designing a tiered approach to IECMHC.** Such approaches are consistent with public health prevention models^{xx} whereby the intensity of services is tailored to the population’s need. Adjusting the “dose” of services based on needs may create efficiencies to serve more ECE programs and to prioritize ECE programs that need support the most. However, a tiered approach, such as the BehaviorHelp program in Arkansas,^{xxi} must be created carefully and implemented with transparency to not create new potential inequities.

Recommendations for researchers and evaluators

- **Conduct a landscape analysis of the accessibility of IECMHC.** Researchers should examine patterns in national access to IECMHC; this could include examining contextual information such as program location, funding streams, and population served.
- **Provide needs assessment data to IECMHC programs for their service area to inform their outreach.** Evaluators and programs can partner to conduct this task themselves, obtain data regularly collected by state or local agencies, or leverage public data sources. Relevant needs assessment indicators would include information pertaining to early childhood well-being, community access to health and educational resources, social determinants of health, and more.

Recommendations for policymakers and funders

- **Increase investments in IECMHC so that it is available to more ECE programs and in more communities.** Such efforts could involve combining different funding streams, including philanthropic funding and funding as a line item in the state budget. There are also unique opportunities to leverage other funding streams. For example, American Rescue Plan Act funds during the COVID-19 pandemic were used for appropriate short-term costs to support IECMHC, such as trainings for consultants and additional community outreach.^{xxii}
- **Adjust Head Start guidance to improve IECMHC access and delivery.** The Head Start Program Performance Standards (HSPPS) mandate universal access to mental health consultation in all programs.^{xxiii} However, the Head Start consultant workforce largely operates separately from state or local IECMHC programs. Consultants to Head Start typically do not have access to program supports (e.g., reflective supervision), nor are they held to programmatic standards (e.g., the consultant competencies^{xxiv}). The HSPPS should be amended to align with IECMHC best practices, under the advisement of the Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Center of Excellence for IECMHC. Further, Head Start consultants and consultants employed by IECMHC programs should collaborate via communities of practice or similar opportunities to share ideas and support one another. Finally, increased expectations for strengthening Head Start's IECMHC delivery should be commensurate with increased funding to support these expectations.
- **Create or enhance a state or local Infant and Early Childhood Mental Health (IECMH) system of care (SOC).** Ideally, this kind of SOC would include a centralized request portal where ECE staff could be matched with IECMH services that best meet their needs, including IECMHC and related services such as quality coaching and infant-toddler specialists. Enhancing coordination and efficiency of services should improve access to consultation and related supports for everyone, but may have the biggest impact for underserved communities that face more barriers to service access.
- **Require IECMHC programs to collect demographic data for their population(s) served.** Funders can then require that programs and/or their evaluators report results of disaggregated data analyses that examine potential differential access, experiences, and outcomes based on race/ethnicity. Based on knowledge of inequities in the service area, funders may work with program staff to specify populations to be served (e.g., low-resource ECE programs, Indigenous communities) and then use these data to monitor compliance. Any expanded efforts around data collection and analysis should be supported by appropriate funding.
- **Earmark evaluation funds in all IECMHC funding streams.** Formative and summative evaluation findings are critical in building the case for continued and expanded IECMHC funding, which can support equitable access.

Equity Priority 2: Growing and supporting an IECMHC workforce that reflects the races, ethnicities, and lived experiences of ECE staff and the families with whom they work

Problem

Most consultants are White women with high levels of education, yet they serve a diverse population of children, families, and ECE staff. Often, consultants do not come from or live in the communities they serve. This discrepancy may be a limitation because the match between consultant and staff's racial/ethnic identities may affect the strength of their relationship and impact the outcomes of their work together.^{xxv} Programs differ in the qualifications they require for consultants, but many programs require a Master's degree—some specifically call for a mental health Master's degree resulting in eligibility for licensure. While adequate training and credentials are important, individuals with lower incomes and who identify as Black, Latine, or Indigenous have less access to higher education programs, and no established scholarship mechanisms cover the educational costs of future consultants. The mental health workforce is in high demand and underrepresents men, people of color, and individuals with lower incomes. This limits the diversity and representativeness of consultants who work in ECE programs.

Recommendations for IECMHC programs and consultants

- **Collaborate with local institutions for higher learning that serve a largely Black, Latine, and/or Indigenous student body, such as Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs).** These institutions may create community-based internships or practicum placements for mental health-focused graduate students to work as consultants as part of their degree programs.^{xxvi} They may also provide guest lectures about consultation, infant mental health, and related topics.
- **Develop and meaningfully engage with a community advisory council.** The council should include families and ECE staff from the community served to be better informed by their perspectives. Council engagement should take place alongside efforts to build a more representative workforce. Individual consultants can also better understand families' perspectives by partnering with ECE staff members who focus on working with families, such as family engagement coordinators.

Recommendations for researchers and evaluators

- **Conduct a literature review on effective strategies for increasing the diversity of the workforce, drawn from varied disciplines such as education and mental health.** The tension between position requirements and the need to increase racial/ethnic diversity in the workforce is not unique to IECMHC and evidence-based ideas for consultant recruitment and retention (e.g., mentoring and coaching) could be adopted from other disciplines.
- **Study the linkage between consultant qualifications and the quality of IECMHC services and outcomes.** While some IECMHC programs require mental health degrees, others intentionally recruit a multidisciplinary consultant workforce; research is needed to better understand what qualifications are necessary for this role. Researchers can also study whether and how consultant-staff racial/ethnic match relates to the quality of IECMHC services and outcomes.

Recommendations for policymakers and funders

- **Provide planning grants to cover IECMHC program start-up time and formative data collection.** Recruiting and supporting a diverse, high-quality workforce requires a strong programmatic infrastructure. Too often, IECMHC is funded by time-limited pilot grants that prioritize service provision and underfund program-building efforts such as training and supporting consultants, building community connections, and writing a manual. Time-limited grant mechanisms for IECMHC, such as Project LAUNCH,^{xxxvii} should include technical assistance on obtaining sustainable funding streams such as state budget line-item funding. Well-established, stable IECMHC programs will have more time to invest in recruiting and supporting a diverse workforce.
- **Support the development and implementation of a national mental health consultant training and/or certification program.** While all IECMHC programs currently train their own consultants, many other early childhood evidence-based practices (e.g., Parents as Teachers, HealthySteps, Facilitating Attuned Interactions [FAN] model) have a centralized training and/or certification mechanism. While IECMHC programs ultimately decide whether a mental health degree is a job requirement, a centralized certification process for consultants may allow programs to hire consultants with varied professional backgrounds, knowing that they would receive the necessary training for the consultant role through certification. If certification is fee-based, IECMHC program funding should be used to cover the fees so the cost of education does not remain a barrier for the workforce.

Equity Priority 3: Preparing the IECMHC workforce to promote racial equity through relationship-centered work

Problem

Consultants are uniquely positioned to enhance racial equity, but must be well-prepared and supported to do so effectively. Many consultants feel uncertain about how to approach discussions of race, culture, and bias within the context of consultation.^{xxxviii} When consultants do not have the training and support to lean into these conversations, they miss important opportunities to address the impact of systemic racism on practices^{xxxix} and/or the impact of bias on relationships with children.^{xxx}

Recommendations for IECMHC programs and consultants

- **Integrate regular, ongoing reflective supervision for all consultants.** Trained reflective supervisors are critical to building consultants' capacity to be disruptors of bias in their work.^{xxxi} Within a trusting, nonjudgmental relationship, consultants can explore their own identities and biases and how these show up in their work, and can be supported in promoting racial equity in their collaborations with ECE staff.^{xxxii}
- **Provide ongoing, interactive racial equity training for all consultants and reflective supervisors.** Although many consultants have had pre-service or in-service equity trainings, applying these lessons is a nuanced task. Consultants must learn to overcome their own discomfort around discussing race and bias, and to model for ECE staff how to have these conversations thoughtfully and nonjudgmentally. Training should progress through different interrelated steps, including increasing self-awareness, acquiring knowledge, practicing new skills, and engaging in ongoing reflection and growth. Training should include an explicit examination of race, racism, White supremacy culture, and White privilege, using existing resources such as the Diversity-Informed Tenets,^{xxxiii} the Center of Excellence's Equity Toolkit,^{xxxiv} Indigo Cultural Center's recommended resources,^{xxxv} and other resources about White privilege.^{xxxvi xxxvii xxxviii}

- **Training should emphasize how to integrate equity-building skills with consultants' use of the consultative stance.**^{xxix} Consultation is a relationship-based intervention. Consultants build strong relationships by interacting with ECE staff using the consultative stance, which is characterized by lack of hierarchy, genuine curiosity, and respect for all perspectives. Through the consultative stance, consultants can create a safe and supportive space for equity-promoting conversations within which to encourage staff to be self-reflective, reconsider their race-related assumptions, and understand the child/family's perspective.^{xi}

Recommendations for researchers and evaluators

- **Evaluate the implementation and impact of equity training opportunities.** For example, researchers may examine the impact of training opportunities on consultants' knowledge, reflective capacity, and discussions of race and culture with ECE staff; they may also examine staff reactions to these conversations. Over time, researchers can investigate what aspects of equity trainings lead to lasting mindset and behavioral change for consultants and ECE staff.
- **Prioritize equity-focused research questions about why, how, for whom, and to what extent IECMHC may serve as a disruptor of bias.** Researchers should examine how attitudes, beliefs, and behaviors related to race, racism, and equity change for ECE staff over time. Additionally, researchers should examine outcomes by race, ethnicity, and gender for children within ECE programs that are receiving IECMHC to explore how consultation may lead to more equitable experiences for children and families.

Recommendations for policymakers and funders

- **Support equity trainings and promote participation in such trainings through funding requirements.** The ambitious plans for training and research outlined above cannot be achieved without public and private funding. In addition to adequately funding these efforts, funders can consider incentivizing or requiring equity-focused trainings in their agreements.
- **Provide add-on funding for IECMHC programs to design and evaluate equity trainings, or to partner with an external organization for these activities.** Funding may include compensation for racial equity experts as consultants or presenters. IECMHC programs can be required to submit a written plan for repeating and sustaining the training over time.

Equity Priority 4: Focusing consultation on adults in the ECE program as a way to promote equitable experiences for children

Problem

In IECMHC, services are often defined as either child-specific, classroom-specific, or programmatic, based on the specific issue that ECE programs ask consultants to address.^{xli} Over time, there has been an overemphasis on exclusively child-specific work, where a consultant is called in to address one child's behavior, often in a time of crisis. Refocusing the goal of IECMHC on the *adults* in the ECE program, rather than the children, will broaden the possible impacts. If adults change their mindsets, practices, and policies—particularly with an eye toward addressing inequitable practices and interpersonal biases—then the benefits of consultation will apply to all current and future children in the ECE program. Additionally, focusing consultation primarily on child behavior implies that the child is the root cause of the challenge being addressed. However, the behaviors that prompt an IECMHC referral can be developmentally typical, and perceptions of a problem's severity are influenced by biases pertaining to the child's race and gender.^{xlii}

Recommendations for IECMHC programs and consultants

- **Commit to consistently working across all three levels of consultation: child-specific, classroom-specific, and programmatic.** Expanding the focus of consultation beyond one specific child in a time of crisis can help ECE staff create more supportive environments for all children before behaviors become unmanageable. This will involve elevating the need for systemic change within ECE programs while still grounding the consultative approach in the consultative stance. For example, a key piece of consultation may involve working with ECE program administration to make discipline policies more equitable. To do this well, consultants may need additional training and support.
- **Work with the adults in ECE programs to address factors that contribute to staff perceptions that a child's behavior is problematic.** Consultants should work with ECE staff to increase their reflective capacity and examine their perceptions of the meaning of children's behavior. This can help ECE staff identify and challenge their implicit and explicit biases and reframe their perceptions of children's behavior to be more empathetic and equitable.^{xliii}
- **Work with the adults in ECE programs to build their confidence and skills in creating supportive environments for children.** This involves practices that promote social and emotional health for all children, as well as tailored practices that address the needs of children with disabilities and children who have experienced early trauma or adversity. Examples of such practices include culturally responsive family engagement, positive behavioral supports, referrals to external providers, developmental screening, and social-emotional learning curricula.
- **Help establish supports for ECE workforce well-being.** ECE staff are under considerable stress,^{xliv xlv} conditions under which implicit biases are more likely to manifest into inequitable disciplinary action.^{xlvi>xlvii} Supporting ECE staff members' well-being can increase their capacity to be reflective and interact with children in more intentional and equitable ways.

Recommendations for researchers and evaluators

- **Prioritize research questions pertaining to whether and how IECMHC can change ECE program policies and practices.** For example, researchers can track how discipline policies, staff turnover, and organizational climate change as a result of consultation.

- **Continue to research the effects of IECMHC on adult-level outcomes.** For example, researchers can examine the changes in adults' reflective capacity, how they interpret the meaning of child behavior, and the sociocultural climate of the classroom.^{xlviii} Follow-up analyses could also elucidate whether these ECE staff- and program-level changes are sustained over time and whether they affect future cohorts of children in the ECE program.

Recommendations for policymakers and funders

- **Require and fund data collection and reporting pertaining to ECE program policies and IECMHC's adult-level outcomes.** For IECMHC consultants to focus on building staff capacity and improving ECE programs overall, policymakers and funders must understand that these changes precede and facilitate the desired child-level outcomes. This understanding should be reflected in their grant writing and evaluation expectations.
- **Invest in IECMHC as a key strategy for eliminating or severely limiting early childhood exclusionary discipline (suspension and expulsion).** Even in states where such policies have already been passed, further legislation could expand who is protected and what services are funded to prevent exclusionary discipline.^{xlix} These bills can create a legislative mandate to fund IECMHC as an intervention shown to be associated with lower rates of expulsion.¹

Conclusions

The action items presented within these four equity priorities create an ambitious agenda for elevating IECMHC's potential to reduce racial disparities for young children. Specifically, IECMHC can promote racial equity when there is equitable access to high-quality consultation, an IECMHC workforce that reflects the communities served, ongoing racial equity training for the IECMHC workforce, and a focus on effecting change for staff and systems rather than individual children.

In order for IECMHC to be truly equity-focused work, everyone involved in funding, researching, and implementing IECMHC must remain committed to embodying the changes we wish to see. Specifically, we all must examine our own biases and the inequities embedded within our systems, including existing research and practice frameworks, policies, and hiring practices. Moreover, for these actions to be system-wide, practitioners, researchers, funders, and policymakers must work together toward the same unified goals. Through concerted and coordinated efforts from all those who champion early childhood equity, more just outcomes for young children are within reach.

Additional Resources

Learn more about IECMHC:

- [Center of Excellence for IECMHC: The Essential Activities of Infant and Early Childhood Mental Health Consultation: Guidance for the Field from a Consensus-Building Study](#)
- [Center of Excellence for IECMHC: IECMHC Theory of Change](#)

Learn more about the evidence for IECMHC:

- [Center of Excellence for IECMHC: Evidence Synthesis for IECMHC](#)
- [Center of Excellence for IECMHC: IECMHC Annotated Bibliography](#)
- [Center of Excellence for IECMHC: Searchable Database of IECMHC Literature](#)
- [Journal Article: The Evidence Base for How and Why Infant and Early Childhood Mental Health Consultations Works](#)

Learn more about the consultative stance and the consultative alliance:

- [Center of Excellence for IECMHC: What is the consultative stance?](#)
- [Journal Article: The Role of Consultative Alliance in Infant and Early Childhood Mental Health Consultation: Child, Teacher, and Classroom Outcomes](#)

Learn more about race- and gender-based inequities in ECE exclusionary discipline:

- [Journal Article: Expulsion and Suspension in Early Education as Matters of Social Justice and Health Equity](#)
- [Government Report: U.S. HHS and ED Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings from the U.S. Departments of Health and Human Services and Education](#)
- [Journal Article: A Systematic Review of Early Childhood Exclusionary Discipline](#)
- [TED Talk: School suspensions are an adult behavior – Rosemarie Allen](#)

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