

Infant mental health: opportunities to accelerate progress

Anusha Lachman¹, Berna Gerber², Juan Bornman², Tracey Smythe³

1 Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa.

2 Division of Speech-Language and Hearing Therapy, Department of Health and Rehabilitation Sciences, Stellenbosch University, Cape Town, South Africa.

3 Division of Physiotherapy, Department of Health and Rehabilitation Sciences, Stellenbosch University, Cape Town, South Africa. International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine, London, UK.

Our early experiences as infants can shape how our brains develop. Infant mental health involves their psychological well-being and development, which encompasses emotional, social, and cognitive functioning within the context of their relationships and environment. This includes developing capacity to experience, to regulate and express emotions, to form close and secure relationships, and to explore and learn from their environment (1, 2). Infant mental health is distinct from adult mental health in that it emphasises the importance of early experiences, and social-emotional and relational interactions in shaping a child's well-being (3). When infants thrive, they demonstrate secure attachment relationships with caregivers, exhibit age-appropriate emotional regulation skills, and engage in exploration and play. They demonstrate resilience in the face of stressors and have healthy social interactions with peers and caregivers. Additionally, caregivers are attuned to their infant's needs, responsive to their cues and signals, and provide a supportive environment for optimal growth and development.

It is important to note that there is no universal consensus on the definition of 'infant' within infant mental health. While there is growing recognition of the importance of the antenatal period, some global organisations focus on children aged 5 years and younger, whereas others propose a focus on children aged 5 years and younger. Moreover, this transdisciplinary field with its lifelong impact is largely overlooked in early child development policy and practice. At the midpoint of the implementation of the UN's Sustainable Development Goals, the vision and commitment for the world's children are unlikely to be realised without a global definition of, and strategy to address, infant mental health

Despite an increase of 121% total development assistance for early childhood development between 2007 and 2016 (4), gaps remain for infant mental health. Women and infants experience limited support from statutory services in low- and middle-income countries (LMICs). They face higher risks of mental health challenges, such as perinatal depression, influenced by intimate partner violence (5), food insecurity, poverty and crowded living conditions (6). The Nurturing Care Framework, launched by WHO, UNICEF and the World Bank, is advocated to guide services in LMICs. It promotes

practices to safeguard infant mental health, emphasising principles of support for sensitive caregiving, with reciprocal learning opportunities for children and their caregivers alongside ensuring nutrition and safety. However, concerns persist regarding its reflection of systemic power imbalances in global health (7). Evidence used for infant mental health policy, screening and intervention often originates from high income country contexts, and there is neither robust scientific evidence nor anecdotal support to justify this ill-fitting “one-size-fits-all” approach (8). We need to consider context specific and cultural ideals and realities, such as diverse family and caregiving structures, beliefs and values, alongside all existing evidence to support provision of equitable and responsive infant mental health services.

There are also challenges that hinder the acceleration of progress for infant mental health within public health agendas globally. Mental health, particularly for infants and children, is not routinely prioritised and this may likely be due to overlooking their emotional awareness and abilities to perceive and experience (9). This collective disregard perpetuates the perception of infants as lacking in consciousness and emotional experiences, particularly in cultures with high levels of poverty and infant mortality rates. For instance, underestimating infants' ability to perceive and experience and neglecting systemic issues like social inequities when providing care may heighten stress and vulnerability within families, upholding cycles of disadvantage, restricted stimulation and poor developmental outcomes. Beliefs and values also influence how caregivers perceive and interact with infants, shaping the trajectory of infant mental health. Shortages of trained mental health practitioners in LMICs are compounded by limited resources for mental health screening and intervention for infants and caregivers more generally. Inadequate and poorly functioning referral networks heighten these challenges (10). Stigma surrounding mental illness also contributes to the lack of recognition and legitimacy of mental health services, hindering access and support for caregivers and infants. Subsequently the discourse around mental health as an integral part of delivering high quality health services has limited representation in these settings. These gaps in knowledge and practice matter.

We can consider several avenues to advance infant mental health. For health practitioners, embedding its principles and practice into all spaces that infants and their caregivers access care is important. This work entails shifting from a pathological and disease focussed model to a family-centred, transdisciplinary approach. For example, screening should encompass a broad range of factors including caregiver-child interactions, attachment patterns, and social support networks. Screening for positive, culturally affirming practices that foster socio-emotional well-being and community care for infants, which in turn benefit collective community health is essential. Recognising the “good and the benefit” (i.e., an asset-based focus) rather than screening for the “negative or pathology” (i.e., a deficit-based focus) in a culturally sensitive way also holds potential. Health professionals can therefore enhance their awareness of infant mental health in their everyday practice by considering infants within their caregiver relationships, screening caregiver mental health, understanding

environmental risks for poor infant mental health, interpreting infant responses as potential attachment concerns, and recognising distress and anxiety cues.

Health professionals should implement culturally sensitive interventions that engage diverse family structures in decision-making and incorporate local knowledge, practices and resources. This engagement ensures that infant mental health interventions are relevant, empowering families to address challenges while fostering resilience and well-being. Emphasis on strengthening caregiver-infant relationships, providing family support and education about infant sensory and perceptual abilities, and emotional communication (for example, signals to indicate pleasure, curiosity, withdrawal and distress) is crucial. Challenging stereotypes about gendered caregiving roles is also important, as is addressing perceptions about infant emotional awareness and sensitivity. Ways to develop these interventions should draw from diverse disciplinary fields.

To advance infant mental health, policy makers need to recognise that achieving these goals necessitates financial investment. This may pose a challenge for countries grappling with a rising burden of non-communicable diseases and limited infrastructure and human resources, however investing early makes economic sense in the context of long term adverse mental health outcomes (11). Interventions for diverse contexts may encounter hurdles in validation and appropriateness due to the scarcity of robust policy frameworks. Therefore, accelerating progress necessitates bold actions, including national allocation of resources for infant mental health. Promoting task sharing among health practitioners and investing in training programmes for diverse practitioners are imperative steps toward ensuring effective care delivery.

WHO and UNICEF can play a crucial role by supporting a clear plan prioritising mental health screening and early intervention for all children, including those with disabilities, as mandated by the UN's Sustainable Development Goals. Detection of family-centred protective and risk factors, and intervention starting from the prenatal period, are critical components of any global initiative aimed at supporting infant mental health. Infant mental health can serve as a model that places the infant at the centre of relationships, including within the immediate caregiver-child dyad, the supportive community, and the greater environment beyond societal confines, to ensure that all children receive the early support they need for optimal well-being and thriving.

Tracey.smythe@lshtm.ac.uk

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