

What About The Children?

Patrons: Sir Michael Morpurgo, Rebecca Abrams, Sir John Timpson



'Raising awareness of the never-changing emotional needs of children in our ever-changing society'

Cheryll Adams: Mainstreaming Infant Mental Health

The What About The Children? annual conference in 2019, held on 20 March at its usual venue of the Royal Overseas League in central London, took as its theme 'What price infant mental health?' This theme was addressed directly in the first lecture, by Dr Cheryll Adams of the Institute of Health Visiting. She asked how we in the UK can 'mainstream' what she called the 'new science' of infant mental health into policy and practice.

Adams started her presentation with a brief anecdote about the Government's Troubled Families programme, which has channelled significant funding towards those families thought to be most in need. She recently attended an evaluation of this programme with the Communities Secretary, James Brokenshire MP. This has sown some doubt on that strategy, which contrasts with the more 'universalist' approach of health visiting.

She then discussed what mental health and wellbeing means from the point of view of an infant. Infant mental health is important not only for its own sake, but also because what happens in infancy affects an individual's lifelong mental and physical health. If an infant is to thrive emotionally, he or she needs to experience, regulate and express emotions; to form a secure attachment with at least one consistent caregiver; and to explore the environment, communicate and learn. All parents, and particularly those under severe stress from relationship problems, abuse, illness, trauma or poverty need support if they are to provide the sensitive, nurturing care that a thriving baby needs. And helping babies thrive will help society as a whole: as Frederick Douglass, a former slave who became one of the first African-American statesmen in the US, said, "It is easier to build strong children than repair broken men". (Nowadays, of course, that would read 'people'.)

Groups and individuals promoting the importance of health in early life from conception to toddlerhood have come together under the banner of 'the first 1001 critical days', and this concept is promoted politically through an All-Party Parliamentary Group (APPG) with a similar name. Healthy development during this time is vitally important as it lays foundations for lifelong health and security that cascade through the generations: young adults who are emotionally secure are best placed to become nurturing parents themselves.

Next, Adams discussed the importance of speech, language and communications skills in infant development. Young children who struggle with speech and language are known to be at higher risk of emotional and behavioural disorders, unemployment and criminal behaviour in adolescence and beyond. Language development is affected by many biological and environmental factors. Risk factors in the first category include learning and sensory disabilities, pre-term birth and even – to some extent – being male; those in the second include the quality of a child's interaction with his or her main care-givers and the environment as a whole. She cited in particular the so-called 'word gap' that is associated with socio-economic status: a child of middle-class University graduates will have heard more than 30 million more words than one brought up in physical and intellectual poverty by the age of three. The Bookstart programme, which gives free books to every baby and every 3-4 year old child in England and Wales is a great start, but some parents need to be helped to use them with their children.

Investing in infant mental health, therefore, matters not only for the babies' own sakes but because it lays the foundation for their future development as individuals, and in their communities. If every child is to have the best start in life it is vital to tackle the inequalities – including health inequalities – that have dogged the UK economy and society for decades. However, excessive targeting of the highest-risk groups is often counter-productive. If you stratify children and families from the lowest need to the highest, you land up with the familiar 'bell curve', with the largest numbers in the middle. There may be more problem cases in the middle of the curve than in the tail, despite each individual family having a relatively low risk, simply because there are so many more families there. If you want to

reduce the number of problems you need to shift the whole curve in the lower-risk direction, and that requires a universal response. And health visiting is just such a response: all expectant parents and families with children under five are entitled to at least a minimum level of service, whatever their circumstances.

On the policy level, the Department of Health's Healthy Child Programme, launched in 2019, sets out a framework for supporting children from before birth to the age of 19. Within that framework, several different government departments, committees and Public Health England have published evidence-based reports that strongly support 'primary prevention' through a focus on the youngest age groups. These include a report on adverse childhood experiences and early-years intervention published by the House of Commons Science and Technology Select Committee in November 2018.

However, it is not enough to publish reports, however authoritative and evidence-based they are. These findings need to make a difference to the ways in which professionals interact with real parents and help them nurture and care for their youngest children in the best possible way. Adams spent much of the later part of her talk explaining the role of the universal service offered by health visitors. She began with a very brief history of the service, which originated in the Victorian period and is now run by the NHS. All health visitors are nurses or midwives trained to graduate or MSc level, and their role is holistic: to promote the mental, physical and social wellbeing of every baby born in the UK in the context of his or her home environment. Currently, they lead the Healthy Child Programme and offer four levels of service that are appropriate for different levels of need. They work in partnership with other professionals including GPs, midwives, nursery nurses and Children's Centre workers, and with voluntary organisations.

Research has shown that there is a strong economic case for health visiting; a programme to train health visitors to identify perinatal mental health problems pays for itself by the time babies are six months old. Conversely, it is a lack of investment in the profession that poses risks. And there has been a drastic drop in the number of qualified health visitors in recent years; there are now only three-quarters as many working in the UK as there were as recently as 2015. Many of those now lost to the profession had decades of experience. Even if the 2019 spending review and the ten-year plan for the NHS come up with more funding, many of these invaluable people will probably not return.

Despite this rather bleak situation, however, numerous groups are campaigning to raise the profile of infant mental health and those who work to sustain it – including health visitors – at all levels. The work of the APPG for the 'first 1001 days' is crucial at a Parliamentary level; the voluntary WAVE Trust is campaigning to reduce adverse childhood experiences; and the Big Lottery has funded a 10-year programme in five areas of the country to explore which solutions work best. Parents can now download free apps that help them help their babies to learn. But all these can only form part of the solution. It took decades of campaigning after the first evidence on smoking and health for the government to come up with really effective anti-smoking policies. Similarly, we all now need to press for the Government to make infant mental health a top funding priority. Investing in babies is investing in strong foundations for society.

Summary written by Dr Clare Sansom