

State Policies to Promote Infant & Early Childhood Mental Health

A Summary of the Evidence



Infant and early childhood mental health (IECMH) describes the capacity of a child leading to healthy social and emotional development, including the ability to form secure connections with adults and other children, manage a broad range of emotions, and learn from exploration of the child's environment.¹ Although founded from a clinical mental health perspective, the field of IECMH includes programs and policies concerned with enhancing the development of the whole child.²

Currently, IECMH services take place in a variety of settings, including prenatal and pediatric offices, home visits, early intervention, and early care and education programs. IECMH policies describe a continuum of supports including promotion, prevention, and treatment.¹ In this summary, we focus on the promotion (i.e., promoting healthy social-emotional development universally) and prevention (i.e., preventing challenging behaviors through targeted parent and educator support) aspects of the IECMH policies.

Policies with Proven Impacts on Promoting IECMH

The [Prenatal-to-3 State Policy Roadmap](#) identifies effective state-level policies that improve outcomes for children and their families during the prenatal-to-3 period.³ Although all of the policies impact the IECMH system in a broad context, four of these evidence-based policies—paid family and medical leave, higher state minimum wages, Early Head Start, and Early Intervention services—specifically promote positive outcomes for infants' and toddlers' mental health.

Rigorous research⁴ finds that:



Implementing a **paid family and medical leave** program that provides at least 6 weeks of paid leave for all parents can promote children's short- and long-term health.



Low-birthweight and premature infants who receive **Early Intervention services** have better developmental outcomes at age 3 compared to their peers who do not receive Early Intervention services.



A higher **state minimum wage** increases the likelihood of excellent child health outcomes in the long term.



Participation in **Early Head Start** reduces toddlers' aggressive, problematic behaviors and enhances their social-emotional wellbeing.

More Research is Needed on Policies That Impact IECMH

Another policy solution, infant and early childhood mental health consultation (IECMHC), can support optimal child health and development. IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with young children in child care settings.⁵ To date, the majority of IECMHC research studies are composed of preschoolers and children from birth to age 5, rather than specifically focusing on infants and toddlers.⁶ Further study is needed to examine the effectiveness of IECMHC during the birth-to-3 period at a large scale.

State Policy Choices Matter

The current evidence highlights the potential for state policy to be an effective tool for promoting infant and early childhood mental health. By implementing evidence-based policies and strategies, state leaders can make significant progress toward improving children's health and developmental outcomes. Because children of color and those living in communities with low incomes are more likely to experience childhood adversity, more research analyzing data disaggregated by racial and socioeconomic groups is needed to fully assess the potential of policies to reduce systematic inequities and promote equitable outcomes.



¹ Zero to Three. (2017, August 2). *The Basics of Infant and early Childhood Mental Health: A Briefing Paper*. <https://www.zerotothree.org/resource/the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>

² Zeanah, C. H., & Zeanah, P. D. (2019). Infant mental health: The science of early experience. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (4th ed., pp. 5–24). Guilford Press.

³ For details on measures of prenatal-to-3 wellbeing and states' adoption and implementation of effective policies and strategies, please see the [Prenatal-to-3 State Policy Roadmap](#).

⁴ For additional detail on and citations for the above referenced studies see the [Prenatal-to-3 Policy Clearinghouse](#).

⁵ Center of Excellence for Infant & Early Childhood Mental Health Consultation. (n.d.). *IECMHC Basics*. <https://www.iecmhc.org/iecmhc-basics/>

⁶ Center for Excellence for Infant & Early Childhood Mental Health Consultation. (2024, May). *Status of the evidence for infant and early childhood mental health consultation*. https://www.iecmhc.org/wp-content/uploads/2024/05/CoE-Evidence-Synthesis_2023-updated.pdf