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Articles

What Is Infant Mental Health and Why Is It Important for High-risk Infants and Their Families?

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ABSTRACT

The field of infant mental health is viewed from a historical perspective, citing the early underpinnings first described by Selma Fraiberg, and its emergence into an evidence based, relationship oriented, culturally sensitive approach. A description of the importance of early relationship support and intervention for the developing infant and primary caregiver, reflective capacity of both the parent and the practitioner, and the various venues in which infant mental health is appropriately provided contribute to an understanding of the field. Case studies demonstrate the approach to dyadic work in hospital settings and home-based services with high-risk infants and their parents.

For most babies and their families, the pathway to healthy development and nurturing care is a smooth one. Prospective parents welcome the pregnancy, whether planned or long awaited. They anticipate that the pregnancy will be uncomplicated and the labor and delivery, problem free. The imagined baby will arrive on the anticipated due date, healthy, responsive, and easy to care for. The family will have plenty of support during the baby's first weeks at home and the parents, although new to parenthood, will grow increasingly confident about their caregiving capacities and their baby's responses to warm, appropriate, and sensitive care. Within the first months, parents and their infant will fall in love with one another as their attachment relationship deepens.

How an infant or toddler is cared for, as well as the contributing stressors in both the infants' and parents' lives, shape the course of early development and "sets either a strong or fragile stage for what follows" ([17] p. 5). When parental care is nurturing and experiences for both the infant and parents are positive, the developmental trajectory for the child will most likely be positive or "good enough".[23] When parental care is neglectful or abusive or if trauma occurs, early development may be compromised and the social and emotional needs of the infant or toddler may be at grave risk.[3]

For many, though, the pathway to parenthood is far more difficult. Prospective parents may face challenges that seem insurmountable. The pregnancy may be unplanned and/or unwanted. Neither parent may be prepared for the care of a child. Complex health concerns may place the mother-to-be on bed rest for the last months before the baby is due. The labor may begin too soon and the baby born preterm or with complex medical conditions may warrant extended hospitalization. The mother, young and frightened, may go home to recover, leaving her baby in the care of the newborn intensive care unit staff. The father may be overwhelmed by the needs of both mother and baby. The mother may be depressed or highly anxious and the baby may be difficult to care for, fussy and inconsolable. If isolated or alone in the care of the baby, the parents may find it difficult to adequately respond to and nurture their child. Most troubling, the birth and care of a baby may reawaken past traumas, abandonments, or histories of abuse and neglect, placing the parents at high risk for continuing the cycle of poor parental care.[5] An overlay of poverty increases these risks.

What will the parents do? How will the baby fare? How will their relationships unfold? What does the infant need to support optimal health and growth? What do parents need to care sensitively and responsively to their infant? What service will reduce the risk of developmental and relational disturbance or failure? These, and questions like these, were addressed by Selma Fraiberg and her colleagues as she developed the approach to service that she called *infant mental health.*[6,7,16] Fraiberg's pioneering work with infants, toddlers and families over 50 years ago led to the development of the infant mental health (IMH) field in which professionals from multiple disciplines learned to work with or on behalf of infants, very young children, their parents and the relationships that tie them together. The intent was to promote healthy development, particularly social and emotional development, through attention to the early developing attachment relationship relational health[2] in the first weeks, months and years.[6]

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Infant Mental Health: An Enduring Model

In the early 1970s, under Selma Fraiberg's careful direction, social workers, psychologists, nurses, and psychiatrists worked side by side in Ann Arbor, Michigan to create a service to offer preventive intervention and treatment services on behalf of babies, parents and their developing parent–child relationships.[6,20,22] Understanding that the best beginning for a baby takes place within the context of at least one nurturing relationship, Fraiberg and her team placed the early relationship between parent and infant at the center of the work of *infant mental health (IMH)*. "Infant" provided the focus on very young children less than three years of age. "Mental" was broadly defined to include social, emotional and cognitive domains. "Health" emphasized the wellbeing of infants and toddlers as well as their parents.

Working with parent(s) and the infant together, Fraiberg and her colleagues hoped to reduce the dual risks of developmental delay in infancy and caregiving failure in early parenthood. They brought knowledge about development in the early years to the practice of adult psychotherapy. They fused clinical understanding from the fields of psychiatry and psychoanalysis with more concrete social work practices. Non-traditional in the approach to vulnerable infants and families, and with respect for the uniqueness of each family's needs, Fraiberg and her colleagues offered an intervention to encourage infant development, strengthen caregiving capacities and enhance early relationship development. The service was ambitious, reducing the ominous risk to the baby of delay, abuse and or perpetual neglect and supporting relational health.

The Infant Mental Health Continuum

What is the goal of an infant mental health service and what do the services look like? Infant mental health services promote optimal wellbeing, beginning in pregnancy and continuing through the first three years of a child's life. The objective of infant mental health services is to prevent developmental, behavioral and relational disturbances and offer a pathway for intervention when the biological, environmental and psychosocial risk factors place early development in jeopardy and the parent–child relationship at considerable risk for failure. The approach is especially important for families whose babies are hospitalized in the early weeks and months after birth, a factor that is known to place development and parent–infant relationships at risk.

Infant mental health services may be provided in a hospital, clinic, community setting or in the family's own home, for short or long term, offering educational, developmental, and relationship based support to reduce the biological, environmental and psychosocial risk factors and to support parental competencies and infant responses to their care. What follows is a brief explanation of the continuum of services from infant mental health promotion to prevention to intervention to treatment.

Infant Mental Health Promotion

The offer of practical information and education specific to pregnancy, labor and delivery and the optimal care of a very young child that includes social, emotional, and cognitive growth, as well as support to strengthen and deepen the early developing attachment relationship between parent(s) and infant.

Infant Mental Health Prevention

Screening, assessment, and referral, as appropriate, by health, mental health, and early childhood professionals where there are identified concerns about the pregnancy or the infant or toddler and parent(s) in the first years.

Infant Mental Health Intervention

Screening and assessment and resulting intervention services that determine that the infant and/or the parent is at risk for a developmental delay, a relational disturbance or a social and emotional disorder. Indications of likely benefit from services that are based on infant and parent strengths, yet the vulnerabilities that place the infant or toddler and family at immediate risk are also identified. Intervention strategies may be developmental, educational, relational and/or psychotherapeutic. Intervention strategies may have an orientation to present and/or past difficulties, combining concrete help, emotional support, developmental guidance, advocacy, and infant–parent relationship supports.

Infant Mental Health Treatment

Appropriate treatment when a social, emotional, sensory or regulatory disorder is clearly identified in the first years, or when a parent is identified as having a major mood disorder, mental illness or has experienced a recent trauma. When the infant, the parent(s) and their early developing relationship are at immediate risk and in need of psychotherapeutic intervention, treatment is offered. Infant mental health services include all components on the continuum, but appropriate service delivery may also require intensive treatment by the infant mental health practitioner and/or the assistance of other professionals from health, mental health, education, and/or child welfare systems.

Infant Mental Health: A Unique Clinical Approach

Grounded in attachment theory,[2] infant mental health is the shared attention to the infant, the parent, and the early developing attachment relationship that makes the service unique. Important to the process is the presence of the infant with the parent that provides the impetus for the work to take place. "What about the baby?" is a question that the IMH specialist holds in mind throughout the course of intervention with family. "What about the parent?" and "What about their relationship?" hold equal weight. These questions are necessary for the infant mental health practitioner to hold in mind regardless of the location in which they practice, whether clinic, hospital or home.

Infant Mental Health Approaches: What About the Baby?

If we begin with the baby, we quickly understand that the infant provides a focus for inquiry, guidance and learning. Questions about the infant's development, behavior, and capacity for relationship guide the IMH specialist throughout the intervention. They direct the IMH specialist's attention to the baby and help the specialist to keep the infant in mind throughout each visit. Questions vary depending on the infant's age, developmental status, and conditions:

* How old is the infant? What was his gestational age? What medical complications has he experienced? How fragile does he seem? Is he able to show through his behavior what his wants or needs clearly are, e.g. when he is hungry, wet, tired, uncomfortable, distressed? What kind of responses do his parents offer?
* Does the baby seem to respond to the attempts by his or her mother or father to provide comfort when upset, and do they respond by picking him up and cuddling him or soothing him?
* Does the baby initiate or appear to enjoy interaction with his caregivers and do they respond?