We have a shared stake to make sure babies develop sturdy brain architecture, because this foundation supports a lifetime of learning and productive participation in society. A reliable caregiver who is responsive to a baby’s needs is the base for secure attachment, which allows an infant to explore and learn.

Toxic stress from broken caregiver-infant relationships can push a baby’s stress hormones into overdrive. When constantly present, these hormones disrupt brain and physical development. And babies can’t learn if their brains and bodies are working against them. The antidote to toxic stress? Affection and protection by a nurturing caregiver.

Secure attachment is a fundamental building block of social function. Children need relationships with sensitive caregivers to self-regulate, get along with others, solve problems, and be productive -- the basis for civic and economic prosperity.

Infant mental health is the optimal social, emotional, and cognitive well-being of children ages 0 to 3, developed by secure and stable relationships with nurturing caregivers.
Fast Facts: Infant Early Childhood Mental Health

- **Infant Early Childhood Mental Health (IECMH)**, also referred to as **Social Emotional Development**: “is 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). The term Infant Early Childhood Mental Health may also be used to refer to: the mental status of infants, toddlers and young children; an interdisciplinary field; and IECMH Principles and Practices.

- **Key Numbers** to Remember about Early Childhood Development and IECMH:
  - **1 Million Brain Connections are made EVERY SECOND** - primarily through interactions with caregivers and build the foundation upon which all later learning, behavior, and health depend.
  - **The Number of Adverse Childhood Experiences (ACES) Impacts Development** - the more adversity a child faces, the greater the odds of a developmental delay and later health and wellness issues.

- There are many ways that IECMH-informed professionals can impact families affected by substance use disorders (SUDs). Some examples of collaborative approaches that integrate principles of infant and early childhood mental health might include:
  - **Child welfare workers** and **family court judges** who receive support to develop visitation schedules that are sensitive to infants'/young children’s developmental stage and capacity, that are safe and that are responsive to the infants'/young children’s relationship needs.
  - **Home visitors** who support grandparents grieving the loss of an adult child who has overdosed while also caring for very young grandchildren who have survived this trauma.
  - **Medical and Early Intervention professionals** who respond sensitively to the regulatory needs of newborns and young infants as well as support the parents to develop nurturing relationships from the start.
  - **IECMH consultants** who help early childhood educators better understand what infants who experienced neonatal abstinence syndrome might need in childcare settings, for example, enhanced soothing strategies.
  - **IECMH practitioners/clinicians** who provide evidence-based, attachment-focused group parenting programs that help parents with SUDs understand how a secure attachment with their child should look and how their own histories of being parented impact their current parenting behaviors. Group participation also builds protective factors by fostering a sense of community, support, and social connectedness.
  - **Addiction treatment specialists** who understand attachment and the effects of separation, trauma, grief, and loss on emerging attachment relationships between the parent and the infant/young child to better support treatment success.

*The root cause of the SUD “is probably the most dangerous thing in the household—whether that’s mom’s history of abuse or neglect or sexual assault or whatever it is. That thing will continue to come back and haunt that caregiver and the child-caregiver relationship for a very long time unless it’s addressed.” -Nadine Burke Harris, M.D., 2017 (www.motherjones.org)*