



ZERO TO THREE
Infant and Early
Childhood Mental Health
Guiding Principles



ZERO TO THREE
Early connections last a lifetime

ZERO TO THREE INFANT AND EARLY CHILDHOOD MENTAL HEALTH GUIDING PRINCIPLES

- 1. The field of infant and early childhood mental health (IECMH) must reflect and advance socially just and equitable practices and policies that consider all expectant families, infants/young children, and their families—and that honor the diversity of all who are served.** To ensure that all babies, toddlers, and preschool-aged children have a strong start in life, ZERO TO THREE embraces the [Diversity-informed Tenets for Work With Infants, Children, and Families](#) to inform and guide our principles and practices of IECMH work. We begin with our own self-awareness, reflecting on our own cultural backgrounds, values, and beliefs. We examine our own awareness of the impact that racism and other systems of oppression have had on our lives and on the lives of those we serve. Racism impacts everyone—all babies, all children, all families. With the power and influence of our collective voices, we commit to actions that promote just, equitable, and anti-racist systems, practices, and policies to create lasting, transformative change for children, their families and our future.*

*Adapted from ZERO TO THREE's [Statement on Equity, Diversity, and Inclusion and Commitment to Antiracism](#)

- 2. Culture is foundational to caregiving beliefs, assumptions, values, and behaviors. Culture influences parenting practices and expectations, as well as all adult–child and adult–adult interactions and relationships.** Culturally responsive practices seek to understand and respect parenting goals and caregiving practices, and contribute to authentic family partnerships, responsive service delivery, and improved child and family outcomes. Just as families rely on their communities for supports and services, communities rely on IECMH policies, programs, and investments to ensure that their families with young children thrive.

- 3. Policy change and public investment in IECMH is critical to ensuring that the basic rights of infants, young children, and their families are upheld.** This principle includes access to a comprehensive range of equitable and inclusive services necessary for good health, strong families, and positive early learning experiences. These elements support optimal IECMH. Positive early experiences are linked to education, health, and economic outcomes later in life. Continued advocacy efforts are necessary to support the needs of infants, young children, and their families in public policies and funding in the U.S. and around the world. Community supports and increased access to high-quality programs and services help support the resilience and optimal development of all children, prioritizing those who are overburdened and under-resourced.

- 4. Pregnancy, childbirth, and the arrival of the newborn represent a time of unparalleled change, vulnerability, and opportunity that impact the health and mental health of all members of the family.** The perinatal period is a deeply meaningful time that requires the availability of emotional support, psychological resources, and

equitable provision of and access to resources for physical health, mental health, and basic needs. Events and circumstances during the perinatal period can stir up memories, thoughts, and feelings for caregivers that could support or interfere with maternal and caregiver well-being and impact the caregiver–child relationship. Early identification of maternal mental health and perinatal issues are key in ensuring early support and possible intervention to strengthen caregiving competence and support IECMH.

- 5. Infants, toddlers, and young children develop in the context of relationships that contribute to their emotional, social, and developmental well-being.** The environment of relationships begins with the primary caregivers, family, or caregiving network, and it is rooted in the contexts of culture and community. From the first moments of life, each child’s interactions with caregivers profoundly shape the child as a person, including the very architecture of their brain development. The ways in which infants experience significant interpersonal relationships are central to how they will understand themselves and will set expectations for all other relationships throughout their lifetime. A child who is consistently recognized, cherished, safe, and loved will develop a positive working model of what relationships can be, a healthy self-concept, and overall optimal mental health.
- 6. Parents/caregivers want the best for their children.** This is an essential premise for those who provide support to expectant parents/caregivers, infants and toddlers, and preschool-aged children. Parents/caregivers have a deep, emotional commitment to their child’s well-being that must be genuinely respected and understood when working with a family. Aligning with this assumption is critical to developing a trusting, productive relationship that promotes positive outcomes for the child and family.
- 7. A key foundation for IECMH is the mental health of adults who care for them.** Optimal child development, including during the perinatal period, is predicated on consistently feeling safe, secure, and loved. The primary caregivers’ capacities to be attuned, consistently meet the infant’s needs, and nurture healthy attachment relationships are dependent on the status of the caregiver’s own mental health and well-being. Therefore, any intervention to improve the infant/young child’s mental health or development must include at least a two-generational approach and focus on supporting the physical, emotional, and psychological needs of the caregiver(s), as well.
- 8. Each infant is unique. The broad range of individual differences among children contributes to variability in the timing of developmental milestones.** Each infant is born with unique sensibilities, strengths, vulnerabilities, preferences, and displeasures that all evolve within their family culture and context of relationships. The child’s distinct self creates the prism through which experience in the world enters and influences development, and by which the child makes sense out of that experience.

The variability in timing of developmental milestones and competencies can make it difficult to distinguish normal variations in development from more serious delays and is a reminder that there is a wide range of typical development. All children can reach their optimal developmental capacities with the support of nurturing care-givers who recognize each child’s individuality, and with high-quality supports and services that are tailored to the child and family.

9. Early experiences matter—optimal brain growth occurs during early childhood (prenatal to 5 years old). Pregnancy and the early years are unique periods of opportunity and vulnerability contributing to brain growth. The rapid development of the brain; physical, cognitive, social, and emotional maturation; and behavior and language mean that early experiences have a dramatic and enduring impact on the child. Relationships with caregivers are central to these early experiences that shape development. The nature of the infant/young child’s earliest experience and relationships can positively impact brain and neural development or negatively impact brain growth and central nervous system functioning. Supports and services delivered within a comprehensive perinatal and early childhood system that enhances developmental opportunities, builds protective factors, reduces threats, optimizes healthy growth, and strengthens early relationships are important to ensuring that the early years provide a strong foundation for healthy development.

10. Infants and young children have a right to high-quality, culturally responsive, and accessible treatment when experiencing significant stress, trauma, and demonstrated mental health and/or developmental disorders. Infants and very young children around the world are exposed to a variety, and often a culmination, of adverse, stressful, and traumatic experiences—and these experiences can negatively impact the infant’s/young child’s mental health and well-being. Many infants and young children experience significant mental health challenges that necessitate developmentally appropriate, relationship-based, and culturally responsive assessment, diagnosis, and intervention.

11. Reflective practice is an essential tool to support those who serve families with infants and young children, through direct services (i.e., clinical) and non-direct services (i.e., policy/systems/administrative positions). Often those who work with expectant and new caregivers, as well as infants/young children and their families, are strongly influenced, and sometimes triggered by, the experiences of the babies and families they serve. Reflective practice mitigates the effects of these stresses and increases self-awareness and emotional availability that positively impacts the quality of service provision. Reflective practice or reflective supervision/consultation provides an opportunity to step back from the immediacy of the work; examine thoughts, feelings, and actions; and wonder and learn from them in a supportive context. Reflective practice supports effective relationship building, which can lead

to strong relationships across the web of caregivers and providers who connect on behalf of the child and family. Such relationships enable effective coordination and implementation of assistance to the benefit of caregivers and young children. Agency and systems leaders who make decisions and create policies and practices also benefit from spaces to reflect and intentionally “keep the baby in mind.” Using questions within reflective practice spaces that address topics of power, privilege, and racial inequity can be an effective mechanism for deepening the understanding of one’s own implicit bias and can lead to more equitable practices that benefit all young children, their families, and the adults who care for and serve them.

12. Multiple and diverse relationships are at the heart of quality services for families. Multidisciplinary and multisystem collaboration are necessary to provide effective family support. Just as the quality of the relationship between caregivers and children is crucial to the development of infants and young children, the quality of the relationships between practitioners and must be based on a foundation of trust, understanding, and responsiveness. Further, the scope and quality of services provided are affected by the relationships between those at all levels of the systems that touch the lives of infants, young children, and their families. Professional workers across disciplines must share their expertise and resources collaboratively to better understand and more successfully address the unique, compelling, and complex needs of young children and their families. In the same way, the different programs serving young children and families must be part of a well-coordinated and comprehensive system.