Parent-Infant FOUNDATION

Infant Mental Health

Briefing for Commissioners

Summary

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive.

Although children's futures are not determined by the age of two, wellbeing in the early years is strongly linked to later outcomes. By protecting and promoting babies' emotional wellbeing and development – improving infant mental health and strengthening parent-infant relationships – we have an opportunity to put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead.

Research shows a strong connection between exposure to stress in pregnancy and early life, and later mental ill-health. Supporting infant mental health can prevent emotional disturbances from taking root and escalating into mental health problems. Without taking early action, we risk exposing children to unnecessary suffering and increase the need for later mental health support.

It is more cost-effective to act early, rather than pick up the pieces when problems occur. Effective early action leads to accumulated savings by preventing other services being required later in the child's life, it also improves the child and family's participation in the economy.

Supporting early relationships requires a coordinated system of services and support to be available, ranging from universal support for all families, to targeted and specialist services for those who need extra help.

There is very little mental health provision for young children. 42% of CCGs in England report that their CAMHS service will accept referrals for children aged 2 and under.

Specialised parent-infant relationship teams provide therapeutic support where babies' development is most at risk due to severe, complex and/or enduring difficulties in their early relationships. There are fewer than 30 of these teams in the UK: most babies live in an area where these services do not exist.

The case to protect and promote infant mental health is strong, and COVID-19 makes it all the more important. In this briefing we call for:

- No mental health without infant mental health. Infants must be considered alongside children and young people in all future mental health strategies and plans.
- Specialised parent-infant relationship teams across the UK so that all babies who need this help can access it.

Investing in infant mental health will reap rewards for our families, communities, and services in the future. It's time for action.

Contents

"Together... we have the obligation to put sunshine into the hearts of our little ones... They deserve what happiness life can offer."

Nelson Mandela

What is infant mental health?

Every one of us, even the youngest, has mental health and wellbeing. Like all people, babies experience a range of emotions in response to what happens in their lives. If things aren't right, their emotional wellbeing might be affected. Although they cannot recognise and describe it to us, babies can feel happy and secure, or stressed and distressed. Their emotional wellbeing influences how they experience, manage and express emotions, and feel safe and secure to explore the world around them.

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive.

Early relationships are fundamental to infant mental health. Young babies need sensitive, responsive adults to help them to bring difficult emotions under control (for example, through soothing them when they cry). Parents' responses shape how babies experience their emotions and how they learn to regulate and express these emotions.[a] Early relationships set a template for how babies begin to think about themselves and others.

"Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development."

National Scientific Council on the Developing Child (USA)[1]

It is estimated that around 10-25% of young children experience significantly distorted relationships with their main carer(s) that will predict a range of poor social, emotional and educational outcomes.[2] This kind of "disorganised attachment" is much more prevalent in families living with stress factors such as conflict, substance misuse, parental mental illness, exposure to trauma and severe poverty.

We call infant mental health teams, **specialist parent-infant relationship teams** because they focus on the relationship between a baby and their parents or caregivers as the main way in which to improve infant mental health.

a. Throughout this document we use parents to refer to babies' primary caregivers – they may not always be the child's biological parents.

Why does infant mental health matter?

The first 1001 days, from pregnancy, is a period of uniquely rapid growth. Babies brains are most 'plastic' or adaptable in this period as many millions of neural connections are made and then pruned, and the architecture of the brain is developed.[3]

Although children's futures are not determined by the age of two, wellbeing in the early years is strongly linked to later outcomes.[4,5] By protecting and promoting babies' emotional wellbeing and development – improving infant mental health and strengthening parent-infant relationships – we have an opportunity to put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead.

A large body of research shows that early relationships, emotional wellbeing and development predict later wellbeing:

- **Learning**

  Healthy parent-infant relationships enable babies and toddlers to feel safe and secure, ready to play and explore and learn. Children who have had good early relationships start early education and school best equipped to be able to make friends and learn.[6,7,8]

- **Earning**

  Good infant mental health increases the chances of babies going on to achieve their potential in later life and contributing to society and the economy.[4,9]

- **Emotional and social skills**

  A child's early relationships shape their perceptions of themselves and others and teach them how to regulate their emotions and control their impulses. This lays the groundwork for children's developing emotional wellbeing, resilience and adaptability; key competencies that will help them to thrive.

- **Mental and physical health**

  Research shows a strong connection between exposure to stress in pregnancy and early life, and later mental health problems.[10,11] Supporting infant mental health can prevent emotional disturbances from taking root and escalating into mental health problems. Infant mental health affects a child's developing brain and autonomic nervous system.[12] Through helping babies to cope with early emotions, parents help children to develop behavioural and physiological regulation. These are linked to lifelong health and wellbeing.

- **Trusting relationships**

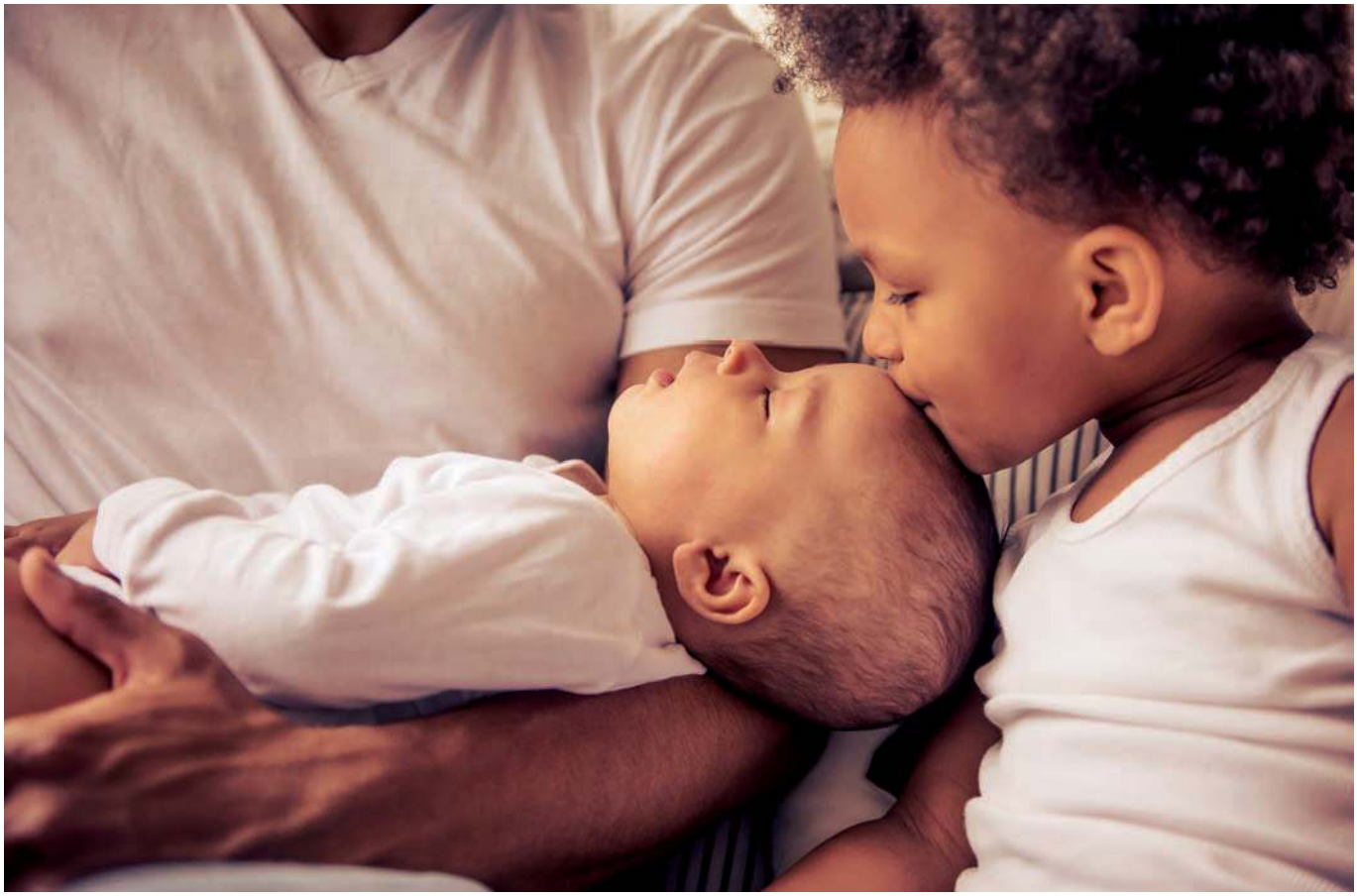
  Early relationships set templates and expectations for future relationships. Secure, nurturing relationships give babies the skills to form trusting relationships with others. Relational capability is essential for living a healthy and fulfilling life and making a positive contribution to the lives of others.

- **Positive behaviour**

  Because good infant mental health enables children to understand and manage emotions and behaviours and to form positive trusting relationships, it can reduce the later risky and antisocial behaviour and the costs they bring.[13]

- **Parenting ability**

  A child's experience of being parented also influences how they go on to parent their own children, so supporting parent-infant relationships can pay dividends for generations to come.[14]



"... the pathway followed by each developing individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years."

John Bowlby[15]

Just as good infant mental health has wide and lasting benefits, conversely, if babies have a difficult start it can lead to an increased risk of a wide range of poor physical and mental health, social, educational and economic outcomes.[5,12] However, effective early intervention can prevent emotional disturbances from impacting on children's development or taking root and escalating into mental health problems.

Because of the lasting and pervasive impacts of early adversity, there is a clear economic case for investing in the first 1001 days.[16] It is more cost-effective to act early, rather than pick up the pieces when problems occur. Effective early action leads to accumulated savings by preventing other services being required later in the child's life and improves the child and family's participation in the economy.

"Investing in early childhood development is good for everyone – governments, businesses, communities, parents and caregivers, and most of all, babies and young children... And investing in early childhood development is cost-effective: For every $1 spent on early childhood development interventions, the return on investment can be as high as $13."

World Health Organisation, World Bank and UNICEF[17]

What are specialised parent-infant relationships teams?

Supporting early relationships requires a coordinated system of services and support to be available, ranging from universal support for all families, to targeted and specialist services for those who need extra help. These services must be working together as part of care pathways, which ensure that families receive the right support at the right time. Babies and toddlers are different from older children, so it is important that services can respond to their unique needs.

Specialised parent-infant relationship teams provide therapeutic support where babies' development is most at risk due to severe, complex and/or enduring difficulties in their early relationships.

These teams are called different names, including Infant Mental Health, Parent-Infant Mental Health or PIP services.

Alongside providing direct support, they are also expert advisors and champions for all parent-infant relationships, driving change across their local systems and empowering professionals to turn families' lives around. Because of the diverse and important role these teams play, they can be jointly funded by CCGs and children's services and/or public health within Local Authorities.

Characteristics of specialised parent-infant relationship teams

They are **multidisciplinary teams**, which include one or more consultant level psychologist or psychotherapist.

All staff should have **expertise in infant mental health** and in supporting and strengthening the important relationships between babies and their parents or carers.[b]

They are **experts and champions**. They use their expertise to help the local workforce to understand and support all parent-infant relationships, to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

They offer **direct support for families who need specialised help**. This includes targeted work with families experiencing early difficulties whose needs cannot be met by universal services alone, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk.

They offer families an individual assessment and a **tailored package of developmentally-appropriate therapeutic support** where this is appropriate. Teams can deliver multiple interventions, so they can tailor a package of support to families' needs.

Their **focus is on the parent-infant relationship**, not just on the behaviour of the baby or the mental health needs of the parents. They offer dyadic (and ideally triadic interventions) which focus on the quality of the interactions between the parent(s) and their baby.

There is a **clear referral pathway** to enable families who need support to access the service. Concerns about the parent-infant relationships are an accepted reason for referral. Unlike other mental health services, there does not need to be a clinical diagnosis in the adult or child for families to be eligible for the service.

They serve **all families with children aged 2 and under** where there are parent-infant relationship concerns, not just those with a specific characteristic (e.g. parental mental health difficulties).

b. We recommend that all staff should have obtained level 2 in the Association of Infant Mental Health Competency framework and should be working to level 3. The consultant psychologist or psychotherapist on the team must have additional training equivalent to level 3 in the competencies and should also be capable of screening adult mental health risk..

Sometimes there is confusion between 'perinatal' and 'parent-infant' services. NHS perinatal mental health community services focus on mothers' mental health and work with women with moderate to severe mental health problems. Their work tends to start and end according to the mental health needs of the adult.

The relationship with the baby is not the core focus of the work, although perinatal mental health teams should offer specialised parent-infant relationship work as part of their package of care and the NHS Long Term Plan encourages this.

Specialised parent-infant relationship teams focus on improving the quality of relationship between the parent(s) and baby, and work with all families where this relationship is at risk. Parent-infant and perinatal teams can work together as part of a pathway of care that ensures that all families receive the right care at the right time.

Case study

The Leeds Infant Mental Health Service is a city-wide service made up of a clinical psychologist, health visitors and infant mental health practitioners. They offer a range of interventions to support approximately 130 local families each year, who include parents-to-be and those with babies under 2.

Support on offer includes parent-infant psychotherapy, video feedback, Circle of Security, Watch Wait and Wonder, and the Brazelton Newborn Behavioural Observation. The service also trains a wide range of local professionals, including health visitors, midwives, the third sector, adult mental health professionals and those in the family justice system, and offers consultation and reflective supervision to teams and practitioners across the city.

The service is jointly funded by Local Authority Public Health Budget and the CCG Children and Young People's Mental Health CAMHS budget. It is currently expanding its offer to support older pre-school children.

What infant mental health provision exists in the UK?

Across the UK, many services work with families to support infant mental health. Some – such as perinatal mental health services[iii] – have grown in recent years. Others – such as health visitors in England – have experienced significant cuts or perhaps never existed at all.

There is huge unwarranted geographical variation in the quality and capacity of services, which reflects differences in local decisions and priorities rather than the level of need or demand for these services.[iii] Whilst some decision makers are taking action to improve infant mental health, others are doing very little, leading to a postcode lottery for babies and their families.

Work is being taken forward on infant mental health in the devolved nations and regions of the UK:

- **Northern Ireland** has an Infant Mental Health Framework and Public Health **Wales** are developing a call to action on infant mental health.
- The **Scottish Government** included Infant Mental Health in their Programme for Government and is undertaking a range of work including funding for voluntary sector provision to support perinatal and infant mental health, the development of infant mental health specialists within perinatal mental health teams and development of Infant Mental Health services.[18]
- **Greater Manchester** is rolling out a combined perinatal and parent-infant service model including specialist Perinatal Community Mental Health Services, Parent-Infant Mental Health Services, Adult IAPT (PIMH services and Volunteer peer support.[19]

Gaps in specialist services to improve infant mental health are particularly bleak. There are fewer than 30 specialised parent-infant relationship teams in the UK: most babies live in an area where these services do not exist. These teams are known as "rare jewels" because they are scarce and small, but where they do exist, they are extremely valuable and highly valued.[20]

There is very little mental health provision at all for children aged 2 and under. Even though CAMHS services should cater for 0-18-year-olds, in 2019 CAMHS services in 42% of CCG areas in England would not accept referrals for children aged 2 and under. And of those that said they accepted referrals and could provide data broken down by age, 36% had not seen a child age 2 or under.20

Our mental health system is focussed on older children and often fails to recognise or respond to the needs of babies – despite the importance of early emotional wellbeing.

Things should be changing: the NHS Long Term Plan for England committed to improving access to specialist services for all children from 0-25. It stated that "over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it"[21] The plan said nothing specifically about infant mental health, but providing specialist mental health services for children aged 0-2 would require specialist provision – like parent-infant relationship teams – to be in place for all babies who need them.

Who needs infant mental health support?

Most parents want to do the best for their babies but some live in situations that make this harder. Stress factors such as – but not limited to – domestic abuse, mental illness, substance misuse, unresolved trauma and poverty can make it harder for parents to protect, support and promote young children's development. The more adversities a family faces, the harder it can be for them to meet their babies' needs.[22]

Good early relationships can provide a 'buffer' which helps to protect babies and toddlers from other adversities in their lives. Babies who suffer from adversity without sensitive, nurturing relationships are more likely to experience toxic stress which can have pervasive impacts on many aspects of child development.[23]

Tens of thousands of babies in the UK live in families experiencing stress factors like those described above. Not all these children will have poor mental health, and other children without these risk factors may also have social and emotional problems. Population-level information, such as the statistics below, gives us an indication of the number of babies exposed to adversity and whose emotional and social development is therefore at greater risk.

- Living in poverty has a direct impact on babies' environment and the resources available to them. Significant and prolonged economic hardship puts immense pressure and stress on parents, which will have a knock-on impact on their ability to care sensitively for their babies.[24] The number of children in the UK living in poverty is growing rapidly and was 4.1 million in 2018/19. Young children are at greater risk of living in poverty: 53% of children in poverty live in families whose youngest child is 0-4.[25,c]
- In 2018/19 0.6% of mothers in England were teenagers.[26] Despite significant progress, the UK's teenage birth rate remains higher than comparable western European countries. Teenage pregnancy is a risk factor for poor infant mental health because of the increased association with risk factors such as poverty and poorer maternal mental health, both of which can impair the parent-infant relationship.[27,28,29]
- Analysis by the Children's Commissioner in England in 2018 suggests that 25,000 babies under one live in a household where two of the three most 'toxic' risk factors (mental health problems, substance misuse issues and/or domestic abuse) are present.[30]
- Over 7000 unborn babies and 19,000 children under one in England are recognised as being "children in need".[31] Many of these babies will have experienced very significant difficulties in their early relationships and the "toxic stress" that can have a significant toll on a babies' mental and physical health and development.

c. Using a measure of 60% median income after housing costs.

Across the UK, it is likely that many babies who experience significant risks are not known to services. The research by the Children's Commissioner suggested that fewer than half of babies in England living with adults experiencing mental health problems, substance misuse issues or domestic abuse are recognised as 'children in need'.[30]

The statistics above hide huge variations in babies' experiences and outcomes between communities, local areas, and regions of the UK. These variations reflect a range of factors: levels of deprivation; demographics; different economic conditions and opportunities, and different policies and services in different places. Across the UK, babies' early experiences and life chances vary hugely.

Children in more disadvantaged areas are less likely to have a healthy start at birth and experience worse outcomes later. Some evidence suggests that rather than "levelling up, inequalities in early outcomes are widening.[32]

Case study

Nadia* suffered severe neglect, abuse and trauma as a child. She was looked after by her grandmother who was also abusive and then was placed in a children's home.

Nadia had struggled with alcohol and substance misuse and mental health issues from a young age. She had her first baby aged 15. Nadia went on to have several abusive and violent partners. She had 4 children, all of whom had been removed from her care.

Nadia was referred to Knowsley Building Attachments and Bonds Service (BABS) by a midwife when she was pregnant with her 5th child, baby Katie*. She was late booking at the Maternity Hospital due to a fear of professional involvement because of her previous experiences.

BABS is a specialised parent-infant relationship team delivered by North West Boroughs Healthcare NHS Foundation Trust and funded by the CGG.

Nadia had never had any previous therapeutic support to help her to deal with her past. The BABS team offered her parent-infant psychotherapy which enabled her to talk through, process and move forward from her past experience. This enabled Nadia to be the parent she wanted to be with Katie. Nadia also benefited from Video Interaction Guidance, which helped to build her reflective capacity, confidence and self-belief.

The pre- and post-intervention measures showed that the BABS service helped to improve Nadia and Katie's attachment, maternal sensitivity, and mental health and wellbeing. A Child Protection Case Conference deemed that Nadia was "a good enough parent to be Katies' mother".

Safeguarding support was reduced and eventually, the family were discharged from children's social care. Four years on, the family are still doing well. They have no safeguarding involvement or concerns. Nadia remains drug- and alcohol-free.

*Names have been changed.

What impact has COVID-19 had on infant mental health?

Whilst the direct physical health risks of COVID-19 are far lower for young children, the secondary impact of the crisis may have a severe and lasting effect for some babies. The pandemic has further increased risks to infant mental health, widened inequalities and depleted services. Action to protect and promote infant mental health is more important than ever.

Whilst the direct physical health risks of COVID-19 are far lower for young children, the secondary impact of the crisis may have a severe and lasting effect for some babies. The pandemic has further increased risks to infant mental health, widened inequalities and depleted services. Action to protect and promote infant mental health is more important than ever.

The crisis is stressful for everyone, but for babies (born and unborn) this is happening at a critical time in their development where they are particularly vulnerable to family stress and anxiety.

"There are, and will continue to be, clear effects of the coronavirus on children's education, social life and physical and mental health. For children in key development stages, such as the very young and those in adolescence, disruption of many months will have a larger impact on social development."

Professor Paul Ramchandani[33]

Increased stress and trauma

The pandemic has created challenges for families such as economic hardship, job insecurity, isolation, anxiety about the virus and the stresses of lockdown such as struggles getting food and basic goods and balancing work and childcare. These new pressures on parents – together with an absence of wider support – may disrupt their ability to provide the calm, responsive interactions that babies need so much during their first 1001 days.

Relationship conflict and domestic abuse have escalated in many households.[34] When babies are exposed to this conflict – including in utero – it can have lasting psychological consequences.[35,36,37] It's also likely that there has been an increase in child abuse and neglect, which may have gone undetected.

The pandemic may also result in:

- A rise in birth trauma due to some women experiencing heightened anxiety and not having the same level of support during induction, labour and birth that they might normally have had from professionals and family members.[38]
- Early relational trauma for babies in NICU and their parents where social distancing or social isolation rules in hospitals have prevented parents from seeing their babies, sometimes for weeks at a time.[39]
- Babies born after the lockdown who may have been conceived in abusive relationships and/or whose parents may have desired to terminate a pregnancy but not had the access to services to do so.[40]

The lockdown has resulted in a fall in income for many families and, with a serious economic downturn forecast, many families will likely experience hardship long after the lockdown finishes. Families with young children were already at greater risk of poverty before the lockdown, and therefore less resilient to economic shocks. There is evidence from previous economic downturns of a significant negative impact on babies' health[41] and children's mental health.[42]

Widening Inequalities

While the COVID-19 pandemic has been difficult for all families, we did not all enter this situation equally and it will not affect us all equally.

The impact of COVID-19 will be greater for vulnerable babies, whose families have had fewer physical and social resources to begin with and are likely to be suffering greater hardship through the lockdown. COVID-19 is likely to widen gaps in development between the poorest children and the rest.

Invisible children

Whilst services have made an effort to keep in contact with families known to be vulnerable during the crisis. However not all vulnerable families are known to services, and during the crisis, problems will have emerged in families who may have previously been coping.

Many families will be struggling behind closed doors and are unlikely to ask for help: we know that parents often hide their struggles for fear of stigma and judgment. Babies can't speak out.

A fall in services and social support

During the pandemic, many families experienced increased stress and a decrease in both social and professional support that they would normally rely on.

Many young children will have missed out on time with important adults in their lives, such as grandparents, aunts, uncles and childminders, during the lockdown. For some babies, these relationships may have provided the safe, secure care that they needed to buffer the impact of adversity at home.

During the pandemic, vital services that would normally help to support parents and safeguard babies, such as the already depleted health visiting service, have been reduced further due to staff illness, isolation and redeployment.

Service delivery has also been severely affected by the lockdown rules. Many services have been delivered virtually, but this can be problematic for babies, particularly in disadvantaged households. It is very difficult to assess babies' wellbeing and parent-infant interaction through telephone or video contact with families. It is also more difficult to elicit need or identify safeguarding concerns. Often the baby remains unseen through these contacts.

Many families facing multiple disadvantage are digitally excluded, perhaps lacking smartphones, access to data or Wi-Fi, or the literacy and language skills to engage with services remotely. Others may lack private, quiet space to take a call. These families face a double disadvantage of increased need and increased barriers to engagement.

Case study

The Little Minds Matter: Bradford Infant Mental Health Service provides clinical work, consultation, training, and community engagement activities to support babies' social and emotional development.

The team is a Better Start Bradford project, funded by the National Lottery Community Fund and delivered by Bradford District Care NHS Foundation Trust as part of CAMHS. During the COVID-19 pandemic, the team have continued to provide therapeutic support to vulnerable families through one-to-one phone and video calls.

Clinicians have also been involved in wider work to support parents. For example, having recognised the stress facing families during the lockdown, the team worked at pace with local partners to create a video support parents who were struggling to care for a crying baby.

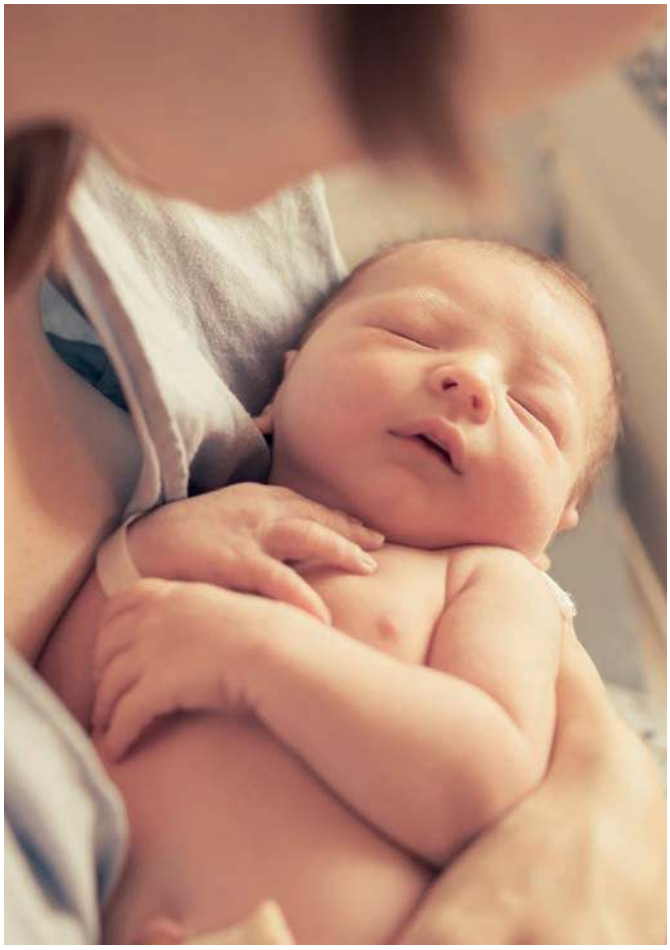
This was shared widely across social media and partners' websites. The video has had nearly 45,000 engagements on social media and has been well received by families.

"Really good advice I'm a [full-time Mum] and I'm struggling myself with a crying 5-month-old... half the time I feel I'm doing something wrong but I learnt all babies are different."

Future demand

As the lockdown ends, the demands on all services will grow significantly as they have to make up appointments missed during the lockdown, repeat some contacts done virtually in order to undertake a full assessment of a child's needs and development, and cope with the increased demand for services as a result of the pressures that families have experienced.

A concerted effort will be needed to help babies and their families to recover after COVID-19, including the provision of evidence-based interventions for families with most need and babies whose development is at risk as a result of their exposure to stress and adversity. Specialised parent-infant relationship teams are well placed to provide this support.



Conclusion

The case to protect and promote infant mental health is strong, and COVID-19 makes it all the more important. Promoting infant mental health offers a key to unlocking the potential of our nation going forwards – creating resilient, caring communities that are better able to cope with future trauma.

There must be no mental health without infant mental health

Too often, mental health – even children's mental health – is discussed without reference to infant mental health. The Children and Young People's Mental Health Coalition now talks about infant, children and young people's mental health. The same approach should be reflected across Governments, the NHS and local authorities around the UK.

All future mental health strategies and action plans, including any responses to support mental health in response to the COVID-19 crisis, must explicitly consider babies and set out clear, tailored responses to meet their needs. Plans to deliver the NHS Long Term Plan in England must include the provision of specialist mental health support for babies and toddlers.

All babies should be able to access specialist infant mental health support if they need it

Infant mental health needs a whole system response, including specialised services for those at most risk. Action must be taken to ensure there are specialised parent-infant relationship teams across the UK so that all babies who need this help can access it.

Without offering such support, we risk children experiencing unnecessary suffering and emotional disturbances taking root and escalating into mental health problems. This not only creates costs for the child and their family but also for society and public services later.

Babies need action on infant mental health now more than ever. Investing in such support will reap rewards for our families, communities and services in the future. It's time for action.

For more information about specialised parent-infant relationship teams, please visit parentinfantfoundation.org.uk

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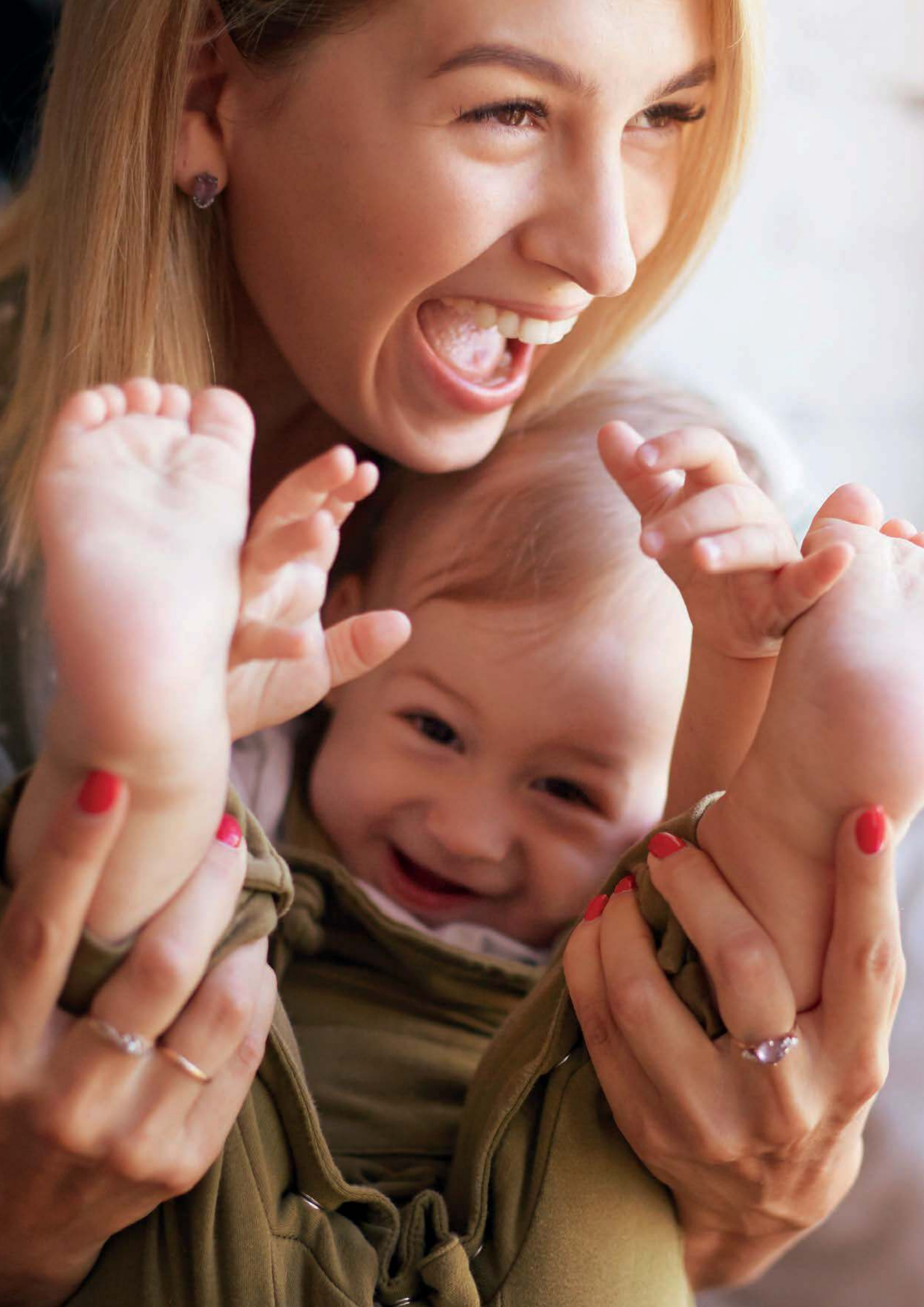

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