PART 2: REFLECTING ON WHAT MENTAL HEALTH MEANS IN INFANCY AND EARLY CHILDHOOD

This section discusses why it is important that local partners develop a shared understanding of mental health and suggest some reasons why this might be difficult. Use this section, and the prompt questions within it, as the basis for discussions about how your local partners understand and describe mental health in infancy and early childhood and how this might impact joint efforts to improve outcomes for babies and young children.

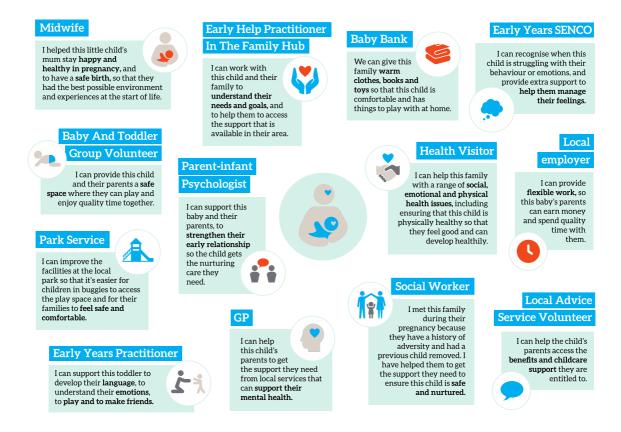
A shared understanding of mental health is an important foundation for a whole-system response

Many different policies and services have a role, alongside families and communities, in supporting babies and young children to be mentally healthy and have the best start in life. In the UK this includes, but is not limited to: maternity services, health visiting, perinatal mental health, parent-infant relationships, children's mental health, early education and care, social care, GPs, child protection services, and voluntary sector services. Between them, these services offer a range of prevention, promotion, early intervention and therapeutic support. Since being mentally healthy is the result of a complex interplay of many factors, no single service could or should be accountable to prevent, detect and address all mental health problems alone.

A whole-system approach is needed which harnesses the skills, expertise and resources of different professionals and services in a coordinated way to support mental health in infancy and early childhood – this is discussed in more detail in **Part 6** of this toolkit.

How the whole system promotes mental health in early childhood

Some of the local services that ensure babies and young children are mentally healthy.



Understanding babies' and young children's mental health requires us to overcome common misconceptions and misunderstandings about mental health

Mental health in babies and young children is not understood as well as that of older children. Often professional training – even for those working in mental health services – does not cover mental health in infancy and early childhood¹⁰. Babies' and young children's needs – which present differently to older children and young people – are often overlooked¹¹.

It can be harder for policymakers, commissioners and practitioners across sectors (including health, education, and wider community support) to work together to promote and protect babies' and young children's mental health. This is partly because professionals have different views on what mental health means in infancy and early childhood. There can also be a "baby blind spot" in local mental health strategies and services, particularly evident in the COVID-19 pandemic response¹³.

Professionals from different services or sectors, and from different regions, can understand mental health in different ways, use different language to describe it, and use different theoretical underpinnings to support their work¹⁴. Without the foundation of shared understanding, it is harder to develop integrated approaches. Services can be fragmented, synergies are not realised, and

opportunities to support babies, young children, their families and their relationships can be missed. This toolkit aims to help to address these issues.

Language used for aspects of mental health in infancy and early childhood



Mental health is a complex and multifaceted issue, and many people understand different things when they hear and use the term "mental health". Every person – including practitioners working with families - grows up within communities and cultures that shape their expectations and experiences, including their understanding of mental health.

Concepts around mental health have been developed with adults in mind, and sometimes do not work when applied to infancy and early childhood. It can be harder for adults to keep babies' and young children's mental health in mind, particularly as they are not able to verbally articulate their own feelings.

Research for this document identified three common reasons why people struggle with the concept of babies' and young children's mental health:

Common misconception	New understanding
1. Mental health is often mistaken to mean mental health problems or diagnosable disorders. This framing makes it difficult to understand babies' and young children's mental health because generally, it is not possible or appropriate to diagnose the mental health conditions that occur in older children and adults in the same way in infancy and early childhoode.	Mental health is not just about the presence or lack of diagnosable conditions. As the framework Being and becoming mentally healthy in infancy and early childhood in Part 3 describes, being mentally healthy is a positive state, involving the ability to understand and manage emotions, to function well and to build meaningful relationships. Everyone has mental health that sits somewhere on a complex continuum and can move up and down that scale at different points in their life. Adopting a positive model of mental health makes it easier to talk to families about mental health: Whilst it may be difficult to discuss the idea of poor mental health in a baby or young child, the ambition for children to be happy and healthy will
2. Mental health is often misconstrued as something located in an individual – as an innate strength or deficit. This framing makes it difficult to understand babies' and young children's mental health, which is usually shaped by their environment and relationships.	Mental health for all people – especially in infancy and early childhood – is the result of a complex interplay of internal and external factors. The socio-ecological model of mental health in Part 4 shows how mental health is shaped by protective and risk factors at many levels including individual characteristics, relationships and wider environmental factors and social circumstances.
3. People can be concerned that suggesting babies and young children may need support to be mentally healthy wrongly labels a child, or that it is deterministic.	Describing a baby or young child's mental health is not the same as describing a deficit or a problem. Understanding mental health is about what is happening for a child and in their world, and how grown-ups and services can support them. Identifying mental health concerns in infancy and early childhood is not the same as diagnosing a child with a lifelong condition. While some early regulation, emotional or behavioural problems may indicate an increased risk of mental health problems later in life, many of these issues are transient, reflect normal variations in development, and will resolve, especially with the right support.

^e Mental health problems, as traditionally understood, may not emerge until later in childhood, or it might be that emerging mental health problems in babies and young children look different to how they display in older children and adults. Babies and young children can experience regulation, relational, emotional, and behavioural problems. Enduring problems put children at risk of developing clinically significant mental health problems.

Suggested action



Use these reflective questions for discussion

In local strategic partnerships, such as Integrated Care Boards, Health and Wellbeing Boards, Local Maternity Systems and their equivalents in Scotland, Wales and Northern Ireland, reflect together about how you define the term "mental health". You might explore the following issues:

- Do you have a shared understanding of mental health?
- Do different professionals bring different ideas and conceptions?
- Does your concept of mental health apply to babies and young children? Is there any discomfort or misunderstanding about the idea of babies' and young children's mental health?