

BRIDGING INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION TO DIRECT MENTAL HEALTH SERVICES



INTRODUCTION

Supporting and facilitating successful referrals is one of the core skill areas of mental health consultation. In order to facilitate successful referrals, the consultant needs to be:

- aware of the resources available in the community
- help facilitate access to services
- consider potential barriers to access such as language, culture, finances, or transportation.

A mental health consultant typically has many consultees they are providing services to in any given setting. Consultation can focus on infant- or child-serving settings as a whole; on the home or classroom environment; or on an individual infant, young child, or family. Often consultants support all 3 levels (program, provider, and child or family) at the same time. For example, a consultant to a child care setting may be working with the center director, teachers and individual children or families. In this example, a consultant may make a mental health referral for a director, teacher, child, or parent as all are consultees.

One potential barrier specific to mental health is fear or taboo about mental health services. Some people are put off or intimidated by the terms “mental health” or “therapy” or by the idea of focusing on feelings. To address this barrier consultants should:

- consider using terms like “counseling” or phrases like “support from a professional to think things through” vs. mentioning mental health directly.
- take time to explain the meaning of “mental” and “health” in the term “mental health.”

For example, a consultant might tell a consultee that “therapy is a relationship that develops over time with someone who listens well, knows a lot about the kinds of worries you are talking about, and can help you learn new ways to cope and feel better.”

The mental health consultant’s positioning, familiarity, and relationship allows the consultant to serve as a representative of mental health services as the consultee experiences a relationship with a mental health professional¹ where they are:

- validated
- not judged
- not pathologized

This positive relational experience can offset many of the negative perceptions that typically prevent an individual from pursuing direct mental health services.

Mental health consultants are uniquely positioned to bridge consultees to needed direct mental health services. As infant and early childhood mental health professionals, consultants are aware of the powerful impact of the early years to a child’s healthy development. By supporting caregivers and children to receive direct mental health services when needed consultants are:

- supporting long-term positive development by promoting the earliest intervention possible
- helping to de-stigmatize services aimed at preserving mental health or addressing mental health difficulties
- promoting the emotional well-being of the adults so that they are better able to support a child’s development.

The strategies outlined here help to ensure a successful referral.



¹ The assumption is that the consultant is a licensed-eligible mental health professionals, as recommended by the COE [IECMHC Training Qualifications Grid](#); there are instances where this may not be the case.

HOW TO SUPPORT AND FACILITATE A SUCCESSFUL MENTAL HEALTH REFERRAL

Preparation

When preparing to make a referral, consultants should:

- Come to the conversation with specific referral sources (ideally more than one), including contact information.
- Help remove barriers to accessing services by checking availability of the referral sources and its capacity to provide services that are culturally responsive, affordable, and conducted in the person's preferred language.
- Be prepared to:
 - Describe the value of the referral services
 - Discuss what people can expect from the services
 - Answer questions and correct misinformation

Making the Referral

When making the referral, the consultant should:

- Ensure that the consultee is in a position to talk, for example it is important that the consultee's privacy and supervision of children are not compromised
- Offer an empathic observation or reaction, such as:
 - "I've noticed that you seem more (easily frustrated, sad, irritated, tired) lately."
 - "I feel concerned when you say..." (or [young child] says...)"
 - "I'm worried that you have [or young child has] been having these upsetting thoughts for quite a while."
- Confirm that their observations match those of the consultee:
 - "Have you noticed that too?"
 - "Does that seem about right to you?"
 - "Am I understanding you correctly?"

- Continue exploring until they are satisfied that making a referral is the right thing to do. Remember, this conversation is not meant to be a mental health assessment.
- Ask permission to offer a recommendation:
 - "I have a suggestion; would it be all right if I share it with you?"
- Explore what the consultee knows or believes about mental health services:
 - Give information: *"Although I'm a consultant to your (child care center, home visitor), I know quite a bit about therapy. This is how I think about it..."* or, *"This is what you can expect..."*
 - Validate accurate understanding: *"Yes, people usually meet with their therapists once a week, but not always."*
 - Correct misunderstandings: *"Some therapists talk more than others. On TV you often see exaggerations of therapists either giving lots of advice or saying almost nothing except 'hmmm...', but therapists have different styles. You have to see if a particular therapist is a good fit for you."*
- Explore and address factors that could encourage or discourage a consultee from accessing services:
 - Opinions of important people in the consultee's life
 - Concerns about costs or insurance coverage
 - Embarrassment
 - Experience with the consultant, who is a mental health professional
 - Previous experience with similar services, either the consultee or someone else in their life
 - Ask permission to follow up and offer further assistance if the consultee has trouble accessing services.

VIGNETTE

The IECMH consultant notices that a child care provider, Sheila, spends much of the day watching but not interacting with the infants and young children in her care. When young children approach her for attention or assistance, she smiles kindly and meets their need but soon returns to a quiet removed state that gives her the appearance of being far away, perhaps preoccupied by her own thoughts. Sheila has presented this way since the consultant began working at the center. Over several visits, the consultant has developed an alliance with her so that on a recent visit, they are able to engage in a conversation:

Consultant: Hi Sheila. Is this an okay time for us to chat for a bit?

Sheila: Yes, I have about 10 minutes.

Consultant: I wanted to say that I've noticed that you seem to have a lot on your mind these days. Sometimes you seem kind of far away, like maybe you're thinking about sad or worrying things. Do you know what I mean?

Sheila: Yes, my son is really struggling, and I just have a lot going on. My mom is sick. I guess I haven't been sleeping too well and I'm not my usual self. It's a hard time.

Consultant: Yes, I can really see that. I have a suggestion. Would it be okay with you if I share it?

Sheila: Sure.

Consultant: I was thinking that no one should have to go through a hard time alone. I really believe that Sheila. And I'm wondering if you're open to the idea of talking to a counselor?

Sheila: I'm not against it, but I don't really think it will help me. I really don't see how someone else can help my situation.

Consultant: I know. Things are so hard right now. It must be difficult to imagine them getting better.

Sheila: (wipes tears from her eyes).

Consultant: (quietly) Listen, I know you are in the middle of your workday, and you have to carry on here, but I hope you will think about what I'm saying. When people are in sort of a valley, as you are right now and we all are at some point, it's always hard to imagine being on top of the mountain again. I'm not saying a counselor can change your son's situation or make your mother well. I'm saying you don't have to be in the valley alone and that someone can help you climb out—think things through, sort things out, share the burden of how you're feeling.

Sheila: Yeah, maybe so.

Consultant: I actually have the names and contact information for two counseling agencies. There is a third, but their waitlist is quite long at the moment. If you have any trouble getting through or getting a call back for an appointment, please let me know. I'll try to help. What do you think?

Sheila: I'll have to see how much it costs.

Consultant: Right, absolutely. They both take many insurance plans, and they both have a sliding scale where they can work out a fee with you. But, yes, check them out and see how you feel and what makes sense.

Sheila: Okay. Yes. I'll call later today or tomorrow. Okay. Thanks.

Consultant: If it's all right with you, I'd like to check back in with you when I'm here again next week to see how you're doing and how making an appointment went. Would that be okay?

Sheila: Yes, sure. Thanks for that.