How strong relationships can improve infant mental health

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The first two years of a child's life are a particularly important developmental phase, primarily because of the impact of early parent-infant interaction on the infant's developing neurological and attachment systems. Children who grow up without positive and stable relationships are at greater risk of mental health problems.

The lives of families facing adversities, such as substance misuse, domestic abuse and mental health problems, are often complex. Parents themselves may be experiencing other challenges, such as feeling socially isolated or struggling to deal with their own traumatic childhood experiences. It is not surprising that for many, managing the day-to-day business of parenting is challenging.

Not all parents who face such adversities find it difficult to care for their children. But we know that, when combined, these are significant risk factors for child abuse and neglect. Very young children are particularly vulnerable to the impact of abuse and neglect. Babies do not exhibit the classic symptoms of mental illness or disorder, but research has shown infants can experience depression as early as four months old. They can also experience serious psychiatric disorders related to attachment and traumatic stress (Luby 2000).

The parent-infant dyad is the most important relationship, but other relationships such as those between practitioners, parents, and local services are also key. The NSPCC has developed evidence-based approaches that have been found to strengthen the relationships between couples and between parents and practitioners, which in turn can have an impact on the mental health of very young children.

During the programme, parents learn about the development of their growing baby. They are encouraged to talk and sing to their baby and to spend time imagining what he or she might be like. In the postnatal period, practitioners provide parents with information about how to interact with their babies at different stages. Practitioners offer positive feedback about how parents are responding to their infants’ cues, and model the positive interactions they hope to see between parent and infant.

A pre- and post-measures evaluation found that both mothers and fathers reported an increase in their attachment to their unborn baby between the beginning of the programme and just before the birth. Parents also reported an increase in the warmth they felt towards their babies between the birth and the end of the postnatal part of the programme. Evaluation findings also suggested what helped parents to provide sensitive and responsive care to their baby:

- a reduction in levels of parental anxiety and depression
- an increase in self-esteem
- an improvement in the quality of the relationship between parents (for those whose relationships were struggling) due to better conflict management and communication skills.

The therapeutic relationship

Minding the baby (MTB) is an intensive home-visiting programme for disadvantaged mums under the age of 25. The programme aims to promote secure parent-child attachment relationships by working with
mums from the third trimester of pregnancy until the child is two years old. Visits are carried out by health practitioners and social workers.

A large part of MTB is reflective work which encourages mums to think about their own or other people's mental state and how that influences their own or other people's behaviour. The qualitative evaluation of MTB (Grayton et al 2017) found the therapeutic relationships between mums and practitioners were really important for being able to engage mums in reflective work. Given that mums on the programme faced a number of challenges, such as a history of attachment disruption or negative experiences of professional involvement, it is impressive that practitioners were able to build trust and openness with the mums and engage them in this work. Practitioners and mums felt that the practitioner showing the mum they were consistently there for them, no matter what, was also important to this relationship.

In practice: strengthening interaction, strengthening relationships

Case study: minding the baby
When NSPCC health worker, Shelia, was first introduced to teenagers Caroline and Peter,* she was aware that neither parent had much confidence in their parenting abilities. Caroline and Peter were homeless when the programme started and had many other issues in their lives, which meant they were not emotionally available for their baby Alice.* Both Caroline and Peter had come from families with substance misuse issues and did not have much positive support from either family. Although Caroline was very protective of Alice, she was not responding emotionally to her needs and children's services were worried that Caroline did not have the capacity to emotionally provide for Alice.

Working with Caroline and Peter, Shelia and her colleague encouraged the young parents to bond with Alice and to learn to prioritise her needs above their own. Shelia used play sessions to promote healthy interaction between Caroline, Peter and Alice and encouraged Caroline to have more confidence in her parenting abilities.

Alice is now nearly a toddler and the programme has had a really positive impact on the young family. Both Caroline and Peter are interested in Alice's development and Alice is meeting all key developmental milestones. Alice is a happy and cared for child and Caroline feels increasingly confident in her own abilities to comfort and provide a safe and happy environment for her. The programme has given Caroline so much confidence that she is now considering enrolling in a local educational programme whilst continuing to provide excellent care for Alice.

*Names and identifying features have been changed to protect identities.

Using film to strengthen the parent-infant relationship
Parental attunement (or sensitivity) is core to building strength in the parent-infant relationship. We know how important it is that parents are consistently able to perceive a child’s signals and respond appropriately to them. When signals are regularly missed by a parent or responded to in a discordant way the challenges to relationship building are heightened.

Research tells us that the use of video, particularly where it is used in strengths-based and parent-led ways, enables parents to identify for themselves when they are responding in attuned ways, thereby supporting them to build on those responses with a particular infant and to apply that to their parenting of other children.

Professional relationships

Baby steps is a service the NSPCC are scaling up, meaning they support other organisations to deliver the programme so more families can benefit from an evidenced programme.

Six early adopter organisations delivered the programme and the NSPCC then evaluated how it was implemented. One of the factors that paved the way for successful implementation was about establishing strong referral pathways. This involved building good working relationships with referring bodies and continuing to be proactive about promoting the programme to referrers.

Whilst one of the strengths of Baby steps is its multi-agency approach — it is designed to be delivered by two practitioners from different backgrounds in health and social care — cross-agency co-delivery can be complicated. For example, anxiety about different working styles, logistics of cross-agency working and perceptions about the hierarchy of different professions can affect it. This challenge tended to diminish once delivery had started, however, because facilitators saw the strength of the cross-agency model.

Baby steps is designed to sit alongside mainstream provision, and to be co-delivered by health and social care practitioners. If organisations are interested in delivering this service, the NSPCC offers an implementation support package through its Scale-up unit (contact BabySteps@nspcc.org.uk).

Increasing mental health provision for babies
Where infants have experienced maltreatment, the evidence shows that recovery can be rapid if safe nurturing care is achieved early enough, ideally in the first year of life. The benefits of this can be intergenerational. Increased awareness of the consequences of early adversity, generated by adverse childhood experiences (ACE) research, can drive a culture change by creating a common language and an understanding of what children need to thrive.
Evidence shows that childhood adversity is associated with increased risk of mental health problems in adulthood and this can shorten lives. Experiencing multiple or severe traumatic events in childhood dramatically increases the odds of suffering mental health problems as an adult. Mental health services targeted at babies, young children and their families are one of the most cost-effective ways of making a positive impact on these problems. Yet, currently, most Child and Adolescent Mental Health Services teams do not provide a service to children aged under five. Nor do they work with children with whom there is a live child protection concern, which means our most vulnerable children, whose mental health may already be compromised or at risk, are unable to access support.

Any attempt to effectively address poor mental health must acknowledge the fact that in many cases mental health issues can arise in infancy. Early childhood adversity and associated disorders carry a heavy social cost. The renewed focus generated by ACEs should be supported by a continuum of provision for children and families, from universal services through to targeted support for those who need it.

During 2019, the NSPCC is looking to refocus its work on two key themes: supporting families in the early years of their child’s life, and sexual abuse. This is in recognition of the gaps in provision in both of these key areas. Investing to prepare and support new parents to care and interact with their babies, and to form strong healthy attachments, is the fundamental building block in reducing adverse childhood experiences. Infant mental health care, comprising primary, secondary and tertiary interventions, should be an essential part of the current drive to reduce adverse childhood experiences.

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References

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