Infant Mental Health and the "Real World"- Opportunities for Interface and Impact

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- Infant mental health • Preventive interventions
- Evidence-based practices

The term "infant mental health" (IMH) may conjure up the image of an infant on a couch "talking" to a therapist, but the relatively new field of IMH is notable for its strong interdisciplinary integration of clinical and research activities. A well-established and growing literature recognizes the importance of early childhood experience not only to later health and development[1–4] but also to alleviation of current distress or suffering[5–7] and to the quality of significant relationships throughout life. Although nationally representative epidemiologic studies regarding the prevalence of early childhood disorders are not yet available, recent data suggest that even toddlers and preschoolers can experience internalizing and externalizing disorders at rates comparable to older children.[8]

Perhaps the most important aspect of infant and early childhood mental health is the contribution of the parent-child relationship context to social, emotional, behavioral, cognitive, and even physical development. Symptom presentation is often closely tied to parents' and children's experiences of being with the other. The parent's ability to be nurturing, responsive, consistent, and to provide a physically and emotionally safe environment is a factor that shapes the infant's external and internal experience. Parental experience is affected not only by the physical characteristics and needs of the child and the child's responsiveness to the parent but also by the immediate circumstances that affect parental functioning. Poverty and lack of basic resources,[9,10] domestic violence or previous trauma history,[11] maternal depression and other mental health issues,[12,13] and the parent's own history of being parented all can affect, directly or indirectly, the relationship quality of the infant and parent.

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The opportunity for prevention and early intervention is appealing and motivating for many professionals who enter the field of IMH. Yet the vast majority of infants and their caregivers never encounter a child mental health professional, much less one trained and skilled in IMH assessments and interventions. Children presenting with symptoms are most likely to be seen in pediatric health care, child care, or early education settings; caregivers who have social or mental health needs that affect caregiving are most likely to be seen in adult health, adult mental health, or social service settings. With some exceptions, these settings typically do not interface with one another. Because these settings have different priorities and approaches to services and service delivery, the opportunity to understand and "work with" the parent-infant relationship as part of interventions is likely to be missed. Thus, one of the great challenges for the field of IMH is the need for an array of integrated services that can meet the varied needs of infants and their caregivers and that can support healthy, nurturing relationships.

In this issue, investigators have presented a number of approaches to assessment and treatment of disorders in infancy and early childhood. In this article, we begin with a definition and brief discussion of the scope of IMH. We provide a framework that guides our perspective on IMH services, which occur for the most part outside of traditional psychiatric settings. Examples of general and specific models of care that hold promise for expanding access to services and support to our youngest children and their families are presented, including detailed descriptions of one preventive and two IMH treatment programs that developed in community settings. These mostly nontraditional approaches provide great opportunities not only to impact a larger number of individuals of infants and their families but also to provide opportunities from "lessons learned." Finally, implications for policy and future service development are discussed.

DEFINITION AND SCOPE OF IMH

As implied in the opening statement, there is often discomfort with the idea that infants and young children may have "mental health problems." This in part is the result of stigma associated with mental illness as well as lack of knowledge about how infants know and experience their world.[3] In this article, we use the terms "IMH" and "early childhood mental health" interchangeably and consider the target age range for this field to begin during pregnancy and continue until the child is 5 to 6 years of age.[1,4]

> *Infant mental health is defined as "the young child's capacity to experience, regulate, and express emotions, form close and secure relationships, and explore the environment and learn… in the context of the caregiving environment that includes family, community, and cultural expectations for young children."*[14]

Several points need to be highlighted here. First, the purview of IMH is both the promotion of healthy development (prevention and early intervention) as well as interventions that seek to minimize or eliminate emerging or actual problems in social, emotional, cognitive, and behavioral development. Second, the importance of infant experience in context, especially the context of the infant-caregiver relationship, is emphasized. It is through the infant's relationship with his or her caregiver that the infant begins to understand himself, himself with others, and the world around him. Finally, the focus on family, community, and cultural influences on IMH underscores the importance of understanding intergenerational influences on parenting as well as risk and protective factors that can be identified and modified to ensure the most positive long-term outcomes.

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