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National
Workforce
Centre for Child
Mental Health

What is infant mental health, why is it important, and how can it be supported?

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Key messages

- Infant mental health is distinct from child mental health. This means it can have different effects on the infant and requires different support.
- Most leading causes of chronic illnesses and adult mental health disorders can be tracked back to poor mental health in infancy and early childhood.
- Symptoms of infant mental health struggles may include physiological, emotional and social symptoms.
- Early identification and support of infant mental health can promote recovery and resilience.

What is this resource about?

All infants experience mental health on a continuum from healthy to unwell. Infancy (O-12 months) is a critical time for emotional, social, physical and mental health development. And yet, most Australian parents acknowledge they do not know how to recognise or respond to mental health struggles in their children (Rhodes, 2017). This resource is intended to raise awareness that infants can struggle with mental health and that their caregivers need support when early signs of problems appear.

Who is this resource for?

This resource is for health practitioners who work with infants and/or their caregivers. It will be particularly useful for practitioners who are not specialists in infant or child mental health, such as maternal and child health nurses, child care workers, early childhood teachers, social workers and general practitioners.



Why is infant mental health important?

Leading causes of chronic illnesses and adult mental health disorders can be tracked back to poor mental health in infancy and early childhood (Zeanah Jr & Zeanah, 2019). Infants have very low mental health service access, which means that many infants with mental health struggles are not getting the help they need (National Mental Health Commission, 2021). Because of this, practitioners need to monitor early warning signs that infants may be struggling with their mental health.

What is infant mental health?

For the purposes of this resource, we consider infants as aged from birth to 12 months.

Infant mental health is primarily concerned with how infants experience the world around them. It is 'the young child's capacity to experience, regulate, and express emotions, form close and secure relationships, explore the environment and learn' (Zero to Three, 2001).

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The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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Infants are constantly developing, and their mental health exists on a continuum and may change over time. An infant's mental state may include:

- 1. Healthy: A positive state of mental health.
- 2. Coping: The infant experiences challenges to their mental health but has the nurturing care and support they need to manage.
- Struggling: The infant experiences challenges to their mental health but is not effectively managing these, so the infant and their family require support.
- 4. Unwell: The infant experiences significant challenges to their mental health. They and their family require extra support to manage these challenges and recover (adapted from National Mental Health Commission, 2021).

What are the signs of infant mental health struggles?

It may be difficult to identify mental health difficulties in infants, as key physiological or behavioural changes may be normal behaviours at certain developmental stages. Symptoms may include:

- being disengaged, where the infant might avoid making eye contact
- not wanting to be held
- not crying or making few attempts to get needs met
- · under- or over-reacting to external stimuli; or
- difficulties with sleeping, feeding or eating.

Infant mental health should be assessed in the context in which they live, and how **pervasive**, **severe or persistent** their mental health struggles are.

An infant's mental health can only be understood in the context of what is happening in their family and environment. For positive mental health, infants need to have their needs consistently and responsively met by their caregivers.



How should practitioners support the mental health of infants?

'Whole-child' approach: Practitioners can best help infants when they consider their mental health within their broader social and environmental contexts. Infant-aware practice reflects on the experiences of infants, their biological features (medical, physical and genetic) and psychological characteristics (emotional expressions and behaviours). It also means asking questions about the strengths and vulnerabilities of their family, community and physical environment.

A strengths-based approach: Focuses on identifying and promoting strengths or protective factors that influence infant mental health. Practitioners can build confidence and competence in families by having conversations with caregivers about what they and their family are doing well, rather than just where they are struggling. This may include helping caregivers to identify where they can bring their strengths from one part of their life or relationships into new aspects of their relationship with their infant.

Focus on relationships: Infants need stable and responsive relationships with caring adults (and siblings, where relevant) to thrive. This means consulting caregivers about the quality of their relationships with their infants and observing their interactions. Where possible, work to understand the family's daily lives and show genuine interest. This supports mutual trust that can help foster conversations around the strengths and vulnerabilities families have.

Resilience building: Essential to good infant mental health is the ability to adapt to and recover from stressful events. The key to developing and practising these capacities is through a responsive relationship with caregivers. Practitioners can help build resilience in infants by teaching caregivers how to communicate with the infant under stressful circumstances, and doing this in consistent and nurturing ways. This could be practised through role-play scenarios between the professional and caregiver, printed materials or video vignettes. Caregivers may need examples of the types of responses that are most supportive of their infant in stressful circumstances.

Whole system approach: Access to multiple services and treatments in various settings may be needed to meet the mental health needs of infants. For instance, if housing, poverty or caregiver mental health are concerns, families may need support from social services and adult mental health services, as well as caregiving programs to enhance the caregiver–infant attachment and relationship.

Referrals and resources for practitioners

A referral to specialist services may be needed to link families with support. Some relevant types of service providers who may help infants who are at risk or exhibit mental health problems include maternal and child health nurses or paediatricians (for developmental concerns); counsellors; or psychologists and psychiatrists focusing on infant mental health (for psychosocial concerns).

- Emerging Minds Helps practitioners connect with better mental health support and approaches for infants, children and families.
- Beyond Blue Offers resources such as practice guides for building resilience in infants.
- Australian Association of Infant Mental Health –
 Lists specialist programs and training for infant
 mental health that may be useful for practitioners.

Resources for caregivers

Practitioners can support caregivers to better understand their infant's developmental and mental health (psychoeducational role), clarify their own needs and facilitate service access.

To effectively support infants and their families, practitioners need to have sensitive and non-stigmatising conversations with parents about their child's world, relationships and environment.

Parents can access various telephone services and online platforms for information about how to best support their infants' mental health. Examples include:

- <u>raisingchildren.net.au</u> Online parenting resource with advice for children of all age groups, including infants.
- <u>Early Childhood Australia</u> Parenting resources written by early childhood practitioners for parents.

Summary

All practitioners, including non-mental health specialists, have a key role to play in supporting infants and their families who may be experiencing mental health struggles. Infants have developmental and mental health needs that may require support to ensure optimal outcomes. Support efforts should be directed towards the promotion of a secure infant–caregiver relationship. However, it is also important to adapt a 'whole of family' approach and work in the context of a range of risk and protective factors to address infant mental health. Early and timely referral to support from relevant practitioners is necessary to help infants who are struggling with their mental health to move towards enjoying healthy development and wellbeing.

References

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