



# RCPsych Position Statement on Early Years Mental Health

Clare Lamb

Lead for Infant Mental Health.

RCPsych Child & Adolescent Faculty

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[Clare.Lamb@slam.nhs.uk](mailto:Clare.Lamb@slam.nhs.uk).

# Working Group:

**Chair:** Clare Lamb

**Policy Analyst:** Oliver Kavanagh Penno

## **Lived Experience Contributors:**

Caroline Davenport

Abiola Johnson

Natasha Manning

## **RCPsych Contributors:**

Hetal Acharya

Thomas Hillen

Alka Ahuja

Laura Kean

Agnes Ayton

Elaine Lockhart

Tom Ayres

Anne McFadyen

Jonathan Champion

Fifi Phang

Sarah Cohen

Jean Strelitz

Jenny Cooke

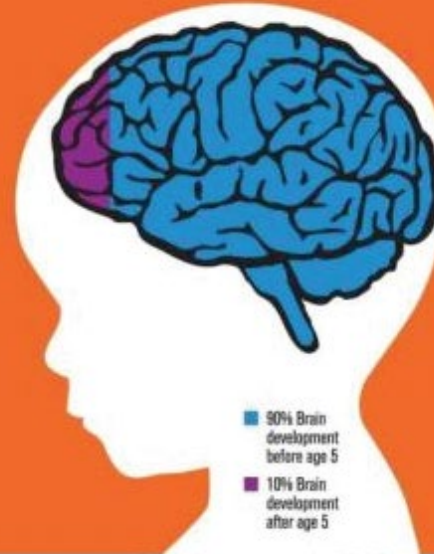
Catherine Thomas

Zoe Davidson

Alison Dunkerley

**90%**

of a child's brain  
development  
happens  
before age 5



■ 90% Brain  
development  
before age 5

■ 10% Brain  
development  
after age 5

**Early childhood brain development  
has lifelong impact**

# Early Years are critical for

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- Brain & psychological development
- enduring relationship patterns



# Position Statement on Early Years Mental Health

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- Time of key brain plasticity
- Development of emotional, social and cognitive functioning
- Greatest opportunity for prevention



- In England, 5.5% of 2 to 4-year-olds experience mental disorder (NHS Digital, 2018)
- half of lifetime mental disorder starts in under 5s
- over £16 billion annually is spent across Government on interventions to address difficulties that might have been avoided though action in early childhood



# Position Statement on Early Years Mental Health

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Need for early detection & intervention for mental health conditions emerging in the early years.





## **Child Adversity:**

- associated with increased risk of mental disorder
- estimated to account for 30% of adult mental disorder and nearly 50% of child and adolescent mental disorder





## HIGHER RISK GROUPS

Cumulative risk experienced by certain groups puts them at several fold increased risk of mental disorder.

- looked after children
- children with physical illness or learning difficulties
- children whose parents have mental disorder

# Aim of Position Statement

To outline the importance of early years mental health to **policy makers, all psychiatrists** and a range of **stakeholders**.

# Position Statement

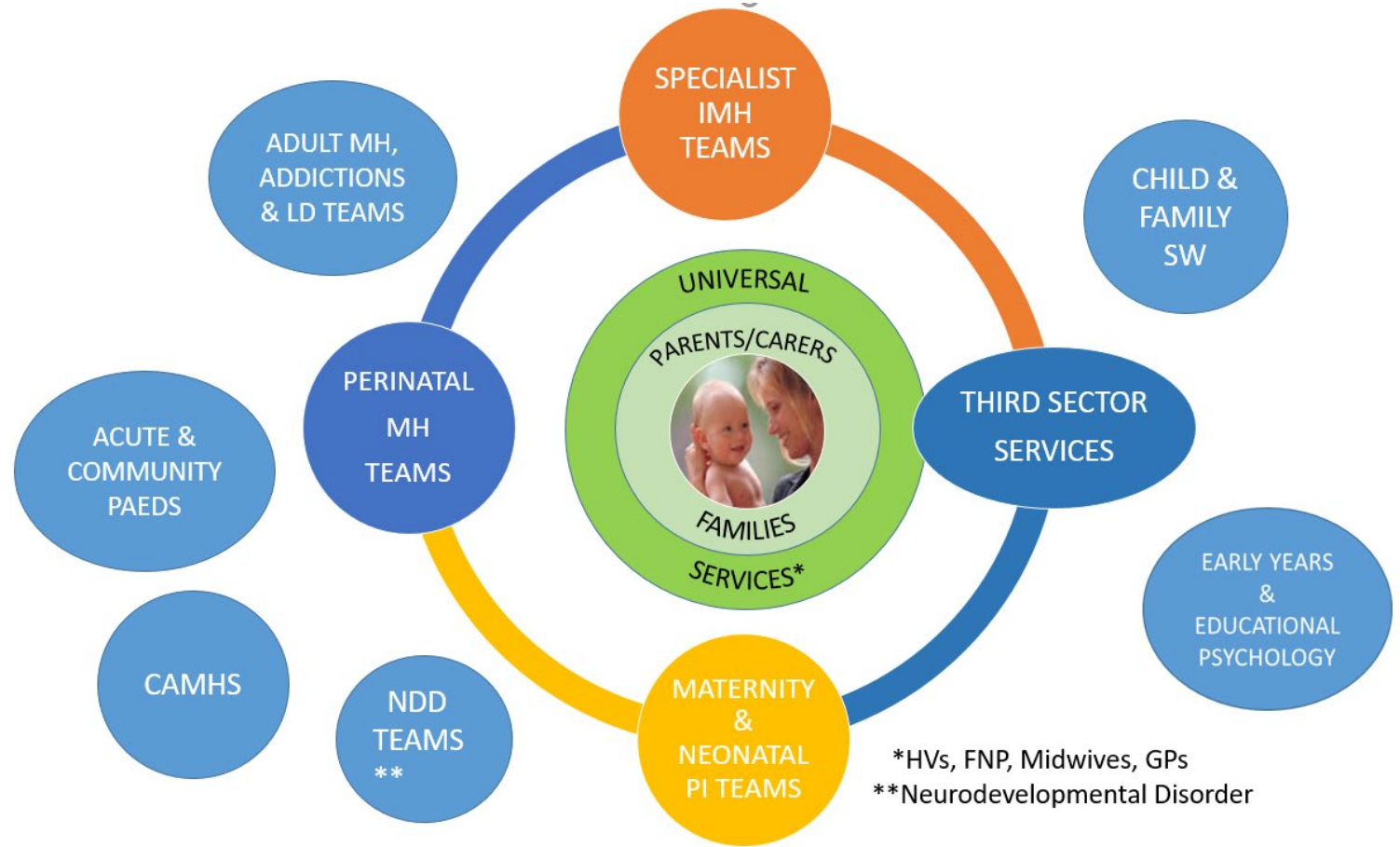
- **Prevalence, nature and impact** of mental health conditions (MHCs) in under 5s.
- Impact of **Covid-19** pandemic & **cost of living crisis**.
- Evidence-based public mental health interventions exist to **promote mental wellbeing and resilience, prevent MHCs** from arising and **treat MHCs** in under 5s.

# Position Statement

- current **policy context** across the four nations of the UK
- the current implementation gap and preventable health, social and economic consequences of this gap.
- **role of all psychiatrists** with respect to the mental health of babies and young children from preconception to 5 years
- **Integrated response** with multi-disciplinary colleagues across a range of other sectors is critical to:
  - meeting the needs of babies, young children and their families
  - sustainably address the implementation gap.

# The integrated approach to Early Years MH in Scotland

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# Recommendation 1

Make early years mental health a **national priority for Government across the 4 nations of the UK** and deliver a cross Government **strategy and implementation plan** underpinned by appropriate **funding** and a **multi-agency, multi-disciplinary workforce capacity and training strategy**.

# Recommendation 2

- **Transparent agreement of acceptable levels of coverage for different infant mental health interventions by a comprehensive range of multi-agency stakeholders** which should include children and young people, parents/carers, secondary care, primary care, NHS leaders, public health, social care and government.
- Agreement must consider the **mental health impact** and **economic cost** of implementation failure, the **statutory duty to protect children and families** and prevent harm under the respective Children, Families, Education and Equality legislation in the four nations of the UK, and the **UN SDG target of universal health coverage** which includes parents and children under 5 years of age.

# Recommendation 3

- Introduce routine, regular Government funded **data collection on the mental health of under 5s, and the level of provision of services.**
- This will inform regular assessment of the public mental health implementation gap for babies, children, and young people, including for higher risk groups, **to monitor progress towards agreed coverage targets.**



# Recommendation 4

- The **necessary resources and trained workforce** to deliver an agreed population scale, **sustainable, integrated, multi-agency stepped care approach** to infant mental health from pre-conception to 5 years old, **proportionately targeting higher risk groups**. This requires a range of **universal, targeted and specialist services** in every area.
- **Co-production** of services with those with lived experience is essential
- Service provision needs to meet the respective statutory requirements and Equality legislation in each of the 4 nations of the UK regarding the **protected characteristics of the population** served.

# Recommendation 5

- **A multi-agency, multi-disciplinary workforce capacity and training strategy** is required to support **all psychiatrists** to consider their role with respect to the mental health needs of under 5s, and the impact of **parental mental illness, intergenerational trauma and substance misuse** on the family system including on unborn babies, infants, and older children.
- A similar approach is required for **other sectors** including paediatricians, primary care, social care, health visitors, midwives, family hubs, pre-schools, public health and policy makers.

# Recommendation 6

- RCPsych to ensure **Core Training Curriculum** for all psychiatrists includes **basic training on assessment and interventions** with respect to the parent-infant relationships, attachment behaviours and the ways in which young children can cue and/or miscue their needs.
- **Higher Training Curriculum** for Child & Adolescent Psychiatrists and Perinatal Psychiatrists to include **relevant specialist training** in the assessment and intervention of relationship difficulties and MHCs in 0- 5s, including neurodevelopmental disorders and the signs and symptoms of childhood adversity.
- **RCPsych online training programme** in Infant & Family Mental Health for all consultant grade and SAS psychiatrists, which can be accessed by other sectors.

# Recommendation 7

**Further research** in a number of areas including;

- Identification & support of infants and preschool children and their families with emerging neurodevelopmental conditions
- Individual psychotherapeutic interventions for infants and families
- Parent perspectives on Infant Mental Health Services

# Recommendation 8

**Promote population understanding** about mental health of under 5s.

This would address societal stigma about MHCs in under 5s and include increased **Early Years Public Education** that is family focused, and highlights the importance of the prenatal care, child-parent relationships, the impact of adverse childhood experiences and how to access the relevant public mental health interventions.

# Voice of the Child

*“My mother developed schizophrenia during my childhood. Her personal struggle with her mental health meant I became a young carer at a young age. I was exposed to the complexities of my mother’s diagnosis of psychosis and the system that managed this. I became familiar with doctors who didn’t quite know how to interact with children, or use simple language, nor value my lived experience. Mental health is complex - how could I distinguish psychosis from imagination as a child? There were very high expectations falling upon me and my siblings from the professional network supporting us. Overall, we had to unlearn a narrative the mental health support system told us, which was that we did not matter. “*

# Voice of the Infant

- The Scottish Government : **Voice of the Infant Sub-group**
- Emotional & behaviour cues & responses of babies & young children
- Importance of age appropriate narrative

## A mother's experience

Support for Intergenerational Difficulties & Emotionally Unstable Personality Disorder

## Examples of Good Practice

Perinatal, CAMHs, 3<sup>rd</sup> Sector, Family Hub examples

# Next Steps:

- Draft for consultation to a range of Stakeholders
- Review/Consideration of feedback
- Seek endorsement from Consultee Organisations
- Publication & launch late Spring ....we hope!?



Comments?

Questions?

[oliverkpenno@rcpsych.ac.uk](mailto:oliverkpenno@rcpsych.ac.uk)

[Clare.Lamb@slam.nhs.uk](mailto:Clare.Lamb@slam.nhs.uk)

