



# Infant & Early Childhood **MENTAL HEALTH**



SIMCOE COUNTY INFANT AND EARLY MENTAL HEALTH PATHWAY

# USER GUIDE

SIMCOE COUNTY  
VERSION: MARCH 2025



Supporting  
**Infant & Early Childhood**  
**MENTAL HEALTH**

*Walking the Path Together*



Knowledge Institute on Child and Youth  
Mental Health and Addictions

Institut du savoir sur la santé mentale et les  
dépendances chez les enfants et les jeunes



Simcoe Muskoka  
**Family Connexions**

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Infant and Early Mental  
Health Promotion

**SickKids®**

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# Introduction to Infant and Early Childhood Mental Health

## What is Infant and Early Childhood Mental Health?

Infant and early childhood mental health, also referred to as social-emotional development, is the evolving capacity of a child, from infancy to age six, to express and regulate their emotions, form close and secure relationships, and explore their environment. The relationship young children have with their primary caregivers are the most influential as they greatly impact a child's development, their capacity to recover when faced with challenges, and ultimately impacts their long-term development (Ontario Centre of Excellence for Child and Youth Mental Health, 2014).

## Why is Infant and Early Childhood Mental Health Important?

There is growing awareness across Canada of the critical nature of infant and early childhood mental health and the important role service providers, practitioners, and clinicians play in connecting families to evidence-based support and intervention when needed.

Studies show that untreated mental health or social-emotional developmental concerns in infants and toddlers leave children more vulnerable to poorer performance in school, and lead to poorer mental and physical wellbeing over their lives.

Despite the importance of addressing infant and early childhood mental health, the availability, accessibility, and funding for programs that support mental health of young children and their caregivers is limited across Canada. That's why a more coordinated approach is needed.

## What factors impact Infant and Early Childhood Mental Health?

Infant and early childhood mental health is impacted by a range of factors, both biological and environmental. Early experiences are critical in shaping a child's emotional, social, and cognitive development. Early intervention, strong familial and social support, and addressing the needs of both the child and caregivers are key to promoting mental well-being in infants and young children. Each of the following factors plays a part in shaping a child's mental health, and the interaction between them can either support or challenge healthy development.

### **Attachment and Relationships**

- A child's attachment with their parent or primary caregiver: secure attachment to caregivers, especially parents, is crucial for healthy emotional development.
- The parent/caregiver's responsiveness to the child: how caregivers respond to a child's emotional needs can greatly impact emotional regulation and self-esteem.
- Quality of early relationships: positive relationships with the important people in a child's life help build social and emotional skills.

### **Parenting**

- Positive parenting: consistent, nurturing and responsive parenting supports emotional well-being.
- Neglect or abuse: children exposed to neglect, abuse, or inconsistent caregiving are at a greater risk for mental health challenges such as anxiety, depression or behavioural issues.
- Parental mental health: parents who struggle with mental health issues and/or substance misuse may have difficulty providing the support needed for healthy emotional development in their children.

## **Genetic and Biological Factors**

- Genetics: a child's genetic makeup can influence their vulnerability to certain mental health conditions.
- Neurodevelopmental factors: early brain development plays a significant role in a child's mental health.
- Physical health: chronic illness or physical disabilities can affect mental health by causing stress, disruption in routines, or limiting social interaction.

## **Social Determinants of Health:**

- Socioeconomic status: poverty and financial instability can lead to stress in both children and parents, impacting mental health. It can also impact access to resources, healthcare, and education.
- Housing/Living Conditions: a chaotic, unstable or unsafe living environment can increase stress and anxiety in children.
- Community and Social Support: strong social networks and connection to community can buffer the effects of toxic stress.
- Access to Nutrition: proper nutrition is essential for brain development and emotional regulation.
- Access to Healthcare, mental health resources and quality childcare: being able to access good quality healthcare and social supports to support healthy growth and development is essential.

## **Early Childhood Experiences and Adversities**

Adverse Childhood Experiences (ACEs) include a range of stressful and potentially traumatic life experiences that happen before the age of 18. Adversity in childhood can disrupt healthy brain development and cause toxic stress, having potential negative mental and physical impacts now and across the lifespan including difficulty coping with stress and forming healthy relationships, depression, anxiety, suicide, alcohol and substance misuse, cancer, heart disease and diabetes. Research has shown that the more early adverse experiences, the greater the risk for health problems. While adversity in

childhood is preventable, the experience of ACEs is also prevalent across the population. Some families and children are also more likely to experience adversity and toxic stress because of systemic issues like racism, poverty and social exclusion. Positive childhood experiences (PCEs) can protect against ACEs, supporting children to develop resilience. Positive social-emotional development in childhood also predicts adult outcomes that reduce the risk of ACEs in future generations.

- ACEs include: physical, sexual, and emotional abuse, physical and emotional neglect, parental separation, witnessing domestic violence as a child, and growing up with a household member with a history of incarceration, substance use issues and/or poor mental health.
- Adversity in childhood can also arise from other past and ongoing forms of trauma including: colonialism, racism, poverty, food insecurity, a lack of stable housing, weak social supports and other individual and systemic forms of discrimination.

## What are signs of social-emotional developmental delay in infants and young children?

Infants and toddlers often show there may be a mental health concern through physical symptoms and/or behavioral changes that trained professionals and service providers can recognize. These symptoms are often overlooked or dismissed, but experts are able to tell when these are early signs of something that could become a mental health issue in the future. Some examples include in infant or child who:

- is clingy and fussy beyond what seems typical for their age,
- has significant difficulty sleeping,
- expresses frequent fears and worries around certain activities,
- regresses in skill acquisition,
- lacks enjoyment in common activities,
- frequently complains of not feeling well,
- has sad or 'flat' facial expression,
- has delays in meeting developmental milestones as expected (Zero to Three, 2025)

Many health and social service providers in Simcoe County are trained to use screening tools called the Ages and Stages Questionnaires (ASQ®), which has a component that focuses exclusively on social-emotional development in infants and young children (ASQ®:SE-2). Once screened, the provider can determine if a supportive plan of care, called a Developmental Support Plan (DSP), needs to be put into place and if referrals to other more specialized supports is required.

## What is the Infant and Early Mental Health Pathway initiative?

This initiative is part of a [national project](#) led by the Infant and Early Mental Health Promotion program (IEMHP) at SickKids, which aims to:

- create equitable and easy-to-navigate systems to support infant and young children's mental health in Canada.
- support families and their children to access appropriate services in a timely and efficient manner regardless of where they access services within the community.
- improve the consistency of infant and early childhood mental health developmental screening and early intervention for infants and children who have mental health concerns.

## Why do we need a Pathway Map to support infant and early childhood mental health?

Currently, Canada's approach to mental health often overlooks infant and early childhood mental health which is the foundation of lifelong mental wellbeing. This gap results in missed opportunities to promote and protect, and identify and intervene to improve the foundations of mental health in infants and children prior to entering school. Many health care, social service, and early childhood education providers have not received training or



an opportunity to develop knowledge and skills to support infant and early childhood mental health. Our community needs health care, social service and early childhood education providers who have knowledge of the importance of infant and early childhood mental health and its potential lifelong and intergenerational impacts, information and resources to provide clear guidance how families can access timely developmental screening and intervention services, and practitioners who provide screening and evidence-based interventions, so that families and their children can get the right support at the right time. Without these community capacities in place mental health concerns and issues in infants and young children go unnoticed until children enter school. Delays in identifying and addressing infant and early childhood mental health concerns can negatively impact success of interventions.

## What is the Pathway Map for?

The Infant and Early Childhood Mental Health Pathway map is designed for professionals and service providers to guide families in navigating infant and early childhood mental health supports within their community. They are a visual representation of the infant and early childhood mental health system and the options available to families, along with clear steps to accessing care. These maps aim to ensure children receive timely and appropriate support by clarifying how to connect families with services and resources.

## What screening and support is provided by HBHC and La Clé?

**Ages and Stages Questionnaires® (ASQs®):** are reliable and valid developmental (ASQ®-3) and social-emotional (ASQ®:SE-2) screening tools developed by Brookes Publishing for children between birth to six years of age. The tools are used to track children's development, identify risk for developmental delays, and help identify next steps for support and/or follow-up actions. ASQs® are caregiver-report tools that are completed with a trained healthcare or social service provider. Caregivers respond to the questions and trained providers score the responses to identify areas of developmental and/or social-emotional need. ASQs® are not diagnostic tools but are tools to identify areas of the child's development that require monitoring and possibly intervention, follow up and/or

referral to more specialized supports. If your organization is interested in using ASQs® to complete screening with families, please contact IEMHP at [iemhp.mail@sickkids.ca](mailto:iemhp.mail@sickkids.ca) for more information on training.

**A Developmental Support Plan (DSP):** is a strength-based resource developed by IEMHP at SickKids that:

- is initiated by the service provider who completed the ASQ® with the family,
- identifies a developmental goal for the child based on parental input and the child's unique screening outcomes in the developmental domains in the screening tools,
- provides multiple tailored strategies caregivers can implement in their day-to-day life with their child to meet the developmental goal,
- offers parent-friendly information on the significance of achieving the child's developmental goals, and the steps that can be taken to achieve them,
- guides support offered by the service provider for implementation of the strategies in the family's home and daily life.

Trained providers who have completed an ASQ®-3 and/or ASQ®-SE2 can provide the DSP to families regardless of whether the child requires intensive services or not; it is **not** a treatment plan or a replacement for intensive services or support. DSPs can only be created by individuals who are trained in DSP development and administration. To receive training on the DSP, please contact IEMHP at [iemhp.mail@sickkids.ca](mailto:iemhp.mail@sickkids.ca).

## Infant and Early Childhood Mental Health Pathway - Local Outcomes

The expected outcomes for this initiative include:

- Local infant and early childhood mental health pathways are created in consideration of the existing developmental screening and mental health pathways in our community (e.g. MyDAWN Pathway, Feelings Pathway, etc.).
  - All partnering agencies involved in the other pathways are aware of the infant and early childhood mental health pathway, how it connects to the other existing local pathways and how they work together.
- Health care providers, social service providers and early childhood educators have:

- awareness of the importance of infant and early childhood mental health for lifelong well-being and of the importance of screening for infant and early childhood mental health concerns/social-emotional development,
  - the education and resources to promote and use the pathways,
  - sustainable access to introductory education and resources to support the ongoing use of the pathways.
- Increased local capacity to implement infant and early childhood mental health screening through professional development and sustained availability of professional tools and resources.
  - Stronger connections between service providers, across multiple sectors to support improved access to screening, early intervention and mental health support for children and their families.
  - French language referrals, communications and screening is available.
  - Local children and families have increased access to early social emotional screening, DSPs created when needed, and referral/access to needed support services.
  - Local data on the current state of early childhood development will be available through the Canadian Database of Development, Infancy to Six (CanDDIS), to help us better understand the state of infant and early mental health in Simcoe County to support program planning and whether there is a need for additional resources or programs.

### Guiding principles for development, planning and implementation:

- Infant mental health begins before the child is born.
- Infants and young children are part of a family and are supported by caregivers (e.g. moms, dads, extended family). The mental health and well-being of the caregiver(s) is an important part of the social and emotional development of a child. [The Perinatal Mental Health Care Pathway and Guidance Document](#) can be utilized to guide health care professionals in their care and management of clients experiencing symptoms of perinatal mood disorders, in parallel to this pathway.

- When first beginning services with families, it is essential to engage them in conversation about their intersecting identities and provide services that meet their cultural needs.
- Trust and rapport are essential components to a successful pathway. This includes relationships between families and service providers as well as between organizations.
- Local agencies are committed to ensuring “Every door is the right door.” Coordination between local agencies ensures families and children will be connected to supports and services they need. The Infant and Early Childhood Mental Health Pathways have been developed considering the other pathways that exist in our community (e.g., Smart Start Hub, Georgian Bay Family Health Team’s MYDAWN Pathway) that can also help families navigate service systems related to mental health and development. There is acknowledgement that all pathways are serving families and efforts to collaborate across pathways are promoted.
- Partnership organizations have a role in coordinating services when working with a mutual family to support the success of the pathway and reaching the goals of the family.

## History of the Simcoe County Initiative

The Infant and Early Childhood Mental Health Pathway was developed in collaboration with community agency partners who support children birth to six years of age in Simcoe County. Over the course of several years many partners have engaged in activities to support the development of these pathways. Some highlights of the work accomplished since bringing partner agencies together include:

- Convening partners to begin to more fully understand the infant and early childhood mental health supports and programs locally.
- Receiving training in the Ages and Stages Questionnaires (ASQ®) and Developmental Service Plan tools.
- Contributing anonymized ASQ® data to the Canadian Database of Development, Infancy to Six (CanDDIS), the first Canadian database of child development for

children from birth to six. Agencies who complete ASQs® and receive client consent can share the data to help build the local picture of how children are developing in social-emotional domains in Simcoe County. Reports from CanDISS can be shared with local participating agencies that will use the information to guide decision making and advocate for much needed programming and funding to support infant and early mental health locally. For information on the National ASQ® database, contact Dr. Karys Peterson-Katz at [karys.petersonkatz@sickkids.ca](mailto:karys.petersonkatz@sickkids.ca).

- Developing a pathway map for ages 0-3.8 years and supportive resources to improve how families connect to supports and services that are part of the early years system in Simcoe County.
- Bringing key partners together at a community wide event to build awareness of the importance of addressing infant and early mental health.
- Connecting with organizations in Simcoe County that utilize other key pathways to facilitate care for children and families, to determine how the Infant and Early Childhood Mental Health pathways can work alongside of other pathways to avoid confusion and duplication.
- Planning for the launch of the pathway map and resources with local practitioners and community programs.
- Working towards a second pathway for ages 3.9-6 years for Simcoe County.

## Implementing the Infant and Early Childhood Mental Health Pathway

The following information outlines the roles and responsibilities for different groups implementing the Infant and Early Childhood Mental Health Pathway in Simcoe County.

Who	Responsibility
<p><b>Infant and Early Mental Health Committee of Simcoe County</b>                      Leaders from local community organizations that provide supports and services for children from birth to six years of age that were invited to be part of this initiative.</p>	<ul style="list-style-type: none"> <li>• Identify and represent their agency’s interest in participating on the Infant and Early Mental Health Committee of Simcoe County.</li> <li>• Share insight to understanding the current services and supports in the community, as well as the strengths and challenges with current systems.</li> <li>• Contribute to a shared workplan for the committee which is intended to:</li> </ul>

	<ul style="list-style-type: none"> <li>• Advance service provider awareness of the importance of addressing infant and early childhood mental health</li> <li>• Facilitate collaborative approach to coordinating care for families across services and sectors</li> </ul>
<p><b>Simcoe County Implementation Committee (SCIC):</b> Core group of community partner leaders from the Infant and Early Mental Health Committee of Simcoe County representatives from organizations who provide supports and services for children from birth to six years of age.</p>	<ul style="list-style-type: none"> <li>• Lead the planning, development, and implementation of the Infant and Early Childhood Mental Health Pathways.</li> </ul>
<p><b>Community Practitioners/Service Providers:</b> Anyone in the community who works with or supports families with young children from birth to six years of age. Some examples of community programs or practitioners include:</p> <ul style="list-style-type: none"> <li>• Child care providers</li> <li>• Early childhood educators</li> <li>• Primary care providers</li> <li>• Public health practitioners</li> <li>• Mental health practitioners</li> <li>• Midwives</li> <li>• Hospital-based physicians, nurses, and other practitioners</li> <li>• Early childhood development workers</li> <li>• Child protection/child wellbeing workers</li> <li>• Indigenous family service providers</li> <li>• French language service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Be available to discuss client concerns for their child’s mental health/social-emotional development.</li> <li>• Initiate conversation to understand the family context and preferences, and explore barriers to access and factors that support their unique situation.</li> <li>• If trained, community practitioners/ service providers can complete the ASQ® and DSP for their client.</li> <li>• If not trained, they can refer consenting clients on to either HBCH for support in English, or La Clé for support in French. HBHC/La Clé with complete the ASQ® and DSP and make referrals to other community programs and supports as needed.</li> </ul>
<p><b>Family/Caregivers:</b> Anyone with a caregiving role to a child from birth to six years of age.</p>	<ul style="list-style-type: none"> <li>• The role of the parent and/or caregiver is to share their deep understanding of their child’s strengths and needs, their preferences, and their choices with the community program or practitioner.</li> <li>• Parents and caregivers can also identify cultural factors that impact their preferred forms of service delivery (e.g. language, etc.).</li> </ul>

## How is the pathway used?

There are 3 main parts to the pathway map:

1. **Left-hand side or "Raises concern about infant/child's social-emotional development or mental health":** These are individuals who usually have questions or concerns about a child's development and identify more support may be wanted or needed. This could be the family, a health or social service provider or child protection/child wellbeing worker.
2. **Middle section or "Completes ASQ® screening, and if required, provides DSP and makes referrals":** Agencies where ASQ® screening, assessment, and further discussions occur to identify treatment services and supports a child and family may require. They can provide a referral to additional supports or services as required.
3. **Right-hand side or "Referral Services":** Agencies, supports, or services where children and families are referred to and where follow-up occurs to ensure the child's development needs can be best met. The agencies can also provide a referral to additional supports or services as required.

Identify where your organization falls on the accompanied maps and follow the instructions under the 'Instructions' section below as to what your specific function is in the Infant and Early Childhood Mental Health Pathway.

# Instructions for the Simcoe County Infant and Early Childhood Mental Health Pathway Prenatal to Preschool (0-3.8 years old)

The map is to be used only for children aged 0-3.8 years in Simcoe County.

This map identifies the steps or processes community providers and practitioners should follow to ensure that young children and their families are efficiently accessing the right services at the right time.

## ***Step 1: Raising a Concern (left hand side of the map)***

### **1. Family:**

When a family raises a concern about their infant/child's social emotional development or mental health and feel they need more ongoing support, they can contact HBHC or La Clé directly to speak about available programs and determine if the program(s) provided by HBHC or La Clé is right for them (contact information found on the map and under the Community Supports and Services section below). Services from HBHC and La Clé are voluntary.

E.g.: A family is struggling with understanding their baby's needs and is worried that something is wrong. They are becoming more and more frustrated with parenting.

### **2. Practitioner, Community Program, Child Care, Early Intervention, or Child Developmental Services:**

When a concern for a child's social-emotional development is raised by a practitioner, community program provider, early intervention provider, or child developmental services provider, they can share the concern with the family. If they have been trained to complete the Ages & Stages Questionnaires® (ASQ®) and Developmental Service Plans (DSP), then the child may stay with the original program to receive this support. If the program or practitioner is not trained to



complete the ASQ®/DSPs, and with family consent, a referral can be made to Healthy Babies Healthy Children or La Clé, based upon language preference.

E.g.: A program facilitator at an EarlyON has noticed a child on multiple occasions when they attend the centre with their parent. The child appears to be anxious in a group setting, and the parent appears frustrated and angry with the child and seems at a loss of what to do. After a discussion about the available supports and with the parent's consent, the program facilitator can make a referral on behalf of the family or support the parent to connect with HBHC or La Clé.

### **3. Simcoe Muskoka Family Connexions (SMFC) Child Protection Worker**

When a concern for a child's social-emotional development is raised by the child protection services provider in Simcoe County, the provider will ask for the family's consent to be referred to HBHC or La Clé. If the family consents to referral, child protection services will make the referral. If the family does not consent to the referral, the child protection services provider will complete the ASQ®/DSPs, and with family consent.

E.g. a child protection services provider that is visiting the family regularly notices the parents rarely pick up or interact with their baby. When being held for a feeding, the baby seems to want to get out of the parent's arms and doesn't settle down for the feeding. The parents comment about the baby never wanting to be held and that this concerns them. The service provider initiates a conversation with the family about this and shares their concern and observations with the family. They explore the family's interest in getting support. With their consent, the service provider can make a referral to the HBHC Program or La Clé or support the family to connect with the HBHC or La Clé.

## ***Step 2: ASQ® Screening and Development of DSP (Middle of map)***

1. HBHC (English Language) and La Clé (French Language) receive the referrals from individual families and/or health care and social service providers, and follow up with families to assess their needs:

**HBHC:** A Public Health Nurse will assess the client’s interest and eligibility for the HBHC home visiting program. If eligible, a trained Public Health Nurse will initiate service with the family at their home. An ASQ® will be completed with the family for each child as part of the family’s onboarding process with the program. If warranted, a Developmental Support Plan (DSP) will be created, and the home visiting team will support the family to integrate strategies to support their child’s mental health in their home environment. If needed, referrals to other specialized supports and services in the community will be made, with family consent.

**La Clé:** An EarlyON coordinator will speak with the family and assess their location to direct them to their local EarlyON centre. The family will visit their local EarlyON centre where a trained EarlyON professional will meet with the family to complete an ASQ®. If warranted, a Developmental Support Plan (DSP) will be created with either the EarlyON professional, or, for more significant needs, will be referred to a La Clé social worker to complete the DSP and receive ongoing service.

Note: for families involved in services from Simcoe Muskoka Family Connexions, if they do not consent to referrals to either La Clé or HBHC, SMFC can conduct ASQ® screenings and DSPs in both English and French.

### ***Step 3: Referral Services, Ongoing Service Coordination, and Re-Screening as needed***

1. If the child requires more intensive services, the organization who has completed the ASQ® screening and created the DSP will refer the child and family to the appropriate intensive services according to the results of the ASQ® screen (refer to the Community Services and Supports section of this document for a full list of services and supports in the community). When making a referral, the agencies screening the child will facilitate a warm handoff and share the ASQ® results (with consent from the family) with the referral agency. If an organization has an existing data sharing agreement in place with IEMHP to participate in the National ASQ® database CanDISS and the family consents, the results of the ASQ® can be entered into the National database.

2. With client consent, HBHC Public Health Nurses and La Clé Social Workers will coordinate services with any referring practitioner or provider who is providing ongoing supports and services to the family. The referring practitioner or provider should identify progress the child has made since referral and address any barriers for families to access or follow up on recommendations or referrals that have been made. If the community practitioner or provider is completing the ASQ® and DSP with the family, they will complete re-screening every three months and update the DSP if that is required.
3. If families are waiting to receive service, they may also benefit from being directed to Universal programs and resources offered by agencies in the community (see the Community Supports and Services section of this document).

## Connecting to Indigenous Community and Services

Families who identify with indigenous heritage have the right and will be supported to access culturally appropriate programs and services. Families would need to inquire with the particular service provider about their ability to offer the ASQ® and supports for their child's development.

Indigenous pathways development to support infant and early childhood mental health is being explored between local Indigenous partners and IEMHP. Indigenous HBHC programs are offered through various local Indigenous organizations:

- Beausoleil First Nation: [Beausoleil First Nation](#)
- Barrie Native Friendship Centre: [Barrie Native Friendship Centre](#)
- Metis Nation of Ontario- Midland area: [Métis Nation of Ontario](#)
- Rama First Nation- CHN - [Chippewas of Rama First Nation - HEALTH](#)

## Contact Information

If the information in this document needs to be updated, or if you require more information about the Infant and Early Childhood Mental Health Pathways in Simcoe County, please reach out to the co-chairs of the Simcoe County Implementation Committee.

**Kristina Polson (she/her)**

Co-Chair Simcoe County Implementation Committee

Service Manager of Children and Youth Services

Simcoe Muskoka Family Connexions

[Kristina.Polson@familyconnexions.ca](mailto:Kristina.Polson@familyconnexions.ca)

**Christine VanderByl (she, her, elle)**

Co-Chair Simcoe County Implementation Committee

Executive Director

EarlyON Child and Family Centre Simcoe North

[cvanderbyl@earlyonsimcoenorth.ca](mailto:cvanderbyl@earlyonsimcoenorth.ca)

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