Introduction

The consequential nature of historical oppression, previous epidemics, and the current COVID-19 pandemic — continue to place racial disparities front and center on the national stage. For example, attention toward those disparities will appear on front-page headlines and within conversations among elected officials at all levels of government particularly following the awful death, of a Black Minneapolis resident, George Floyd, at the hands of the police. Though, it is crucial to note, his death is one in a long line of killings of Black men, women, trans people, and children in a display of deep-rooted racism.

This moment in time demands that attention is given to historical trauma, to the impact of COVID-19, and these kinds of traumatic eruptions happening in the world—being witnessed by children, especially Black children. While all children may be at risk of experiencing early adversity, some groups may be at higher risk due to structural racial inequities. More specifically, minority group membership is associated with increased likelihood of adverse childhood and life experiences.

Despite, the overall importance of ensuring all children reach their full potential, structural racial disparities have presented barriers for generations of children, especially Black children. Furthermore, Black children, according to a multitude of indices, in large part due to implicit bias, racism, and COVID, are developmentally threatened.

*This guide offers strategies for policymakers and advocates to use for the advancement of racial equity in infant and early childhood mental health policies geared toward addressing racial disparities and strengthening Black families.*

*NBCDI Policy Fellow, Dr. Lee Johnson III, created this resource as part of the NBCDI Policy Fellowship. The NBCDI Policy Fellowship is a two-year program where fellows incubate new approaches to policies and work to reform systems to help Black children realize their full potential. While serving in the Fellowship program, Dr. Johnson is also Senior Policy Analyst for Infant and Early Childhood Mental at ZERO TO THREE.*
Supporting Resilience in Black Families

The policy guide outline is as follows:

I. Defining infant and early childhood mental health;*
II. Defining racial equity;
III. Key data on Black children in early childhood education;
IV. Key data on early childhood mental health support;
V. Key data on the need to advance racial equity and remove barriers to early childhood mental health support;
VI. Key priorities to advance racial equity and fortify resilience in Black children;
VII. Examples of policy recommendations to advance racial equity and remove barriers to early childhood mental health support;
VIII. Additional examples of policy recommendations.

“We know, meeting the basic needs of children improves their outcomes—it’s measurable, proven and just common sense.”

- Marquita Davis, Ph.D., Deputy Director of Early Learning
  Bill and Melinda Gates Foundation

*though consistent with this definition, for this document, we will use the term early childhood mental health
I. **Defining Infant and Early Childhood Mental Health:**

Zero To Three defines infant and early childhood mental health* as follows:

- Infant and Early Childhood Mental Health is the developing capacity of a child from birth to age five to: experience, express and regulate emotions; form close, secure attachment relationships; and explore their environment and learn within the context of family and community.

II. **Defining Racial Equity:**

The Center for Law and Social Policy (CLASP) defines racial equity as follows:

- Racial equity is the condition that would be achieved if your racial identity no longer predicted how you fare in life.

The Center for Social Inclusion (CSI) offers insight on what it looks like to achieve racial equity:

- We know racial equity is achieved when “people, including people of color, are owners, planners, and decision makers in the systems that govern their lives. We acknowledge and account for past and current inequities, and provide all people, particularly those most impacted by racial inequities, the infrastructure needed to thrive.”

"Racial equity is about applying justice and a little bit of common sense to a system that’s been out of balance. When a system is out of balance, people of color feel the impacts most acutely, but to be clear, an imbalanced system makes all of us pay."

- Glenn Harris, President, Race Forward and Publisher of Colorlines

*though consistent with this definition, for this document, we will use the term early childhood mental health
III. Key data on Black children in early childhood education:

Educators, researchers, and policymakers almost entirely agree to the need for a unique early learning experience for Black children.\(^2\)

- The special cultural characteristics of Black people require that they receive unique educational experience.\(^2\)
- Early educational experiences can have major, long-term impacts on later development and health outcomes.\(^3\)

Despite, the importance of ensuring all children reach their full potential, structural racial inequities have presented barriers for generations of children, especially Black children.\(^3\)

- Research shows that systems in charge of providing positive educational experiences for Black children are not living up to their promise.\(^3\)
- Children who are Black experience preschool at a disadvantage, in large part due to implicit bias.\(^4\)

Research shows, exclusionary practices are often symptoms of broader systemic inequity in early childhood education.

- Teachers ill-equipped to meet the needs of Black children, who have been exposed to (ACEs), may resort to suspending or expelling these students.\(^4\)

IV. Key data on early childhood mental health support:

Early childhood mental health consultation (ECMHC) may be an effective means for decreasing the likelihood that Black children will be expelled or suspended.\(^10\)

- Teachers who have ongoing relationships with classroom-based mental health consultants are about half as likely to report expelling a preschooler as teachers with no such support.\(^11,12\)
- Only 23 percent of Pre-K teachers report regular classroom access to a mental health consultant.\(^11,12\)

Racial disparities in accessibility to wraparound mental health supports can compound existing structural challenges for Black children and families.\(^9\)

- When implemented effectively, wraparound mental health supports can create pathways to success for every child.\(^10\)
- Research suggests that mental health services may be related to lower staff turnover, improved teacher effectiveness, and higher program quality.\(^6,7,8\)
V. Key data on the need to advance racial equity and remove barriers to early childhood mental health support:

Research suggests, close to half of Americans say that their mental health has been negatively impacted due to worry and stress over COVID-19.13,14,15 Black children may be experiencing additional emotional distress because of a disrupted school schedule or even family stress.16

- Policymakers all over the country must work to address issues and inequities related to accessing early childhood education, even more, early childhood mental health supports in those settings.5,7
- Comprehensive policy change to combat the suspension and expulsion crisis must address racial disparities in access to mental health supports for Black children and families.10
- Wraparound supports that include mental health services in early childhood education programs can advance racial equity by ensuring that each child and family has access to services designed to meet their unique needs.10

VI. Policy efforts to eliminate disparities in access to IECMH supports, structure opportunities to advance racial equity, and fortify resilience in Black children must prioritize1:

- **Economic security**
  - Emphasize appropriate compensation for early childhood & IECMH workforce.
- **Workforce development**
  - Ensure robust training opportunities for a diverse, IECMH clinical workforce.
- **Access to supports and services**
  - Establish or expand IECMH clinical infrastructure, services and supports.
- **Equity**
  - Prioritize a focus on equity.
- **Research**
  - Support research into mental health disparities and mental health promotion.
- **Public awareness**
  - Increase public understanding that very young children can and do develop mental health issues and are not immune to the impacts of trauma.
Fostering social-emotional development depends on strong partnerships—between families, communities, all the way up to the federal level.

VII. Examples of policy recommendations to advance racial equity and remove barriers to early childhood mental health support:

➢ **Economic Security**
   - Support comprehensive legislation that prioritizes **provider and employee compensation or premium pay** and offers funds for mental health supports for children and employees due to the COVID–19 public health emergency, as imagined in the Child Care is Essential Act of 2019 (116th – H.R. 7027).

➢ **Workforce Development**
   - Reauthorize the Minority Fellowship Program to **support more students of color entering the mental health workforce**, particularly the infant and early childhood mental health clinical workforce, among other things, as envisioned in the Pursuing Equity in Mental Health Act of 2019 (116th – H.R. 5469).

➢ **Access to supports and services**
   - Support legislation to authorize grants targeted at high poverty communities for **culturally and linguistically appropriate mental health services** that demonstrate expertise in infant and early childhood mental health, such as reflected in the Pursuing Equity in Mental Health Act of 2019 (116th – H.R. 5469).

   • Support legislation to authorize grants that **place emphasis on expanding comprehensive trauma-informed care coordination services** for families with children under five who are at risk for adversity, such as such as reflected in the (STRONG) Support for Children Act (116th – H.R. 8544).

“**Public investment in infant and early childhood mental health is critical to addressing mental health challenges exacerbated by COVID–19 and experienced by Black households.**”

- Lee Johnson III, Ph.D., CHES®, IMH-E®, NBCDI Policy Fellow
VIII. Examples of policy recommendations to advance racial equity and remove barriers to early childhood mental health support (continued):

- **Equity**
  
  Direct SAMHSA to provide grant support to states, localities, tribes, community-based entities, and primary care and behavioral health organizations to enable such entities to increase equitable infant and early childhood mental health clinical service capacity on the ground (e.g., through telework), as proposed in the Stopping the Mental Health Pandemic Act (116th – H.R. 7080).

  Increase funding for SAMHSA-administered Infant and Early Childhood Mental Health Grant Program to better level the integration of infant and early childhood mental health into state systems. The grant program was created by the Helping Families in Mental Health Crisis Act of 2016.

- **Research**

  Increase funding for the National Institute of Minority Health and Health disparities to conduct or support research on early childhood mental health disparities and health promoting factors.

- **Public Awareness**

  Increase SAMHSA funding for the enhancement of outreach efforts to communities, to increase mental health awareness trainings, among other things, as reflected in the Stopping the Mental Health Pandemic Act (116th – H.R. 7080).

“Use your current work and authority—from where you sit—to eliminate racism and other forms of bias in the work you do. Begin by asking questions about how change is currently being made that will advance equity.”

- Aisha Ray, Ph.D., Professor Emerita of Child Development, Erickson Institute and Distinguished Fellow, BUILD Initiative
15. Ibid