



INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN HOME VISITING

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All infants, young children, their families, and those that support, them in Delaware:

- have access to high-quality,
- equitable, and
- culturally sensitive

Infant and early childhood mental health consultation, creating environments where child and adult social, emotional, and mental wellness and capacity for mutually beneficial, nurturing relationships thrive.







What is IECMHC?

- A prevention-based service,
- Pairing a mental health consultant with families and adults who work with infants and young children in early childhood settings,
- With a goal to, build adult capacity to strengthen and nurture social and emotional development early.





What is IECMHC in Home Visiting?

In settings like childcare or preschool the consultant is in the classroom with children, teachers and families

In home visiting the consultant supports the program supervisors and staff as they navigate the supports to families.









So, they can support the team



So, the team can support families



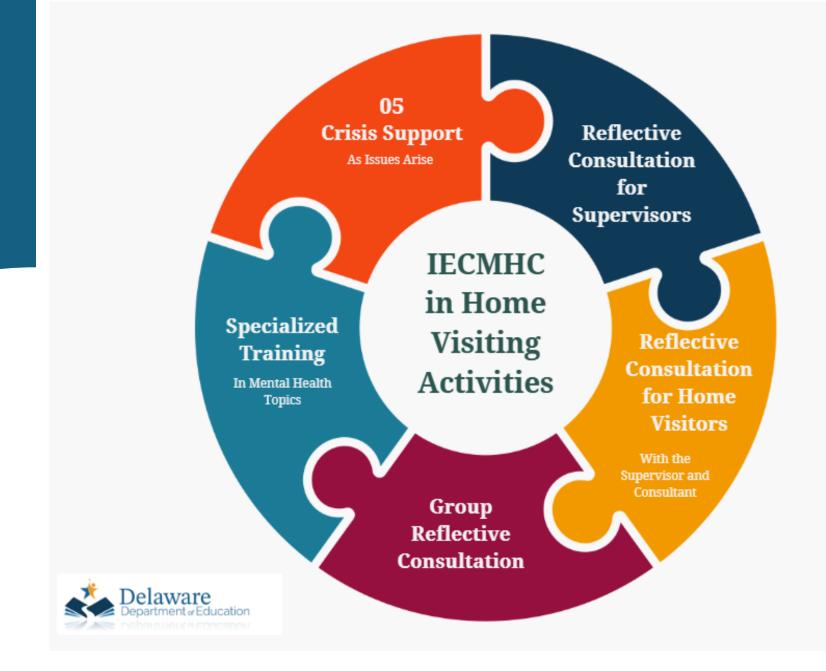
And families can support their children.



What it is and is Not

IECMHC in Home Visiting IS	IECMHC in Home Visiting IS NOT
Indirect and prevention focused—helping home visiting supervisors	
and staff improve their responses to family and children's social-	A way to diagnose and provide direct therapy or treatment for
emotional needs as well as their own	children, families, or staff.
A prevention-based support to home visiting supervisors and home	For children or caregivers or staff who need direct mental
visitors	health treatment.
Provided within the home visiting program during one-on-one	An outside service that occurs in a clinic, private office, or
reflective supervision sessions or group sessions	hospital.
Ongoing, reliable, and predictable 1:1 and Group support from a	
mental health consultant that occurs through training and reflective	
support, on average 8-10 hours a month	A quick-fix or on-call only.
A way to help home visitors understand infant and early childhood	A replacement for home visitor activities like depression
mental health.	screening or providing direct services
	A way to gather specific information to report what families or
Private and confidential	staff share.
Supportive and respectful of different cultures and strengths,	
understanding unique scenarios and evolving circumstances.	Judgmental or punitive in its approach.
A way to help home visitors reflect and improve their work with each	Therapy, counseling, medical treatment, or a direct service
other and with families.	provided to families.
A team effort that follows the needs of home visiting supervisors and	
the home visitors	Directed by the consultant.
A mix of training, group, and 1:1 reflective support using infant	
mental health principles to build the capacity and skills of the home	1:1 therapy with home visiting staff or families enrolled in a
visiting team	home visiting program.
Flexible—Consultants adjust to challenges and unexpected needs of	
the home visiting program.	Strict and the same for every situation.

What Consultants Do



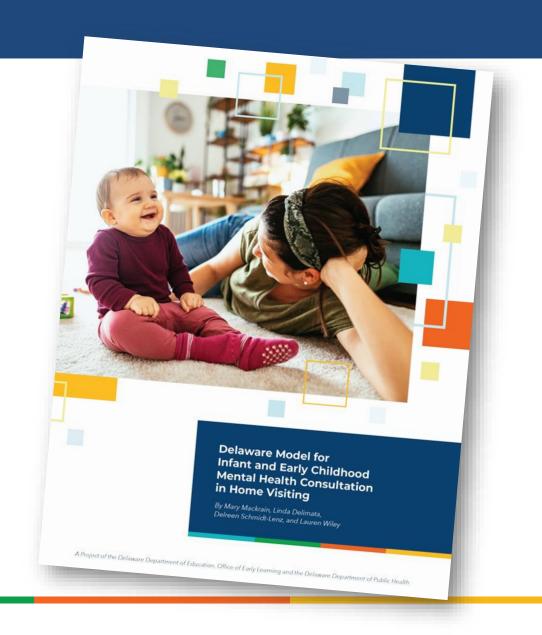




Introduction

Study on Infant and Early Childhood Mental Health Consultation (IECMHC) in Delaware's PAT Home Visiting programs

Aim: To assess IECMHC model effectiveness, refine framework, and explore scalability





Methodology

Recipient Voice at the Forefront

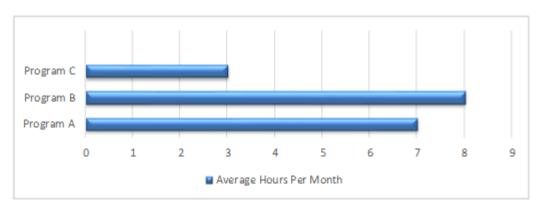


 Quantitative: Pre/post surveys, consultation tracking

- Qualitative: Focus groups with home visitors, supervisors, state leaders
- Participants: 31 home visitors, 3 supervisors, 3 IECMH consultants, 7 state leaders



Average Hours of Consultation



Over an eight-month period, consultants provided a total of 142.75 hours of consultation to the PAT sites. This averages to 17.84 hours per month cumulatively across the three programs—slightly below the model's expected range of 24–30 total hours per month (8–10 hours per program).

As shown, when broken down by program:

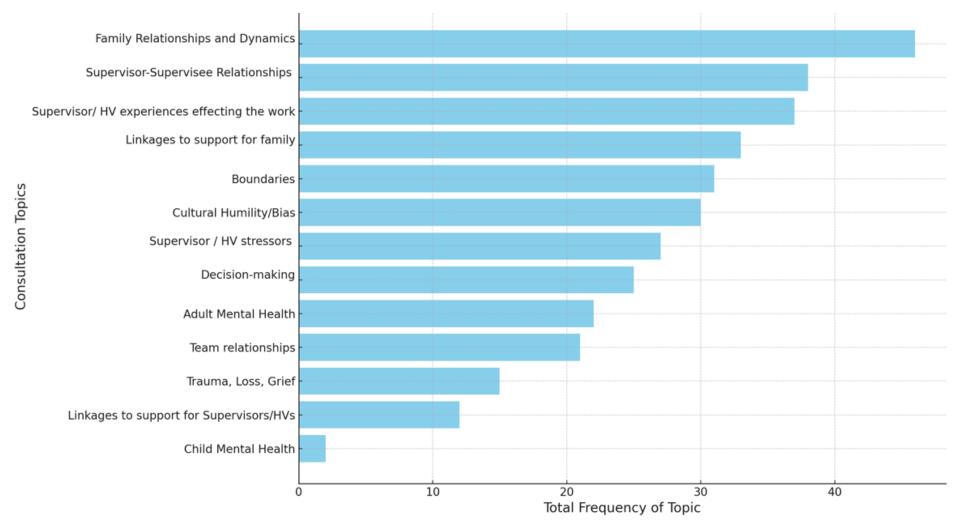
- •One site met the model's monthly consultation requirement (8–10 hours).
- •A second site was slightly under, averaging 7 hours per month.
- •The third site fell below expectations, averaging 3 hours per month.

Duration of Consultation

- Reflective consultation sessions with Supervisors across programs were 67 minutes per session.
- Reflective case consultation with Home Visitors was 60 minutes per session, and
- Reflective group consultation was 85 minutes per session.



Topics Discussed by Frequency





Burnout



The data suggests some positive trends in the impact of IECMHC services, particularly in reducing burnout levels among home visitors and supervisors. Future research with a larger sample size and a longer evaluation period is recommended to determine the full effect of IECMHC on workforce well-being.

Burnout: Pre: 22.13. After the

program, the average score

decreased to 20.63



Findings

Strengths: Capacity building, reflective supervision, mindfulness training

Challenges: Scheduling, clarity in consultant roles and participants roles, some wanted more in-person, readiness variations

Need for balancing virtual & in-person engagement

Importance of consultant skills in addressing trauma, loss, child/adult mental health- i.e. On-demand supports

Moving Forward

Improved tools to support communication on consultant roles & program objectives

New readiness assessments before program integration

Hybrid consultation model for flexibility

Added on-demand support for unexpected crises into activities

Building in-state consultant capacity for sustainability

Data tools & processes integrated in scale

