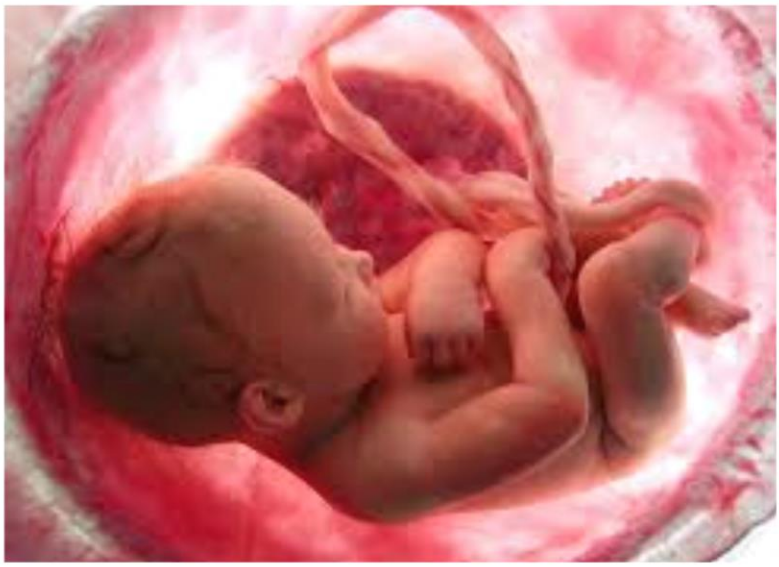

BEGIN BEFORE BIRTH
12-16TH JUNE 2017
INFANT MENTAL HEALTH AWARENESS WEEK

Begin Before Birth

INFANT MENTAL HEALTH TOOLKIT

Introduction

What is Infant Mental Health?

Firstly, what do we mean by Infant Mental Health? Well, unlike other areas where the term 'mental health' is used, in this context we are looking more at maintaining a healthy developmental trajectory from the very beginning of life than offering a service where there is mental ill-health already causing problems and unhappiness. Infant mental health has been defined in several ways to make this point.

It can be seen as 'the ability to develop physically, cognitively, and socially in a manner which allows them to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system' (WAIMH Handbook of Infant Mental Health, vol. 1, p. 25).

Or, from Pregnancy to Toddlerhood, with a greater emphasis on maintaining optimum development, 'Infant mental health is the developing capacity of the child from birth onwards to: experience, regulate, and express emotions; form close interpersonal relationships; and explore the environment and learn – all in the context of family, community and mental health expectations for young children.

Infant mental health is synonymous with healthy social and emotional development.' It is recognised that the environment of the womb matters to the later stages of development after birth.

The concept of infant mental health pivots around the quality of the relationship between a babies and toddlers and their parents. This has been researched and confirmed through attachment

theory and developmental brain science. 'Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development.

From the moment of conception to the finality of death, intimate and caring relationships are the fundamental mediators of successful human adaptation' (p.27) (Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000) From Neurons to Neighbourhoods: The Science of Early Childhood Development. Washington D. C.: National Academy Press).

The basic belief of the infant mental health movement is that the first relationships that a newborn forms with their parents will influence multiple aspects of their future development.

In the greater majority of instances where parents are able to love, play and nurture without internal or external hindrances this goes well enough. Research on attachment shows that roughly 60% of children develop what is called secure attachment with their parents or other important caregivers.

This is the best start in life as it means the child will be adaptable and creative later on in life and will make the best of the opportunities that come their way, beginning with education and eventually leading to the mature capacity to form relationships and parent in turn.

Gestation to about age three is the time of greatest neuroplasticity, where the actual structure and neurochemical substrate of the brain is being formed as the baby and toddler automatically adapt to their caregiving environment of significant relationships.

Birth to age three is also when the relationship a baby forms with his or her parents is programing the software of all future relationships, something that can continue as unconscious expectations, biases and reactions for the rest of life unless challenged (or treated) and which may be passed onto their children in turn as a taken for granted way of parenting that might or might not be in the best interests of their child.

A child's social and emotional development can be positive or negative, pro- or anti-social. Children who are raised in an emotionally sparse or maltreating family can grow up with many disadvantages causing great collateral damage throughout their lifespan.

As adults they will be disproportionately represented in mental health services, the prison population and social care. This is a predictable and preventable drain on the economy and such unhappy individuals will also be far less likely to contribute in to society.

Here are half a dozen representative quotes from some of the infant mental health literature. -

1) 'Genetic susceptibilities are activated and displayed in the context of environmental influences. Brain development is exquisitely tuned to environmental inputs that, in turn, shape its emerging architecture. The environment provided by the child's first caregivers has profound effects on virtually every facet of early development, ranging from the health and integrity of the baby at birth to the child's readiness to start school at age 5' (p.219) Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000) From

Neurons to Neighbourhoods: The Science of Early Childhood Development. Washington D. C.: National Academy Press).

2) 'The strength and vulnerability of the human brain lie in its ability to shape itself to enable a particular human being to survive its environment. Our experiences, especially our earliest experiences, become biologically rooted in our brain structure and chemistry from the time of our gestation and most profoundly in the first month of life' (p.277) (Karr-Morse, R. & Wiley, M. S. (1997) Ghosts From the Nursery: Tracing the Roots of Violence. New York: The Atlantic Monthly Press).

3) 'It is now accepted that early childhood abuse specifically alters limbic system maturation, producing neurobiological alterations that act as a biological substrate for a variety of psychiatric consequences. These include affective instability, inefficient stress tolerance, memory impairment, psychosomatic disorders, and dissociative disturbances' (p. 81) (Schore, A. (2012) The Science of the Art of Psychotherapy. New York: W. W. Norton & Co).

4) 'Repeated experiences of terror and fear can be engrained within the circuits of the brain as states of mind. With chronic occurrence, these states can become more readily activated (retrieved) in the future, so that they become characteristic traits of the individual' (p. 55) Siegel, D. J. (2012) The Developing Mind (Second Edition). New York: The Guilford Press).

5) 'The child's first relationship, the one with the mother, acts as a template, as it permanently moulds the individual's capacities to enter into all later relationships. These early experiences shape the development of a unique personality, its adaptive capacities as well as vulnerabilities to and resistances against particular forms of future pathologies' (p. 1) Schore, A.N. (1994) Affect Regulation

and the Origin of the Self: The Neurobiology of Emotional Development. New Jersey: Erlbaum).

6) 'By failing to understand the cumulative effects of the poisons assaulting our babies in the form of abuse, neglect, and toxic substances, we are participating in our own destruction' (p. 12) Karr-Morse, R. & Wiley, M. S. (1997) Ghosts From the Nursery: Tracing the Roots of Violence. New York: The Atlantic Monthly Press).

An infant mental health perspective on development.

The development of a very young child cannot be separated from the relationship that they have with their parents. Positive relationships are the essence of infant mental health, an outlook that revolves around the importance of maintaining good social and emotional development from the start.

In most, but certainly not all, cases the prime caregiving relationship applies more to the mother than the father, certainly in terms of time. But fathers also have a central role to play in the development of their children, again based upon relationships.

A baby's mind, psychological and physiological, springs from the matrix of early family relationships and it is these that will determine whether those crucial early experiences are joyful or stressful.

A child's earliest relationships will influence how they react to challenges as they get older and go through life. A baby who has parents who can respond appropriately to his or her needs and feelings and who promote a sense of safety and of being unconditionally loved and enjoyed is likely to grow up with secure

attachment. This is the best start in life for anyone. Such a child, regardless of all other individual characteristics, is likely to be resilient in the face of subsequent challenges, and will also be more curious and creative and so be in a good position to make the best use of life's opportunities, including education and life-style choices. On the other hand, those children with insecure attachments will find the same difficulties that bit harder to overcome and may even end up facing the normal and necessary challenges of life while struggling with emotional difficulties or mental illness.

The software of relationships is initially programmed within the mind during the pre-verbal period and is thus taken for granted unless subsequent events set up a situation when this has to be questioned. Babies and toddlers have no choice but to adapt to their family habitat, we are just designed that way. Usually they can muddle along fairly happily with what they find.

When these relationships are positive, when parents and small child together can have fun just messing around (preferably avoiding all screens and forward-facing buggies) and the parents are sensitive and appropriately responsive (which does not mean either getting it right every time or giving in to the child's demands) then that is pretty much the best formula for launching any child in life.

On the other hand, when the infant finds consistent stress rather than comfort within the family then survival takes precedence over emotional connection. Children from a background of upsetting and confusing family relationships are more likely to struggle in all domains of development, often finding that both

themselves and those around them feel frustrated and unhappy for reasons they cannot put into words.

Later on the importance of the first significant relationships will generalise out to substitute caregivers away from the immediate family, such as relatives, child minders and teachers. Early relationships influence the developing mind, especially during the first 1001 critical days from conception to age two when the brain is in the process of initial formation and so most open to change, a process based on the amazing neuroplasticity that has powered human evolution.

At birth a large amount of the baby's brain has yet to be wired up. The 'life support systems' are operating, but for the rest of the brain the connections have barely started to form. The greater majority of the neurones that an individual will have for their lifetime are present at term, but, in order to keep birth safe for all concerned, the inter-cell circuits, which go on to form incredibly complex neuronal networks, only then begin to wire up.

This also means that the structure of the brain in certain key areas will be greatly influenced by the quality of relationships and general stimulation within the family, for better or for worse. The human brain is at its most adaptable, or 'plastic', during this initial period of formation.

This is not to say that change is impossible at any later period of life. However, any system is easier to adjust during the set-up period rather than after it has been established.

If the emotional environment is one that causes the child to consistently feel unsafe and fearful, at the worst extreme experiencing 'toxic stress', then this will be reflected in the final survival, threat-reactive, circuits of the brain and the hormonal imbalance behind a hair-trigger stress response.

Without help such a child might go through life reacting to even minor problems as if they were a dangerous life-threatening situation. Sometimes children adopted at a very early age from traumatic families keep these reactions for life in spite of having had later loving families to care for them. Thus disruption and stress in the early attachment relationship is the best predictor we have for a life that is likely to be full of struggles. And of course, prime among these is becoming a parent in turn.

Without intervention the cycle of difficult and unsatisfactory relationships continues. Sometimes such early help needs to be specialised and lengthy, which might seem expensive at the time but is a pittance compared to potential savings later on in terms of services that do not have to come onto play in reaction to a problem.

PIP UK is the only national organisation dedicated to establishing such teams and further details can be found on their website as detailed below. Ideally all early intervention should be delivered from a children's centre setting since these are closest to the communities they serve and as they are meant to be universal they are the least stigmatising and so are far less likely to distance the very families who might need some additional help the most.

Clinical intervention in infant mental health is a priority not a luxury.

(NB. This can be standalone.)

Given that the most important period in everyone's life is one they cannot remember it is vital that this is a time that has dedicated resources allocated to it. These first two or three years, the time before memory can be verbally tagged for later retrieval, set their stamp on all that comes after and this applies especially to the first 1001 critical days.

These experiences become the basis for the human software of relationships and the future response to threat, recorded in procedural, or implicit (unquestioned) memory. 'At birth an infant can develop into an infinity of selves, and its brain is equipped to deal with that uncertainty' (Donald, 2001:211). Early intervention is changing brain circuitry, both a scary and inspiring thought.

The early years can either be positive, as when a child gains the resource of being resilient in adversity so that later stressful events do not become a trauma or negative when there is any form of maltreatment and toxic stress.

We need to avoid the latter, when child's early (s)caregiving has left emotional scarring because there was too great a discrepancy between the infant's inherent needs and the quality of caregiving that was available. Sometimes parents from all sectors of society are overwhelmed by the normal stresses of parenting and need help.

We know that the emotional environment of infancy, which from the baby's point of view consists of relationships with the parents, will be preserved on both a psychological and neurological level. Usually this works out fine for all concerned.

But in the most risky instances this can either be a disaster because we have done nothing or, when the relationship is at risk and professional help available, a pathway to hope, as: 'The essence of infant mental health work lies within the parent-child relationship' (Solchany and Barnard, 2001:46). Relationships are the most important factor in a baby's life, literally vital.

In many instances when an older child comes to the attention of specialist helping services provided by Education, Health or Social Services, it may appear difficult to differentiate between the effects of early experiences and reactions to current family dysfunction.

The latter usually has roots in the former, and has by now become well established. However, a significant population of children, whose effect and cost is out of all proportion to their number, simply cannot be helped at this later stage in their life. It is just too late.

This is why: 'Early intervention for disadvantaged children and their families can be a sound economic investment' (Barnett, 2000:605). Babies cannot wait; for if they have been adapting to an emotionally inimical setting for any length of time then the damage caused by inappropriate caregiving will not be undone by a change of circumstances, as is sadly all too clear with many children who have been fostered or adopted, and so much more intensive and long-term interventions becomes necessary with a subsequently greater drain on resources.

These are the children who do not make use of education, who disrupt the classroom and demand attention as they become either bullies or victims, who sometimes harm themselves as much as others. As teenagers they join delinquent gangs or become radicalised as they seek a sense of belonging and attract labels: - conduct disorder, disruptive pupil, delinquent or disturbed.

Mental health diagnostic categories get dropped around them out of desperation, and the services that have to deal with such problems are very expensive. Prison may be the end point for many.

The mind develops throughout life as the genetically programmed construction of the brain, in terms of neuro-physiological processes, continues to respond to significant experiences with other people.

However, the time of greatest brain growth, the first thee years of life, is crucial for it is then that the foundations upon which all future development will be built are being laid down. It is now accepted that 'the infant's transactions with the early socioemotional environment indelibly influence the evolution of brain structures responsible for the individual's socioemotional functioning for the rest of the lifespan' (Schore, 1994:540).

Any system is at its most adaptable while it is being built, and human brains automatically adapt to an environment defined by the quality of the early caregiving relationship.

Early intervention has the aim of optimising the relationships that are affecting the baby. Secure attachment, really a measure of the eventual ability to regulate one's own emotions and responses to stress, shows that a baby has been given the best start in life and this is why babies need people to speak up for them.

Attachment research has demonstrated that 'the patterning or organization of attachment relationships during infancy is associated with characteristic processes of emotional regulation, social relatedness, access to autobiographical memory, and the development of self-reflection and narrative' (Siegel, 1999:67).

Children with problems related to insecure attachment begin to soak up statutory resources from early on when externalising behaviour (aggression, non-compliance, negative and immature behaviours, etc.) demands a response (Speltz, et al., 1990). This is the largest group of children that Social Services, Special Education and the Child and Adolescent Mental Health Service are expected to deal with.

'The social and economic costs of these types of disorders are staggering' (Greenberg, et al., 1997:197). It has been estimated that: 'In England the costs of mental ill-health are greater than the total costs of crime, and there is every reason to believe that this is also the case in the UK as a whole' (Friedli and Parsonage, 2007:16).

Studies have consistently demonstrated: 'a high rate of insecure attachments among clinic-referred boys and their mothers' (ibid, p. 216); the same applies to children in special educational provision. Children with very insecure attachments, are hard to help as they find it equally hard to trust those trying to help.

They are called ‘disorganized’ as they have no strategy to deal with relationships as these are both longed for and felt to be a source of threat at the same time. Such a paradox is unendurable.

Disorganized attachment, usually but not always a marker for trauma and maltreatment, occurs when the parent either has so many unresolved emotional issues from their own past that they have no mental space left over for their baby or, graver, is a threat. This is what infant mental health clinical work is designed to forestall.

When the parent is the source of fear (and this may be the result of neglect and may also be completely inadvertant) the paradox cannot be resolved, there is no predictable solution and the child’s faith in the world of relationships is demolished by their scaregiver and he or she is left with no coherent means of relating to other people.

‘Abuse and neglect in the first years of life have a particularly pervasive impact. Pre-natal development and the first two years of life are the time when the genetic, organic, and neurochemical foundations for impulse control are being created. It is also the time when the capacity for rational thinking and sensitivity to other people are being rooted – or not – in the child’s personality’ (Karr-Morse & Wiley, 1997:45).

Human babies are totally dependent over the phase of maximum brain plasticity (to around age two to three) and so the long-term effects of such abnormal experience can last a lifetime. ‘Child maltreatment poses severe risks for long-term maladjustment and the development of psychopathology.

Child maltreatment exemplifies a pathogenic environment that is far beyond the range of what is normatively encountered and engenders substantial risk for maladaptation across diverse domains of biological and psychological development.

Both the proximal environment of the immediate family and the more distal factors associated with the culture and community, as well as the transactions that occur among these ecological contexts, conspire to undermine normal biological and psychological developmental processes in maltreated children' (Cicchetti, Rogosch and Toth, 2006:624).

The aim of early intervention, as demonstrated by the teams established by PIP UK, is to prevent maltreatment; and this can be offered before a baby's social and emotional development begins to be compromised.

The problems associated with poor quality of attachment between child and parents begin to be visible almost straight away. It is now widely accepted that: 'severely compromised attachment histories are … associated with brain organizations that are inefficient in regulating affective states and coping with stress, and therefore engender maladaptive infant mental health' (Schore, 2001:16).

It is this 'wired in' compromised ability for self-control, a lack of coping mechanisms on a neurological level for dealing with internal and external stresses and frustrations that confers a high vulnerability for later emotional, relational and mental health problems.

The longitudinal Minnesota Study has found that all types of abuse in the first years related to significant emotional problems in adolescence, and predicted the need for treatment. Out of all

the children they had followed since birth 90% of the sample who had been maltreated qualified for at least 1 psychiatric diagnosis by age 17. It turned out that every form of abuse was related to delinquency, with a history of psychological unavailability being the strongest predictor.

Neglect also predicted delinquency, although these children tended not to be angry or defiant. Witnessing parental violence correlated with externalising problems for boys at age 16 and internalising problems for girls (Sroufe, et al., 2005).

Child maltreatment does not spring from nowhere, and older children who come into the child protection system always have a history of grief going back to babyhood. The peak age for being murdered is under one, showing what a dangerous phase of life this is.

Early intervention, where vulnerable and over-stressed parents can be identified and supported before the baby suffers, before their own emotionally barren and terrifying past becomes entangled in the relationship (and expectations) with their baby, is an essential preventative service if we want to avoid a steady growth in the number of referrals to adult mental health services.

'Child abuse has a causal role in most mental health problems, including depression, anxiety disorders, PTSD, eating disorders, substance abuse, personality disorders, and dissociative disorder.

Psychiatric patients subjected to childhood sexual or physical abuse have earlier first admissions and longer and more frequent hospitalizations, spend longer time in seclusion, receive more medication, are more likely to self-mutilate, and have higher symptom severity' (Read, et al., 2008: 218).

Services, and the drug bill, for such patients are very high cost; and of course the personal cost is incalculable. Behind all adult mental health problems is fear, behind such fear is a terrified baby.

The secure child (and adult) has the psychological and neurological capacity to self-modulate recognized, and so nameable, emotions. Responses to stressful or exciting circumstances can be thought about rather than acted out, a capacity that dates from infancy.

'As a result of being exposed to the primary caregiver's regulatory capacities, the infant's expanding adaptive ability to evaluate on a moment-to-moment basis stressful changes in the external environment, especially the social environment, allows him or her to begin to form coherent responses to cope with stressors' (Schore, 2001:14).

However, when babies have been exposed to relationships likely to engender disorganised attachment they have no choice about adapting to these emotional conditions, leading to 'brain organizations that are inefficient in regulating affective states and coping with stress' (ibid: p.16).

An inability to think about others' feelings coupled with an equal inability to control impulses will have serious long-term consequences that will ripple outwards from the child. 'Widespread trauma to developing nervous systems is potentially as catastrophic to human society as the greenhouse gases are to the planet' (Karr-Morse and Wiley, 2012: 249).

Infant mental health interventions are the emotional equivalent of carbon capture.

Infants who have suffered adverse relationships go on to become teenagers and adults who are grossly over-represented in the criminal justice system. This is not only a direct drain on resources; it also signifies a large population who are not in a position to contribute to the wider society (the same applies to those who never leave their dependency on mental health provision).

Delinquent, antisocial and violent behaviour, frequently associated with no sense of either empathy or remorse, has been traced back to being on the receiving end of abuse and neglect during the first two years of life (de Zulueta, 1993; Karr-Morse and Wiley, 1997).

Even having a conscience cannot be taken for granted, as it has been demonstrated that this is cultivated by 'caregivers who are warm and provide clear expectations for child behaviour that are consistently reinforced' (Shonkoff & Phillips, 2000:243).

The human brain becomes what it does; all the while expecting what has been done to it. Our brains are designed to change in response to relationships and all effective learning, from language to quantum theory, is dependent on relationships. Infant mental health work provides a specialist focus on the caregiving relationship, where it all begins. It is not a luxury as these are the hidden foundations upon which the future will be built.

References.

Barnett, W. S. (2000) Economics of early childhood intervention. pp.589-610 in: Shonkoff, J. P. & Meisals, S. J. (Eds) (2000) Handbook of Early Childhood Intervention. Cambridge: Cambridge University Press.

Cicchetti, D., Rogosch, F. A. & Toth, S. L. (2006) Fostering secure attachment in infants in maltreating families through preventative intervention. Developmental Psychopathology, 18, 623-649.

Donald, M. (2001) A Mind So Rare. New York: W.W. Norton & Co.

Friedli, L. & Parsonage, M. (2007) Building an economic case for mental health promotion: part1. Journal of Public Health. Vol. 6, (3), 14-23.

Greenberg, M. T., De Klyer, M., Speltz, M. L. & Endriga, M. C. (1997) The role of attachment processes in externalizing psychopathology in young children. pp. 196-222 in: Atkinson, L. & Zucker, K. J. (Eds) (1997) Attachment and Psychopathology.

New York: The Guilford Press.

Karr-Morse, R. & Wiley, M. S. (1997) Ghosts From the Nursery: Tracing the Roots of Violence. New York: The Atlantic Monthly Press.

Karr-Morse, R. & Wiley, M. S. (2012) Scared Sick: The Role of Childhood Trauma in Adult Disease. New York: Basic Books.

Read, J., Fink, P. J., Rudegeair, T., Felitti, V. & Whitfield, C. L. (2008) Child maltreatment and psychosis: A return to a genuinely

integrated bio-social model. Clinical Schizophrenia & Related Psychosis, 2, (3), 217-225.

Schore, A.N. (1994) Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development. New Jersey: Erlbaum.

Schore, A. N. (2001) Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. Infant Mental Health Journal. 22, (1-2), 7-66.

Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000) From Neurons to Neighbourhoods: The Science of Early Childhood Development. National Research Council and Institute of Medicine Committee on Integrating the Science of Early Childhood Development. Washington D. C.: National Academy Press.

Siegel, D. J. (1999) The Developing Mind: Towards a Neurobiology of Interpersonal Experience. New York: The Guilford Press.

Solchany, J. E. & Barnard, K. E. (2001) Is mom's mind on her baby? Infant mental health in Early Head Start. Zero to Three. 22, (1), 39-47.

Speltz, M. L., Greenberg, M. T., & De Klyen, M. (1990) Attachment in preschoolers with disruptive behaviour: A comparison of clinic-referred and nonproblem children. Development and Psychopathology. 2, 31-46.

Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2005) The Development of the Person: The Minnesota Study of Risk and Adaptation From Birth to Adulthood. New York: The Guilford Press.

de Zulueta, F. (1993) From Pain to Violence: The Traumatic Roots of Destructiveness. London: Whurr Publications.

Information / educational resources for professionals.

The Adverse Childhood Experiences Study is the largest demographic study ever done on the long term and enduring effects of childhood maltreatment, which are what infant mental health interventions are designed to reduce. Note, the subjects (over 17,000) were able to afford good quality private heath care, and so were not burdened by the high risks for those living in poverty. A wide range of physical and mental health problems were found, each increasing in likelihood with the number of different adverse experiences suffered as a child. See https://www.cdc.gov/violenceprevention/acestudy/ and http://www.acestudy.org/index.html

The Association for Infant Mental Health (UK) brings together the extensive range of professionals working with families from pregnancy through the early years. It aims to promote education, research and study into early social and emotional development. AIMH hopes to widen professional and public awareness of the importance of good relationships within a family during infancy since these are a major influence on all aspects of later development and achievement. It promotes evidence-based practice and as a member there is access to a wealth of relevant

and important information through their website. http://www.aimh.org.uk There is a similar organization in Northern Ireland. See: http://www.aimhni.co.uk/

Attachment theory has provided much of the evidence to confirm the importance of the caregiving relationship in the early years for providing the foundations upon which future development will be built. The publications and websites that expound attachment theory are numerous. Two good evidence and research based sources of information (among countless others) are: http://www.psychology.sunysb.edu/attachment/ and http://www.child-encyclopedia.com/attachment/according-experts

By joining the International Attachment network http://www.ian-attachment.org.uk you receive the Journal of Attachment & Human Development.

The Begin Before Birth website has a lot of useful research-based information for professionals about how events during pregnant may affect the developing foetus and the child's subsequent development. http://www.beginbeforebirth.org

As well as their App Best Beginnings have a lot of supportive information for professionals and parents available on their website. See: https://www.bestbeginnings.org.uk Much of this is in video form, very well done and very useful.

The Center on the Developing Child is one of the best sources of research-based information on early child development from the angles of neuroscience and paediatrics. It is based in Harvard University; and on their website can be found a very wide range of excellent resources, both in video and printable form, about the immediate and long-term impact of positive and abusive experiences on the neurobiology of the baby's early growing brain. They also promote evidence based good practice across all provision in the early years. http://developingchild.harvard.edu

The Child Trauma Academy offers free online courses on brain development, the impact of trauma, working with traumatised children and attachment in maltreated children. See: http://www.childtraumaacademy.com and also https://childtrauma.org There is also a lot of related information and good resources to download on the website of the National Child Traumatic Stress Network http://www.nctsn.org/ And the Childhood Violent Trauma Center at Yale School of Medicine is another essential source of information in this area of concern. See: https://medicine.yale.edu/childstudycenter/cvtc/

The Early Intervention Foundation has published reviews of some of the interventions that can be applied to help struggling families with very young children form positive relationships and give their children the best start in life. See: http://www.eif.org.uk

The online Encyclopaedia on Early Childhood Development can be a useful, quick reference, resource and has a very wide range of

topics and information, all with a scientific back up. See: http://www.child-encyclopedia.com

The Fatherhood Institute attempts to redress the matricentric bias of much of the material out there on parenting. It is a source of useful resources, advice and updates. http://www.fatherhoodinstitute.org/ And similarly from America http://www.fathers.com/

Head Start in America has a host of useful information and resources available. See: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/whats-new.html And associated with Head Start is the Early Childhood Mental Health Consultation website. https://www.ecmhc.org/index.html

Infant Mental Health Promotion operates from the Hospital for Sick Children in Toronto, and aims to develop and promote best practices for infant mental health with a wide range of partners. An informative website at http://www.imhpromotion.ca/HOME.aspx

The International Association of Infant Massage is aimed at professionals who wish to apply or train in infant massage. Extensive information on http://www.iaim.org.uk

The LA Best Babies network at http://www.labestbabies.org has a range of information and resources for both professionals and

parents. Also for policy-makers and IMH advocates. These can be downloaded.

The NSPCC have embraced the cause of infant mental health and have a good many useful and well-produced publications covering this area. A start can be made at https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/looking-after-infant-mental-health-our-case-for-change/ where you can also find details of hands-on projects they are involved with.

The 1001 Critical Days campaign advocates for more resources to be allocated to supporting families over the period of pregnancy to age two – one thousand and one days. It is a broad-based coalition and there is further information on their website that is regularly updated with new information. This includes their unique cross-party manifesto, now in its third edition. See http://www.1001criticaldays.co.uk In conjunction with the WAVE Trust (see below) it was responsible for the All Party Parliamentary Group for Conception to Age two, and the final report, Building Greater Britons, is available on https://plct.files.wordpress.com/2012/11/building-great-britons-report-conception-to-age-2-feb-2015.pdf

Parent Infant Partnerships (UK) is a charity dedicated to establishing and supporting specialist multidisciplinary infant mental health teams in the voluntary sector. It advocates and monitors good practice in both clinical work and outcome measurement, and has developed Quality Standards for an infant

mental health team. Through its Portal system for data collection it is able to collate the outcomes from all the teams within its network to demonstrate how this approach is helping vulnerable and stressed families to form the best possible relationship with their baby in order to ensure optimal social, emotional, cognitive and physical development in the future. http://www.pipuk.org.uk

Public Health England sends out a monthly bulletin on issues to do with infancy. See: https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-early-years and https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy

The Royal College of General Practitioners have an online Perinatal Mental Health Toolkit containing an extensive list of tools to assist primary care teams to deliver appropriates services to women (men do not get mentioned) with mental health difficulties during the perinatal period. http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx

Also covering the same period, and also largely ignoring fathers, The Maternal Mental Health Alliance is a coalition of professionals and patient organizations committed to improving the mental health and wellbeing of women and their children in the perinatal period. http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx Their website is full of useful information and resources for parents and

professionals. The Parental Mental Health Alliance could be a good next step.

The Marce Society is one of the best sources on information on research and interventions during the perinatal period for mental health difficulties in both mothers and fathers. See: https://marcesociety.com

What About The Children?, generally known as WATCH, has a lot of useful information for professionals and parents distributed throughout its website. See: http://www.whataboutthechildren.org.uk

The WAVE Trust is a charity with a mission to prevent violence by tackling the issue of child maltreatment, the prime cause of later uncontrolled and dangerous aggression, and is involved both in collating research from around the world and in setting up Pioneer Communities where a multidisciplinary and multi-agency approach will aim to prevent early childhood trauma. See: http://www.wavetrust.org With The 1001 Critical Days they authored the APPG report Building Greater Britons and that, along with much other useful information and reports, including an earlier extensive report done in conjunction with the department of Education which contains a mine of information on the full range of services to support families in the early years, is available on http://www.wavetrust.org/our-work/publications You will also find a good summary of the economic benefits of early intervention here.

The World Association for Infant Mental Health describes its mission as being to promote education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers. This is an important umbrella international organization for all aspects of research and clinical practice in the early years.
http://www.waimh.org/i4a/pages/index.cfm?pageid=1 Members receive the leading Infant Mental Health Journal and there is a World Congress, in different locations, every two years.

Zero to Three is probably the best and safest website for information, advice and teaching materials covering all aspects of the early years in the world. All on their website has been vetted by leading experts in the field. Well worth joining for their bi-monthly online (in the UK) journal. A rich source of handouts and information for parents as well. See:
https://www.zerotothree.org

Information / educational resources for parents.

1) Apps.

Baby Buddy created and updated by Best Beginnings covers from pregnancy through the first six months after birth. This engages with parents and offers evidence based and tailored advice in an engaging and fun manner. It can be used to keep track of appointments, it gives personalised information relevant to the stages of pregnancy and the baby's age, has many very good informative videos and can answer a wide range of queries. It will also supply details of local support.
https://www.bestbeginnings.org.uk/about-baby-buddy

Vroom is based on the latest information about the growth of a baby's brain and shares how everyday messing around with a small child actually reinforces positive cognitive and emotional circuitry at the time of maximum brain growth – the first three years. It is about personalised brain building moments, and daily individualised suggestions for activities are sent out based on the age of the child. Nice online video examples of play and interactions. Very good, and also entertaining.
http://www.joinvroom.org

2) Websites.

Attachment Parenting International promotes attachment parenting – a style of parenting that is based on the importance of making children feel safe and valued when their emotional needs are appropriately and sensitively responded to. See: http://www.attachmentparenting.org/aboutus Here you will find a lot of information based on research and attachment theory. It can be a bit gooey. It is a matter of responding to your child, not capitulating. There is nothing wrong with saying no.

The Baby Centre has a lot of clear and helpful advice for parents and parents to be covering just about every topic you can imagine related to conception, pregnancy, babies and toddlers. See: http://www.babycentre.co.uk/ However, the American version looks more informative and easier to navigate. See: https://www.babycenter.com/ Both sites supply an App that can be tailored to the baby's birth or due date. They will send weekly emails that chart the baby's development. For the latter you have to make a mental adjustment for the American language, and remember these are (openly) sponsored by Johnson's.

Begin Before Birth has good evidence-based information for parents to be. http://www.beginbeforebirth.org

As well as their APP best beginnings have a lot of supportive information for parents available on their website. See: https://www.bestbeginnings.org.uk Much of this is in video form, very well done and very useful.

The online Encyclopaedia on Early Childhood Development can be a useful, quick reference and resource, and has a very wide range of topics and information, all with a scientific back up. See: http://www.child-encyclopedia.com

KidsCare from Canada is well worth a browse for its extensive range of helpful videos. These include clear guidance on early brain development, stress, postnatal depression, communication skills and lots more. See: http://kidcarecanada.org

The LA Best Babies network at http://www.labestbabies.org has a range of information and resources for parents. These can be downloaded.

The Literacy Trust may not sound as if it has much to do with babies, but in fact it has a page of important advice and access to resources to encourage parents to talk with and read to their baby. See: http://www.literacytrust.org.uk/talk_to_your_baby/news/1678_new_talk_to_your_baby_webpages

The Maternal Mental Health Alliance is a coalition of professionals and patient organizations committed to improving the mental health and wellbeing of women and their children in the perinatal period. http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx Their website is full of useful information and resources for parents and professionals.

Parenting UK is well worth looking at for its resources for parents. This also hosts CANParent which awards the Quality Mark for well planned, appropriate and research-based parenting groups and courses. It would be best to check this list before signing up to anything. See: http://www.parentinguk.org/about-us/

What About The Children?, generally known as WATCH, has a lot of useful information for parents distributed throughout its website. See: http://www.whataboutthechildren.org.uk

The Zero to Three website is a source of handouts and information for parents. All here is evidence-based and has been produced and evaluated by leading researchers and clinicians. See: https://www.zerotothree.org Many very useful resources, both informational and practical.

There are many online sources of advice and parenting courses available. Many are dodgy or selling something. A couple of safe suggestions:

https://solihullapproachparenting.com/online-course-for-parents/ (Recommended by CANParent.)

https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/positive-parenting/

Best practice in infant mental health.

An infant mental health team, or Parent Infant Partnership, is quite different from an adult perinatal service although there will be an overlap where both might be working with the same family. In an ideal world both should be available and in a position to refer to each other. An infant mental health team targets the caregiving relationship, not the mental health of the mother, it works with fathers and the wider family, it can take referrals on the basis of risk of which parental mental illness is just one among many, it is not limited to the perinatal period and is best placed in children's centres, close to the community, rather than a medical setting.

As an example, PIP UK has a set of clinical interventions that it recommends for their teams. But there are others that have been shown to be efficacious. Many of these can be found on the website for AIMH, and an extensive document on relationship-based interventions in the early years from around the world is available from PIP UK on request, as is a compendium of assessment tools applicable to the early years. A PIP team takes referrals based on risk, as should all infant mental health teams wherever possible, and not presenting problem. Referrals can be made during pregnancy. A risk factor analysis is part of the request for service form, enabling an intervention to be put in place on the basis of vulnerability rather than symptom or suspected maltreatment.

A multi-disciplinary skill-base within each PIP team is recommended. This includes infant-parent psychotherapy and at least two of the following:

- Interaction guidance / video feedback (including VIPP and VIG);
- Watch, Wait, and Wonder;
- Mellow Bumps and Babies. http://www.mellowparenting.org
- Developmental Guidance;
- Circle of Security. http://circleofsecuritynetwork.org/

The following measures are completed for each active case and then logged on to the Portal data collecting system:

1. HADS for caregiver anxiety and depression. http://www.scalesandmeasures.net/files/files/HADS.pdf

2. Stresses on the caregiving relationship inventory, or risk factor analysis, which may need to be up-dated as more information is gathered. Copy available from PIP UK.

3. PIR-GAS (with observation guide or using recorded interaction) for quality of the caregiving relationship, at start and end of contact. http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/

4. The above is being replaced by the more rigorous Levels of Adaptive Functioning in the Caregiving Dimension from DC: 0-5.

5. ASQ: SE2 for the infant's social and emotional development, at start and end of contact ideally, or if necessary only towards the end of contact. This may begin at age one month.

http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/

6. KIPS for the quality of interaction between caregiver and infant, again can be used in the early stages, during and at the end of contact. http://www.comfortconsults.com

7. A parent-completed evaluation during the course of contact as well as at the end.

Interventions are often more suitably and economically applied in a group format. For a list and description of accredited providers of parenting courses and groups (the two are different) see **http://www.parentinguk.org/canparent/quality-mark/network/**

Some trainings in infant mental health work.

The Brazelton Centre offers regular training in the Neonatal Behaviour Assessment Scale (NBAS) and the Newborn Behavioral Observations (NBO) intervention. See: http://www.brazelton.co.uk/courses

Circle of Security. http://www.parentsandchildren.co.uk/circle-of-security.html

Infant Mental Health Online is available from the Warwick University Medical School. http://www2.warwick.ac.uk/fac/med/study/cpd/cpd/imhol This

course is the baseline requirement of a planned ladder of progression in expertise in infant mental health.

The International Training School for Infancy and Early Years (ITSIEY) http://www.annafreud.org/training-research/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/

Mellow Parenting. http://www.mellowparenting.org

OXPIP. http://www.oxpip.org.uk/training

The School of Infant Mental Health. http://www.infantmentalhealth.com/school

The Solihull Approach. https://solihullapproachparenting.com

Video Interaction Guidance. https://www.videointeractionguidance.net/

Video Interaction for Positive Parenting. https://tavistockandportman.nhs.uk/training/cpd-courses/video-intervention-promote-positive-parenting-and-sensitive-discipline-vipp-sd/