

Executive Summary

Overview

The Montana Infant and Early Childhood Mental Health Consultation Survey was created in a collaborative effort with national, state, and evaluation LAUNCH partners. The primary objective was to develop an understanding of the current and potential statewide capacity for providing infant and early childhood mental health consultation. The target audience was mental health experts, all of whom received an email with a link to the electronic survey. The survey was live for approximately six weeks, and twenty-five percent (1,001 experts) of the total target population completed the electronic survey. Drawing any definitive conclusions from the data collected is limited by the 25% response rate.

Respondents

The majority of respondents are Licensed Clinical Professional Counselors or Licensed Clinical Social Workers, and over 80% of the respondents currently provide mental health therapy. The majority of respondents are located in more densely populated areas, and far more respondents are located in the Western half of the state. The most common work settings are private practice and mental health centers.

Perinatal Services

Eighty-seven respondent provide perinatal addiction counseling to approximately 500 clients. There are, again, far more respondents located in larger communities and in the Western half of the state. The most common specialized training received by respondents who provide perinatal addiction services include addiction counseling training and continued education.

Two hundred eighty respondents provide perinatal mental health support to approximately 489 clients, and a higher proportion are located in larger communities and in the Western half of the state. The most common specialized training received by respondents who provide perinatal mental health support include training on postpartum depression and work experience.

Access

Over half (60%) of respondents accept Medicaid, and nearly 75% utilize a sliding fee scale. Between fifteen and twenty-one percent of respondents offer alternative forms of service delivery, such as telehealth via phone, telehealth via video, and home health.

Clientele

Twenty-seven percent of respondents have experience serving infants and toddlers, 54% of respondents have experience serving preschoolers, and 80% of respondents have experience serving children. Very few respondents reported being able to provide services in a language other than English; 2.5% are able to serve in Spanish, and .5% are able to serve using sign language.

Challenges, Barriers, and Service Gaps

Psychiatrists were identified as the most challenging provider for clients to access, and residential programs were identified as the most challenging facility for clients to access.

Insurance challenges, affordability, and transportation issues were identified as the most common barriers clients face in accessing mental health services. A lack of providers, inadequate funding, and a lack of case management services were identified as the most common service gaps in local communities.

Early Childhood Services

Six hundred forty-five respondents elected to answer questions specific to early childhood services. At least a third of those who responded use at least one treatment model specifically designed to effectively serve families with/or young children. The majority of respondents reported being unfamiliar with early childhood specific tools and strategies, which is not surprising given that mental health experts tend to utilize their own tools and strategies. Questions regarding training history and interest illustrated that over half of this smaller group of respondents either have or have interest in training on early childhood specific topics such as infant mental health, social emotional development, attachment, etc.

Infant and Early Childhood Mental Health Consultation

Only sixteen respondents reported providing infant and early childhood mental health consultation, and thirty-eight reported that they maybe provide such consultation. Of those respondents who do or maybe do provide infant and early childhood mental health consultation, nearly half, 45%, reported that they were not able to get the necessary training in Montana. The most common training sources were Child Care Resource and Referral agencies, AWARE, Project LAUNCH, and university coursework. Of those who are or maybe are providing consultation, eleven identified *supporting adult/child relationships* and *educating caregivers* as the most important aspects of the consultation they provide. Of those who are not providing consultation, 167 are interested, 132 are maybe interested in providing consultation, and 80% of those who are interested think they need more training in order to provide infant and early childhood mental health consultation. When asked what additional support they think they need in order to provide consultation, the most common responses include: clinical training on infant mental health, training on best practices, and an understanding of early intervention. Over a third of those who reported having interest in providing consultation noted needing additional support in the form of reflective supervision/consultation.

Lessons Learned and Recommendations

Based on the information gathered from the 25% of the target audience who completed the survey, there is evidence that Montana currently has the workforce to expand infant and early childhood mental health consultation statewide. The survey results illustrate a need for increasing training access specific to infant and early childhood mental health. It is recommended that the state-level infant and early childhood mental health workgroup utilize the findings of this survey to develop partnerships and strategies for bringing necessary trainings to the state and work to develop a system for providing mental health consultation in settings such as early care and education, primary care, and home visiting. It is also recommended that the results of this survey be shared with those who can address the access challenges, service gaps, and barriers at a state policy level.