Infant Mental Health What is it and why is it important?

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# Infant Mental Health



"Lahwaah, buwha buwhaah, gullygah abawaa mey ayeeyaah. Is that normal?"

## What is Mental Health in an Infant?

- The developing capacity of the child from birth to 3 to experience, regulate, and express emotions
- The ability form *close* and *secure* interpersonal relationships
- To explore and master the environment and learn
- All in the *context* of family, community, and cultural expectations for young children.

## Seeing through an IMH Lens

- 1. The foundations of life-long mental and physical health are laid in infancy & early childhood
- 2. Relationships shape development
- 3. Adversities happen & impact young children
- 4. Prevention and repair are possible and happen within relationships

1. The foundations of life-long mental and physical health are laid in infancy & early childhood

- The most significant advances in brain architecture occur prenatally, then continue in the 3 three years of life
- The brain incorporates experience into its architecture. *Early experiences* (both positive and negative) have a decisive impact on how the brain is wired.

(Thompson, 2008)

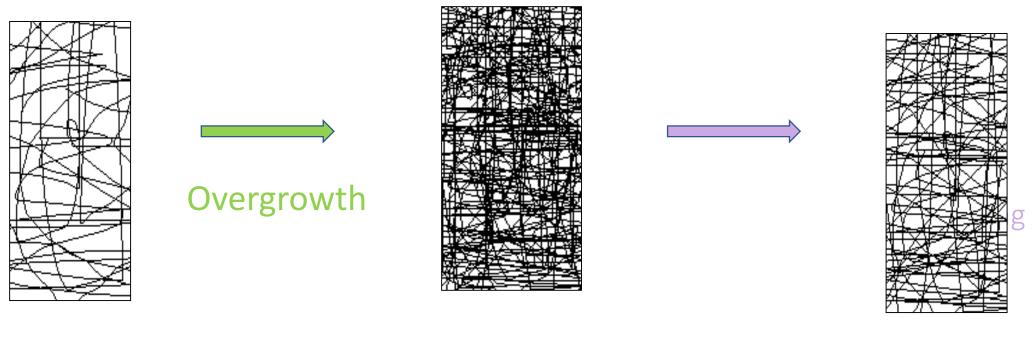
### Baby brain development

- A newborn's brain consists of 100 billion brain cells (neurons)
- During the first 3 years of life,
   700 to 1,000 new neural connections (synapses) are formed each second
- The rate of synaptic growth during this period exceeds any other period in the lifespan

  Nowakowski (2006)



## **Neuronal Growth in Infancy**



Newborn

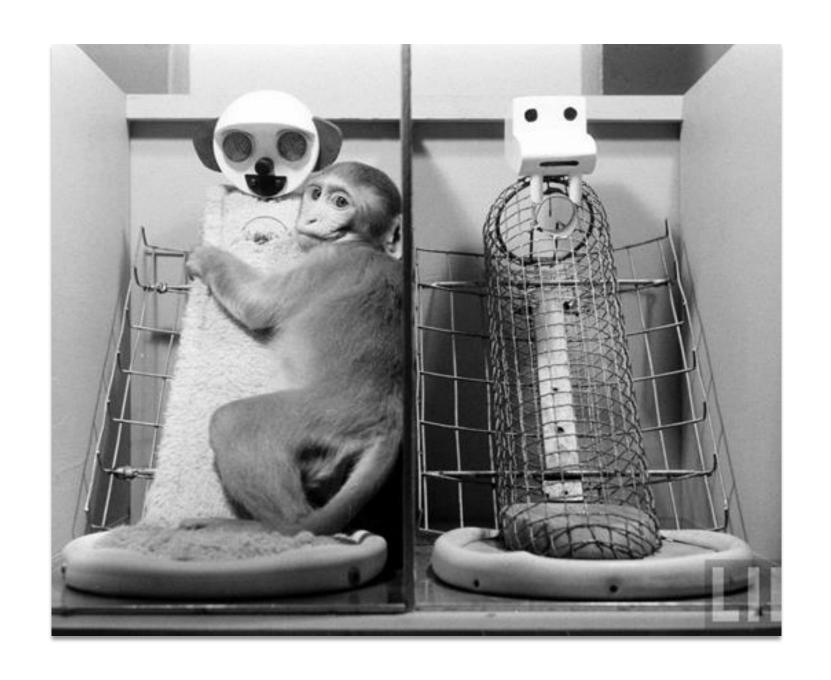
**Early Childhood** 

**Later Childhood** 

#### 2. Relationships Shape Physical, Cognitive and emotional Development

"There is no such thing as a baby"
- DW Winnicott





Harry Harlow 1950s

Monkey Love

The propensity to make strong emotional bonds to particular individuals is a basic component of human nature. (John Bowlby)



John Bowlby 1960s

Attachment=
The foundation
of healthy
development



Mary Ainsworth 1970s

The Strange Situation

Attachment styles	% of sam- ple (also general- ized to represent U.S. popu- lation)	The child's general state of being	Mother's responsive- ness to her child's sig- nals and needs	Fulfillment of the child's needs (why the child acts the way it does)
Secure Attachment	65%	Secure, explorative, happy	Quick, sensitive, consistent	Believes and trusts that his/ her needs will be met
Avoidant Attachment	20%	Not very explorative, emotionally distant	Distant, disengaged	Subconsciously believes that his/her needs probably won't be met
Ambivalent Attachment	10-15%	Anxious, insecure, angry	Inconsistent; sometimes sensitive, sometimes neglectful	Cannot rely on his/her needs being met
Disorganized Attachment	10-15%	Depressed, angry, completely passive, nonrespon- sive	Extreme, erratic: Frightened or frightening, passive or intrusive	Severely con- fused with no strategy to have his/her needs met

# Attachment Styles

Sensitive, responsive and consistent caregiving is associated with:

Physical
Weight for age
Length for age
Weight for Length for age
Sleep Patterns
Eating Behavior

Sensitive, responsive and consistent caregiving is associated with:

Cognitive
Language Development
Adaptive Skills
School Readiness
Executive Functioning
IQ Scores

#### Sensitive, responsive and consistent caregiving is associated with:

# **Social/Emotional Emotion Regulation** Self Esteem Social and Relationship Skills Mental Health Concerns Resilience

## 3. Adversities happen

#### ACES-Adverse Childhood Experiences Study

- Decade-long study designed to examine the childhood origins of our Nation's leading health and social problems.
- The Study was a collaboration between the Centers for Disease Control and Prevention (CDC) and the Kaiser Health Plan's Department of Preventive Medicine in San Diego, CA
- Studied 17,337 men and women. Their average age was 56 years. 75% were white, 39% were college graduates

#### The three types of ACEs include

### **ABUSE**

### NEGLECT

### HOUSEHOLD DYSFUNCTION



Physical



**Physical** 



Mental Illness



Incarcerated Relative



Emotional



**Emotional** 



Mother treated violently



Substance Abuse



Sexual

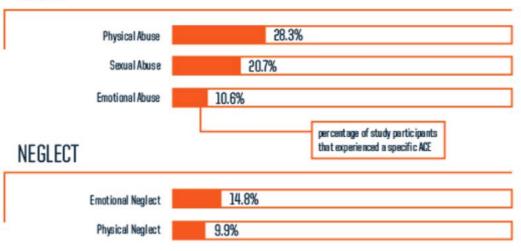


Divorce

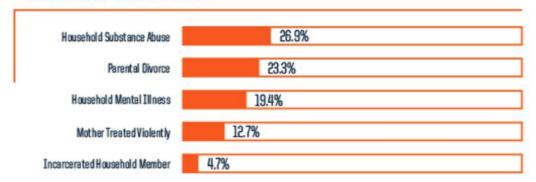
# HOW PREVALENT ARE ACEs?

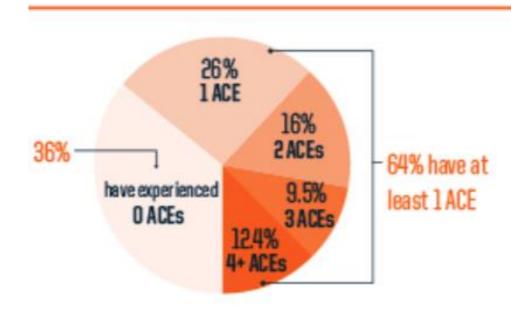
— The ACE study\* revealed the following estimates:

#### ABUSE

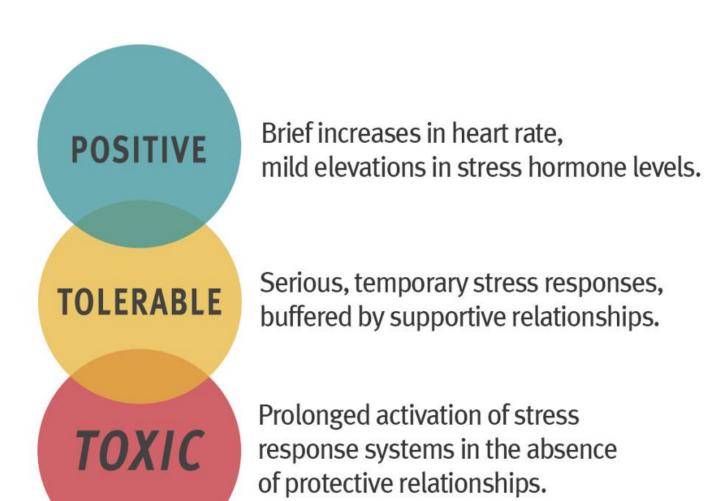


#### HOUSEHOLD DYSFUNCTION



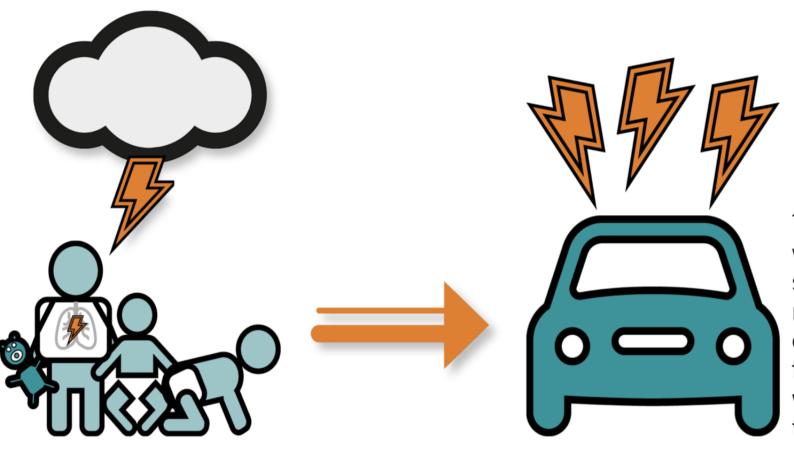


### Toxic stress



#### Aces and Toxic stress

Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what's known as toxic stress. This excessive activation of the stressresponse system can lead to longlasting wear-andtear on the body and brain.



The effect would be similar to revving a car engine for days or weeks at a time.

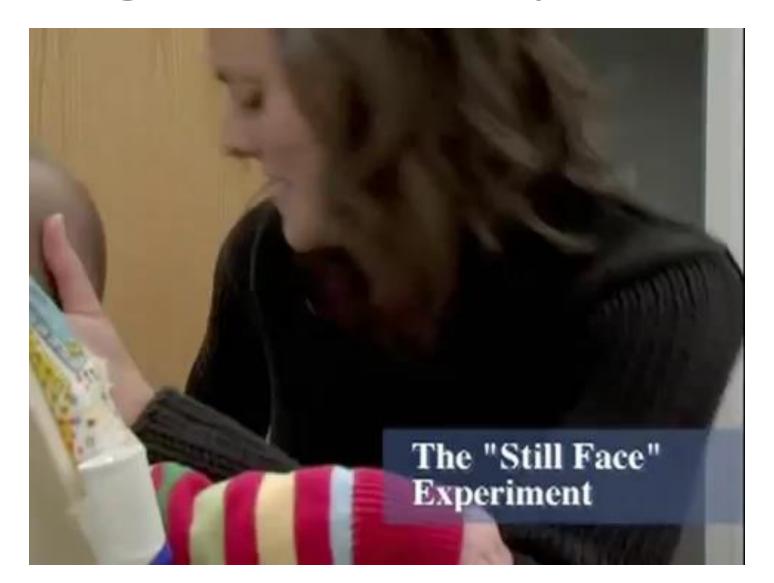
3. Adversities Happen and Impact Young Children

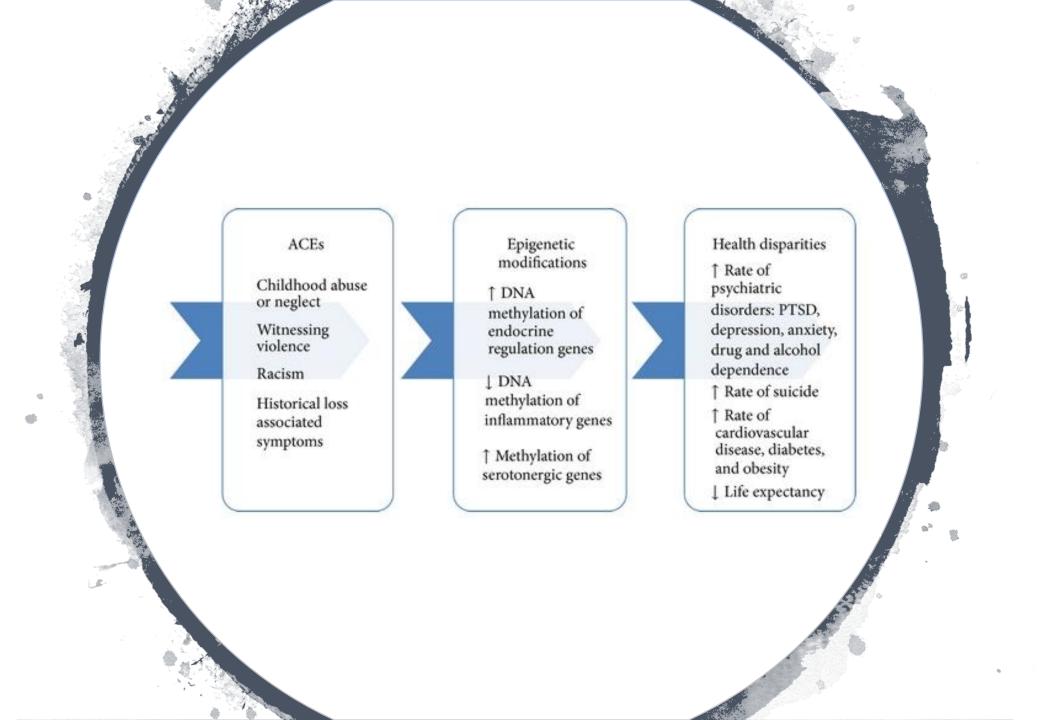
Directly
and
Indirectly

## Directly

- Trauma in child and in caregiver
- Parental mental health concerns
- Neglect, Abuse
- Separation

## Through the relationship!





# Prevention and repair are possible; the earlier the better; all within relationships

- There are evidence-based treatments for young children and their caregivers
- Because relationships shape development repair must happen through relationships – TWO GENERATION approach
- The earlier the intervention begins, the better the prognosis while PREVENTION provides best possible outcomes!

## Two Generation Approach







Likewise, fostering strong, responsive relationships between children and their caregivers, and helping children and adults build core life skills, can help to buffer a child from the effects of toxic stress.

## Questions? Comments?

