

promoting infant mental health

a framework for
developing policies
and services to
ensure the healthy
development of
young children



The Child Psychotherapy Trust
*in association with the Association
for Infant Mental Health (UK)*

contents

Summary 3

Developing early attachments 4

Consequences of poor attachment 5

Developing integrated infant mental health services 6

APPENDIX 1 Programmes promoting infant mental health 8

APPENDIX 2 Training in infant mental health 10

APPENDIX 3 The long-term financial cost of not intervening in infancy 11

Acknowledgements 14

References 14



summary

- c There is increasing concern about the high levels of emotional distress among children and the inadequacy of current services to meet their mental health needs. The Government's Sure Start initiative recognises the importance of the early years in the development of children into healthy adults and the impact of social and economic deprivation on families. It focuses on supporting families in looking after young children.
- c The first few months and years of life are a sensitive period when children develop attachments and learn about emotions and social interactions in their family. This lays the foundations for future social, emotional and cognitive development. Children who do not have secure relationships early in life are at greater risk of significant mental health problems, educational difficulties or conduct disorders.
- c Services supporting families and others caring for babies and infants need to focus on the young child's early needs and on improving the quality of the relationship between parents or caregivers and baby. Early intervention may prevent damaging patterns being established within families. Later remedial action may be more difficult, more expensive and less effective.
- c This paper aims to stimulate thinking and debate about potential for the establishment of an integrated infant mental health service. Such a service would support work with families and young children in the community and enable early intervention where difficulties for infants are developing.
- c Services provided by general practitioners and health visitors could provide the focus for a dedicated infant mental health service, working with child and adolescent mental health teams, community paediatricians, social services, early education, day care and the voluntary sector.
- c To develop an integrated service, all those working with infants and their families will need training to increase their understanding and expertise in meeting the emotional needs of very young children.

developing early attachments

All children need reliable care from a very small number of people who can give them a sense of security and enable them to feel confident about exploring the world around them.¹ Babies are born with the innate need and capacity to become attached to a parent or caregiver and their early experiences have a decisive and long lasting impact on how they develop, their ability to learn and their capacity to regulate their emotions. Recent research on brain development shows that the structure of the baby's brain is formed by experiences in the first two or three years of life, supporting the psychoanalytic view that early experiences shape later psychological functioning (see Box 1).^{2, 3}

Most parents and babies attune happily with each other in routines of feeding, cuddling and sleeping. Where this happens, mother and baby feel pleasure and comfort with each other. But the coming of a new baby puts strains on any family. As well as learning to look after the new baby, parents may have to negotiate new relationships with each other, family and friends and cope with the confusion or uncertainty that older children may feel about the new baby.

Though parents generally want to do the best for their children, they may be prevented by many different factors. Some parents or caregivers cannot give the consistent nurturing that every baby needs. In recent years there has been extensive research in many countries about what contributes to difficulties and distress in early childhood. Factors include the inborn nature of the baby, the earlier experiences and characteristic ways of each parent or caregiver, and the overall socio-economic and environmental circumstances of the family.⁶

When the ordinary attunement between parents or caregivers and babies goes wrong, this may be

because of difficulties from the adult's own past, their mental illness, alcohol or drug use or their immaturity. For instance, a chronically crying baby may be innately irritable,^{7, 8} but it may be that the mother or father are unable to console their baby or because of something inconsolable in their own past. The baby's cries echo a pain or terror of the parents or caregivers.

A mother may feel deep disappointments, which can intrude into her relationship with her baby and make it difficult for her to get on with the ordinary rhythms of caring for her baby and responding to his or her needs. She may lose her confidence and blame herself and her baby, even hating her baby for being the cause of her unhappiness. This may contribute to the development of postnatal depression which is a common problem.⁹ In many parents these feelings do not last long,^{10, 11} but for some families they may persist.

Events and circumstances outside the control of the parent or caregiver may also affect an infant's emotional development and relationships within the family. Traumatic life events, such as a premature birth, a baby born with a disability, experience of war or social disruption or as a refugee, all may interfere with the parents' ability to attend to their baby.

It has often been found that the parents who have the greatest difficulties with their children have themselves been neglected, abused or troubled in their own childhood, or do not feel supported by their parents, or indeed their partners. However, it is also now well recognised that such parents can often find their way to managing well if helped by consistent and appropriate support. This often comes from friends, relatives and sometimes from other social networks. But support from experienced and knowledgeable professionals is often vital both to parents and those working with them.^{6, 12}

1 New insights into early brain development

Recent research on the brain has found that, starting before birth, the brain is affected by environmental conditions, including the kind of nourishment, care, surroundings and stimulation a baby receives. The brain functions through signals passing quickly from one part of the brain to another. Connections (synapses) are formed between brain cells (neurons) and link up to form neural pathways. As the individual interacts with the environment and reacts to stimuli, new signals pass along these neural pathways. Environmental experiences consolidate these pathways. Synapses that have been activated many times through early experience tend to become permanent,

while those not often used, tend to be eliminated.

These neural systems underlie our emotional make up, our capacity for making and sustaining relationships, as well as our ability to be aware of and regulate our own behaviour.⁴ Lack or disruption of environmental organising experiences (that is the neurotrophic cues related to these experiences) may lead to major abnormalities or deficits in neurodevelopment which may not be reversible. Both the lack of critical nurturing experience and excess exposure to trauma, such as violence, will alter the developing central nervous system predisposing to a more impulsive, reactive and violent individual.^{4, 5}

consequences of poor attachment

The first few months and years of life are a sensitive period when children learn about emotions and social interactions in their family. When mothers and their babies are at odds with each other their infants may not experience a loving relationship with a parent or carer who nurtures them.¹³

As a consequence, the baby may appear depressed, apathetic, may fail to thrive or be delayed in his or her social and emotional, language or motor development.^{13, 14, 15}

Between the ages of two and five children develop an understanding of their own mental life and those of others. They begin to differentiate between thinking about doing something and actually doing it. They start to infer other people's thoughts and feelings from their words and actions and to be able predict how they will act in the future.¹⁶ Developing the capacity for empathy and understanding of other people appear to be related to the quality of the parent-child relationship. Children who have experienced adult attentiveness to their feelings and thoughts identify with this and thus learn to think about themselves and others in these terms. Five year old children who were securely attached at 12 months show greater

competence in tasks requiring the understanding of mental states than those who were insecurely attached.¹⁷ It is possible to anticipate children's later school achievements by looking at the quality of their early attachments and level of outside support

Insecure attachment may be an important factor in the development of conduct disorders,¹⁸ which can lead eventually to juvenile delinquency and adult crime. Children, who have poor relationships in the early years with the adults who care for them, are more likely to develop significant mental health problems;¹⁹ subsequent criminal behaviour;¹⁶ and educational difficulties¹⁷ and be more prone to violence.²⁰ Fonagy suggests that at least some of the children who move from negativity, through conduct disorders to delinquency and crime do so because of harsh and abusive parenting, which in some way did not allow them to learn to reflect about their actions and understand or be concerned about the mental states of those around them.¹⁹ Difficulties in understanding how other people feel and in relating to interpersonal experiences in adult life are marked in criminals, in particular individuals committed for violent crimes.^{21, 22}



developing integrated infant mental health services

Having a baby is a time of hope, with the opportunity for a fresh start. Many disadvantaged people aim to do better for their own babies than their parents were able to do for them. They are open to encouragement from people they can trust, be it family, friends, or professionals, who empathise with them. Parents or caregivers who feel emotionally supported themselves are more emotionally available to their babies and this is the core of creative thinking about the infant mental health services. Principles for providing effective interventions are outlined in Box 2.



Most new parents have families and friends to help them and will use services when they need them. At present a mixture of health, social services and the voluntary sector provide help for new families. Some of the different ways of offering help are summarised in Appendix 1.

Currently there are wide variations in the availability and quality of services: they are uncoordinated and do not always target those families most in need. As a result, the difficulties of infants and their families are often not recognised and by the time their difficulties come to the attention of those working in day care, early education or child and family mental health services, problems between parents and child are well established. Even prevalent risk situations are not reliably identified. For example, postnatal depression is not recognised in around half the women affected.²⁵ Where problems are identified, most women are referred to adult services which focus on her needs and where staff have no specific expertise in working on the relationship between mother and baby.

We conclude that there is a need for a dedicated infant mental health service.²⁶ This would be based on existing services and consist of for example:

- Health visitors, GPs, midwives and others who have responsibility for the physical and mental well-being of all new babies and their parents. For example, health visitors visit all new mothers and are in the position to gain the trust of struggling new parents.²⁷ Their interest in the well-being of both parents and baby is often experienced as a powerful form of emotional support. It is essential for there to be enough health visitors in any locality to work effectively with all infants and families.
- Volunteers who are a natural extension of the community support available through family and friends. However to be effective they need support and training from professionals.
- Mental health professionals or paediatricians consulting to and supporting primary care workers in identifying and helping families at risk.
- Parent-infant mental health services as a specialist referral with easy access from primary care.
- Adult mental health services working closely with children's services when patients are also parents of young children.
- Close working arrangements with general services in the community for young children and their families, such as those provided by play groups, day care, early years and the voluntary sector.

2 Principles for effective intervention

If a baby is born into a family where his or her relationship with parents or caregiver is compromised, for whatever reason, then early assistance is needed. This may reduce the likelihood that the child will have developmental problems the consequences of which continue into adult life. Moreover, without such help it is likely that they will repeat the pattern and their own children will be affected.

Research indicates that, in the face of disadvantageous family circumstances, the resilience of children may be enhanced where they have secure and nurturing attachment to a small number of caregivers and a stable

relationship with an adult outside the immediate family during childhood.^{23, 24}

All services that help parents and caregivers, therefore, need to:

- Focus on the relationship of the parent or caregiver and infant
- Be offered at an early stage when relationships are still being formed
- Provide support to parents and caregivers, based on building up their confidence and skills in caring for children.
- Address the wider environmental circumstances of the family, including their socio-economic needs.

- Professionals working in primary care will at times require the back up of a network of specialised services to refer children and families who need more intensive help.

To develop an integrated service, all those working with children and their families need training to increase their understanding and expertise in meeting the emotional needs of young children and an agreed structure and code of conduct for such work. Further information on training courses and

an outline on the issues covered in training on infant mental health are given in Appendix 2.

The cost of not providing early intervention that focuses on the parent-baby relationship is enormous, both in emotional and financial terms (see Appendix 3). A redistribution of resources to support infants, carers and families in the early years would save much of what is now spent on behavioural and mental health problems of older children, teenagers and adults.

APPENDIX 1

programmes promoting infant mental health

Below are summarised some programmes that promote infant mental health and focus on the relationship between parents and their children.

Preparation for parenthood

Antenatal and parenting programmes need to address the emotional needs of parents and babies and the likely impact on family life and help parents develop coping skills.²⁸ They also need to target women who face the greatest difficulties and currently may not receive adequate antenatal care or preparation.

- PIPPIN, a national charity set up in 1994, has developed parenting programmes which focus on parent-parent and parent-infant relationships and adjustments to family life. They provide professionals with the specialist skills, knowledge and support to deliver new approaches to preparation for parenthood. Studies carried out as part of a larger study in Britain and the USA between 1989–1993 found significant benefits for British parents and their children.²⁹

Social networks

Support and social networks are important in helping new parents feel confident and develop their skills. In a number of areas community mothers, who are themselves experienced parents, offer informal support with regular home visits to local parents with young children. This approach is promoted by the Government's Sure Start initiative. Volunteers must have training and supervision and refer families with more complex problems to professional services.

- Specially trained and supervised volunteers, from schemes such as Newpin and Home-Start offer practical and emotional support in the home. A controlled trial looking at Newpin showed that they were effective in bringing about improvements in the mother's mental state and also some degree of improvement in mother-child relations.³⁰

Parenting education

Health visitors, social services and volunteer schemes run parenting education courses and promote opportunities for parents to meet and share problems with each other.³¹ Fathers increasingly wish to be included in such schemes and in having a close relationship with their babies, as well as supporting their partners.

Day care

Children under three need personal attention and the reliable presence of a sensitive parent or caretaker. It is essential that the emotional needs of children under three be met in childminding, crèches, toddler groups and nurseries. This requires high staffing ratios so that each infant has a key worker. All staff must have training in the emotional needs of infants and ongoing professional development.³²

Emergency access clinics

Emergency access clinics for children who cry persistently or who cannot sleep can be run in primary care by health visitors and mental health care professionals. One or two consultations with a child psychotherapist or other professional may help parents think about the emotions behind these problems and allow parents to change their approach to the baby and break the pattern.^{33, 34}

Identifying and supporting depressed mothers

Health visitors can be alerted to look for mental health and social problems, using structured interviews to help diagnose depression. Many studies have shown that mothers benefit from the emotional support health visitors can give: their self esteem grows and they are more responsive to their babies.^{25, 35, 36}

Targeting marginalised families

Special efforts will be needed to reach parents from minority ethnic communities and families who are coping with other difficulties, and who might most benefit from such programmes.

- In Sparkbrook, Birmingham, there is a project for first time Asian mothers. Women are visited at home before giving birth to be told about the project and taken through a questionnaire. Once the baby is born they are visited each week to help establish feeding patterns and then have monthly visits until the baby's first birthday. Asian linkworkers offer information including nutrition, health, language and child development.³⁷
- In Bristol the Child Development programme has run since 1989. Health visitors, with special training, offer a programme of support to mothers from deprived backgrounds. The programme is now targeting particularly high risk first time mothers – those under 20, with low educational attainments and poor social support.³⁸

Specialist counselling and therapy for under five's

- At the Tavistock Clinic and at several local child and adolescent mental health services there is an under 5s counselling service where the child and parents can be seen by a child and family worker, such as a child psychotherapist, for up to five sessions at short notice.
- The NSPCC in Barnsley and Rotherham have a scheme for families of children under 5 where there has been serious abuse. The aim is to reunite child and parent and improve parenting skills. A 16 week programme focuses on building up attachment between parents and children. Videos of the parent playing with child are used to provide feedback and counselling to parents.³⁹
- At the Anna Freud Centre in London the Parent-Infant Project helps parents who may be struggling to establish a sound relationship with their baby. Parents and babies are seen by a therapist or in a postnatal group. Families are referred by health visitors, GPs and social workers, and can self refer.
- At the Thorn Road Clinic in Runcorn, paediatricians can refer parents to the child and adolescent mental health service who are linked with adult psychotherapists and also work jointly with health visitors.⁴⁰

Infant mental health services in the USA

In the USA infant mental health specialists have been trained since 1973 and research shows that their approach has been effective in enabling parents to develop more secure and positive relationships with their infants.⁴¹

- In Detroit, USA, a Parent-Infant Program makes home visits to parents of infants who are at risk. They offer a number of specific interventions tailored to each individual case – infant-parent psychotherapy, developmental guidance, parenting education, advocacy and case management.
- PACT (Parents and Children Together) also in Detroit takes referrals from social work agencies and the Courts to act as a mediator between foster parents and birth parents, which is especially important where the aim is for the child to return home. A crisis intervention service can offer up to 20 hours intensive input in a week to a family where a small child is at risk of being removed or put into foster care.⁴²



APPENDIX 2

training in infant mental health

Training courses

There are several training courses all over the country on infant mental health for health visitors, paediatric nurses and social workers and others working in the field of infant mental health to help them to detect problems in early parent-infant relationships.

For further information, contact the Child Psychotherapy Trust.



Content of courses

As an illustration, the content of a multi-disciplinary course on infant mental health for professionals working with infants and their families, run by the Anna Freud Centre over 10 weeks, is outlined below.

The aims of the course are to promote the understanding of parent-infant mental health issues and enhance the skills of professionals working with parents and young children

- 1 *The infant today* Overview of current research findings on the 'pre-wired' capacities at birth and on cognitive, social and emotional development in the first 24 months
- 2 *The internal and external world of the infant* Contributions from attachment theory and research
- 3 *The internal and external worlds of the infant* Psychoanalytic theories of infant emotional and mental development
- 4 *The parent-infant relationship* Constituents of 'good enough' parenting characteristics and identifying criteria of infants at risk.
- 5 *The cultural context* The relative influence of cultural and psychological factors in child-rearing practices
- 6 *The infant and his family* Fathers, siblings and the extended family.
- 7 *Infant developmental psychopathology* Common difficulties in infancy
- 8 *Observation and inference* The technique of direct observation and its relation to evidence-based practice
- 9 *Parent-infant mental health in the clinical setting* Discussion of case presentations by students
- 10 *The promotion of parent-infant mental health within the clinical setting* The integration of theory and practice.

APPENDIX 3

the long-term financial cost of not intervening in infancy

The long term financial costs of not intervening in infancy can be considerable, involving schools, health services, social services, voluntary organisations, youth justice system and the police.

As an illustration, the estimated costs to a social service department for a child protection plan for one family, assuming one child is taken into care, though often more children are involved (1997 costs)

Home care, per week	£140
Social work time per week	£40
Financial support, per week on average	£30
One child to attend a family centre per week	£180
Community family worker per week	£50
Domicillary team involvement per week	£50
Average cost of one child protection case conference	£750
Preparation of a social work report	£150
Fee for child psychiatric report (4 hours work)	£400
Then if the child has to be removed from the family	
Usual expense of legal proceedings	£6,000–12,000
Minimum cost of one week's specialised foster agency care	£500
'In county' foster care, per week	£300
One week in the department's own residential care	£1,000
One week in out of county placement (i.e. in a therapeutic community)	£1,500–2,000
Social work costs per week (statutory visits, reviews)	£30
Cost of supervised contact, twice weekly per week	£130
Total costs for supporting a family for three months,	£14,140–20,640

From: Balbernie, R (1998) *Infant-parent Psychotherapy and Infant Mental Health Services: A Strategy for Early Intervention and Prevention*.⁴²

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Publications from the Child Psychotherapy Trust

With children in mind: how child psychotherapy contributes to mental health services, 1999.

Putting child psychotherapy on the map: a guide to commissioning for health and local authorities and non-statutory child care agencies, 1997.

Child psychotherapy: obtaining funding and developing training in the NHS, 1998.

Is child and adolescent psychotherapy effective? a summary of the research, 1999.

The Child Psychotherapy Review. Twice yearly newsletter.

Leaflets for parents and carers

Your new baby, your family and you
Becoming a parent stirs up hidden feelings, hopes and fears. Knowing this could happen may help you manage these thoughts and feelings.

Crying and sleeping in the first years
Crying and sleeping problems are common in the first year of life. This leaflet explains why this is so and how ideas from psychotherapy can help.

Temper and tears in the twos and threes
Two and three years olds may show feelings of extreme fear, distress or anger. These may seem unreasonable, but they should not be ignored.

Sibling rivalry: growing up with a new brother or sister
This leaflet helps parents understand how and why siblings may react to a new child in the family and their own feelings about coping with the demanding tasks ahead.

Attending to difficult behaviour
Parents and teachers have been troubled by children exhibiting hyperactivity, lack of concentration and impulsiveness, for many years. This leaflet looks at how parents, schools and other professionals can work together to tackle the child's distress.

Separations in the early years
Describes the separations experienced by mother and baby that arouse feelings and involve adjustments for both. Each separation from birth itself to weaning, returning to work, starting play group or school is considered.

Divorce and separation

This leaflet is about some of the helpful ways people have found to manage the way through divorce and separation where children are involved.

Bereavement: helping parents and children cope when someone dies

This leaflet explains how you can help your child or children when someone close to them dies.

Postnatal depression: a problem for all the family
This leaflet explains why some mothers experience postnatal depression, how it feels and its effects on the baby.

Posters

Hold it and count to ten: your survival guide with young children

Key stages in your child's emotional development from birth to adulthood

Video

Won't they just grow out of it?
Child psychotherapists show examples from their work with children and families. Some of the examples are bereavement and sexual abuse.

Other helpful publications

Balbernie, R (1998) *Infant-parent psychotherapy and infant mental health services: a strategy for early intervention and prevention*.⁴² Unpublished, but available on the understanding that it will be used wholly or in part for the promotion of infant mental health services. On disc. Please send a disc with suitable return postage and packaging to Robin Balbernie, Child and Adolescent Service, Cleeve House, Horton Road, Gloucester GL1 3PX.

The Solihull approach: a psychotherapeutic and behavioural approach for health visitors working with children with sleeping, feeding, toileting and behavioural difficulties. Resource pack available from Kath Robinson, Solihull Healthcare NHS Trust, Union Road, Solihull B9 3EF. Telephone: 0121 711 7171.

The Child Psychotherapy Trust

The Child Psychotherapy Trust is dedicated to improving the lives of emotionally damaged children by increasing their access to effective child and adolescent psychotherapy services. Registered charity No. 327361

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The Association for Infant Mental Health (UK)

AIMH (UK) brings together professionals interested in the welfare of infants and their families in order to promote the understanding of issues around infant mental health and support those campaigning for resources for infants and their families.

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