RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

CR238

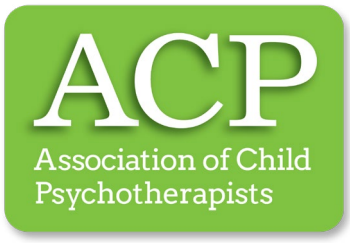
Infant and early childhood mental health: the case for action

October 2023

COLLEGE REPORT

Endorsement and support

This report has been endorsed by the following organisations:



Additionally, this report has received support from the following organisations:

- Association of Directors of Public Health
- Maternal Mental Health Alliance
- PEDAL
- Royal College of Obstetrics and Gynaecology
- Royal College of Paediatrics and Child Health
- School and Public Health Nurses Association
- UNICEF UK

How to cite this publication:
Royal College of Psychiatrists (2023) College Report CR238 – Infant and early childhood mental health: the case for action

College reports and position statements constitute College policy and have been sanctioned by the College via the Policy and Public Affairs Committee (PPAC).

Contents

Foreword

The first five years of life, as well as the pre-birth period and even the time before conception, are crucial to a child's development and to protecting them from future mental health conditions. All of society has a critical role to play in this, which includes securing children's positive relationships and supporting their social emotional and cognitive development.

Ensuring the home environment is free from stress and that children receive the love, attention and care they need is key to protecting their mental health, including in those with a genetic predisposition to illness. By supporting parents and young children at the earliest opportunity, we can prevent many mental health conditions from becoming established and continuing into adulthood. This must include the mental health of parents and carers as well.

Unfortunately, most babies, under 5s and their parents do not receive the support they need. This results in preventable suffering across the whole population, with negative impacts that can last throughout a person's lifetime. Many economic costs come along with this too, as children can fail to achieve their potential or may not become the productive, functioning adults they otherwise would have been.

Lack of intervention to treat or prevent mental health conditions also breaches a child's right to the best possible mental health under Article 24 of The United Nations Convention on the Rights of the Child (UNCRC).

For these reasons, we're calling on governments to prioritise the mental health and wellbeing of young children by rolling out new comprehensive services in every neighbourhood and region to under 5s and their parents, so they get the support they need.

Developed in consultation with parents and more than a dozen charities and other organisations, our landmark report identifies evidence-based interventions that can be provided to babies, under 5s and their families to minimise the risk of lifelong mental health conditions. With half of mental health conditions established by age 14, there is overwhelming evidence for providing support at the earliest opportunity.

*Infant and Early Childhood Mental Health: the case for actio*n makes nine recommendations to bridge the current treatment gap and provides a blueprint on how to deliver a future where fewer young people develop mental health conditions – setting out the required actions needed by government, commissioners and other decision-makers. It also features examples of existing good practice, such as the Wandsworth Early Help: Parental Mental Health Service in South London, Salford Early Help Service and Hertfordshire Community Perinatal Mental Health Service.

There is an imperative need to prioritise the mental health of babies, under 5s and their families. All the evidence indicates that, as a society, we can't afford not to.

Dr Trudi Seneviratne OBE
Registrar
Royal College of Psychiatrists

Dr Lade Smith CBE
President
Royal College of Psychiatrists

About the report

Authors

Dr Clare Lamb: Working group chair; Executive member of the Child & Adolescent Faculty; Faculty Lead for under 5s Mental Health; Honorary Consultant Child and Adolescent Psychiatrist; South London & Maudsley NHS Foundation Trust

Dr Jonathan Campion: Director for Public Mental Health and Consultant Psychiatrist at South London and Maudsley NHS Trust; Clinical & Strategic Co-Director at RCPsych Public Mental Health Implementation Centre; Chair of Public Mental Health Working Group at World Psychiatric Association; Co-chair of Public Mental Health Working Group at World Federation of Public Health Associations; Public Mental Health Advisor at WHO Europe; Honorary Professor of Public Mental Health at University of Cape Town, South Africa)

RCPsych policy support

Ollie Kavanagh Penno: RCPsych Policy Analyst and Commentary Manager

Lived experience contributors

Ms Caroline Davenport: RCPsych Patient/Carer Representative

Ms Abiola Johnson: RCPsych Patient/Carer Representative

Mrs Natasha Manning: Project Manager at Wandsworth Early Help, Parental Mental Health Service, London (previously Wandsworth New Parent Infant Network (NEWPIN))

Examples of good practice

- Early Help Service, Salford City Council, Salford Parent and Infant Relationship Service (PAIRS)
- Hertfordshire Community Perinatal Mental Health Team: Parent–Infant Interventions
- Southwark Under 5s Children and Adolescent Mental Health Services (CAHMS)
- Wandsworth Early Help, Parental Mental Health Service, London
- Wee Minds Matter infant mental health service, NHS Greater Glasgow and Clyde

Working group members

Dr Hetal Acharya: Executive member of RCPsych's Faculty of Child and Adolescent Psychiatry and Higher Trainee Representative

Prof Alka Ahuja: Consultant Child and Adolescent Psychiatrist and National Clinical Lead, TEC Cymru. Visiting Professor, University of South Wales & Hon Professor Cardiff University. Aneurin Bevan University Health

Dr Agnes Ayton: Vice Chair of RCPsych's Faculty of Eating Disorders Psychiatry, and Clinical Director and Consultant Psychiatrist at HOPE PC

Dr Sarah Cohen: Executive member of RCPsych's Faculty of Perinatal Psychiatry, and Consultant Perinatal Psychiatrist, Hertfordshire Community Perinatal Team

Dr Jenny Cooke: Executive member of RCPsych's Faculty of Perinatal Psychiatry, Consultant Psychiatrist and Clinical Lead, Sussex Specialist Perinatal Mental Health Service; Honorary Clinical Senior Lecturer, Brighton and Sussex Medical School

Dr Alison Dunkerley: Executive member of RCPsych's Faculty of the Psychiatry of Intellectual Disability

Dr Thomas Hillen: Executive member of RCPsych's Faculty of Medical Psychotherapy, Co-opted Member of RCPsych's Faculty of Child and Adolescent Psychiatry, and Consultant Child and Adolescent Psychiatrist, Consultant Medical Psychotherapist, Camden and Islington NHS Foundation Trust

Dr Laura Kean: Consultant Child and Adolescent Psychiatrist, NHS Borders, and Infant Mental Health Lead for RCPsych's Scotland Perinatal and Infant Faculty

Dr Elaine Lockhart: Chair of RCPsych's Faculty of Child and Adolescent Psychiatry

Dr Anne McFadyen: Infant Mental Health Clinical Advisor, Perinatal and Early Years Mental Health, Scottish Government

Dr Fifi Phang: Executive member and Psychiatric Trainee Committee Representative of RCPsych's Faculty of Child and Adolescent Psychiatry

Dr Jean Strelitz: Senior Researcher, RCPsych Public Mental Health Implementation Centre (PMHIC) and National Collaborating Centre for Mental Health (NCCMH)

Dr Catherine Thomas: Child and Adolescent Psychiatrist, Executive member of RCPsych's Faculty of Perinatal Psychiatry

With thanks to Professor Helen Minnis (Professor of Child and Adolescent Psychiatry. School of Health & Wellbeing. University of Glasgow), Professor Paul Ramchandani, (LEGO Professor of Play in Education, Development and Learning at Cambridge University, UK.Director of the PEDAL Research Centre and NHS Child & Adolescent Psychiatrist) and chairs of RCPsych's Faculties for comments on earlier drafts of the report.

Thanks also extended to Professor Crispin Day (Head, Consultant Clinical Psychologist, Centre for Parent and Child Support, South London and Maudsley NHS Foundation Trust) and Harold Bennison (CAMHS Service Director, South London and Maudsley NHS Foundation Trust).

With thanks to the following organisations and individuals who provided feedback on earlier drafts of the report:

Anna Freud Centre
Association of Child Psychotherapists
Association of Directors of Public Health
Association of Directors of Children's Services, NHS Northern Ireland
Association of Infant Mental health (AIMH -UK)
British Association of Social Workers
British Psychological Society
Chief Public Health Nurse, England
Children and Young People's Mental Health Coalition
Department for Education (DfE)
Department of Health and Social Care (DHSC), England
Department of Social Policy and Intervention (University of Oxford)
Faculty of Public Health
Health Education England (HEE)
Institute of Health Equity
Institute of Health Visiting
Maternal Mental Health Alliance
NHS England
NHS Scotland
NHS Wales
Parent and Infant Mental Health Scotland
Parent-Infant Foundation
PEDAL
Public Health Scotland
Royal College of General Practitioners (RCGP)
Royal College of Nursing (RCN)
Royal College of Obstetricians and Gynaecologists (RCOG)
Royal College of Paediatrics and Child Health (RCPCH)
Save the Children
School And Public Health Nurses Association
UNICEF-UK

Executive summary

The importance of childhood early years

Research clearly demonstrates that from conception onwards, rapid brain development influences the cognitive, emotional and social development of babies and young children. Pre-conception to 5 years is an important time in a child's life and critical for brain and psychological development, the formation of enduring relationship patterns, and emotional, social and cognitive functioning – all of which are foundations for healthy development, but which can also confer protection against mental health conditions. The establishment of sensitive, attuned and responsive relationships is essential for positive mental health and wellbeing and underpins interventions to address problems in social and emotional development, poor mental health and mental health conditions in under 5s.

The mental health needs of babies and young children under 5 are intimately linked with their general health and wellbeing, and are most effectively met by a multi-disciplinary, multi-agency approach which considers a child's development in the context of their relationships with primary caregivers and the wider environment. This approach needs to be informed by research in child development, parent–infant relationships, genetics, neuroscience and the study of mental health conditions and their treatment.

Aim of this report

The aim of this report is to outline:

- the importance of mental health in babies and young children under 5 to policy makers, commissioners, and healthcare practitioners (including psychiatrists, psychologists, psychotherapists and other mental health practitioners, paediatricians, primary health care professionals, health visitors and social care professionals), family hubs, early years childcare workers, parents/carers, preschool and primary school teachers, and public health professionals
- relevant risk factors, protective factors and higher risk groups
- effective public mental health interventions to treat mental health conditions, prevent associated impacts, prevent mental health conditions, and promote mental wellbeing and resilience in babies and young children
- the implementation gap for public mental health interventions
- required actions to address the implementation gap.

Early years mental health treatment, prevention and promotion

This report outlines the prevalence and impact of mental health conditions in under 5s (which have been compounded by the COVID-19 pandemic), which includes a range of emotional and regulatory conditions and neurodevelopmental conditions. Evidence-based public mental health interventions exist to promote mental wellbeing and resilience in babies and young children under 5, prevent mental health conditions from arising, and treat mental health conditions in this age group. In addition to alleviating and preventing distress and suffering for babies, young children and families, there are important health and economic benefits of supporting healthy psychological and social development, and of the early detection of mental health conditions during the early years.

The implementation gap and required actions

Despite the existence of evidence-based public mental health interventions, only a minority of under 5s with mental health conditions are identified or receive treatment, with negligible coverage of interventions to prevent mental health conditions or promote mental wellbeing and resilience. Similarly, only a minority of parents during pregnancy or with children under 5 years, receive interventions to prevent or treat mental health conditions. This implementation gap results in population-scale preventable suffering, significant impacts across the life course and associated economic costs. It also breaches the child's right to health, and statutory legislation to protect children. Every baby and young child has a right to the best possible mental health, as outlined in Article 24 of The United Nations Convention on the Rights of the Child (UNCRC).

This report outlines the current policy context relevant to under 5s' mental health across the four nations of the UK; the implementation gap; and the preventable health, social and economic consequences of this gap. It also outlines how a population-scale integrated response between policy makers and multi-disciplinary, multi-agency colleagues across a range of sectors is critical to meeting the mental health needs of under 5s and their families in order to sustainably address the implementation gap.

Recommendations

This report sets out nine recommendations, which are outlined below.

1. **Government across the four nations of the UK** to prioritise the mental health of under 5s through the delivery of a **cross-government strategy** with **designated ministerial responsibility**, an **implementation plan** underpinned by appropriate **funding to meet the scale of need**, a multi-agency **workforce capacity and training strategy** and a national, multi-agency **shared outcomes framework**.

2. Government and multi-agency stakeholders to **transparently agree on the level of population coverage of different public mental health interventions for under 5s and their families**. Stakeholders should include children and young people, parents/carers, primary care, secondary care, secondary mental health care, social care, health and social care leaders, early years childcare, preschool and primary schools, public health, voluntary sectors and government. When agreeing level of coverage, stakeholders must consider the mental health impact and economic cost of implementation failure, the broad impacts and associated economic benefits of improved coverage, 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.

3. Provision of the **resources and trained workforce required** to deliver an agreed population scale, **sustainable, integrated, multi-agency stepped care approach** to mental health of under 5s, **proportionately targeting higher risk groups**. This requires a guarantee of a range of **universal, targeted and specialist services** in every area, tailored to specific age groups from conception to 5 years and provided by different sectors that can deliver evidence-based interventions to promote wellbeing and resilience, prevent mental health conditions and associated impacts, and treat mental health conditions at the earliest opportunity proportionately targeting higher risk groups.

4. Introduction of routine, **regular government-funded data collection on the mental health and wellbeing of under 5s and families, and on the level of provision of public mental health interventions, with a nationally agreed outcomes framework for early childhood development**. This will inform regular assessment of the public mental health implementation gap for babies and young children, including for higher risk groups, in order **to monitor progress towards agreed coverage targets and early childhood outcomes**.

5. Introduction of a **national competencies framework** for work with under 5s, and **a national workforce training strategy. A multi-agency, multi-disciplinary workforce capacity and training strategy** should support **professionals from all sectors** (psychiatrists, psychologists, psychotherapists, paediatricians, primary care professionals, social care professionals, health visitors, midwives, family hubs, early education and

care practitioners, public health and policy makers) in their role with respect to the mental health needs of babies and young children. When working with the parents of babies and young children, adult mental health services should work in partnership with local services that provide support to under 5s and their families.

6. **Development of an RCPsych training strategy for all psychiatrists**. The Royal College of Psychiatrists will ensure that the **Core Training Curriculum** for **all** psychiatrists and the Higher Training Curriculum for general adult psychiatrists, includes **basic training on assessment and interventions** with respect to parent-infant relationships, attachment behaviours and the ways in which babies and young children can cue and/or miscue their needs. The **Higher Training Curriculum** for Child & Adolescent Psychiatrists and Perinatal Psychiatrists respectively, will include **relevant specialist training** in the assessment and intervention of parent-infant relationship difficulties and mental health conditions in under 5s, including neurodevelopmental disorders and the signs and symptoms of childhood adversity. The **RCPsych will launch an online training programme** in infant and family mental health for consultant grade and Specialty and Specialist (SAS) psychiatrists which can be accessed by practitioners from other sectors, including, for example, GPs, health visitors, and social workers.

7. **Services for babies, young children and their families to be co-produced with those with lived experience**. This requires working in partnership with a range of individuals with intersecting identities across race, gender, ethnicity, sexual orientation, and disabilities (as outlined in equalities legislation) to ensure that the delivery of evidence-based interventions reflects the needs of the population it serves. Meaningful co-production in parent–infant work puts the voice of the child at its centre. Parents and specialists in infant communication can articulate the experiences and needs of under 5s. The right of all children to be heard and have their views taken seriously in accordance with their age and maturity is laid down in Article 12 of the UN Convention on the rights of the child (UNCRC).

8. **Further research** in a number of areas, including how to support improved implementation of evidence-based interventions for under 5s to treat mental health conditions, prevent mental health conditions from arising and promote mental wellbeing. Other more specific areas for research include identifying and supporting infants and preschool children with emerging neurodevelopmental conditions, individual psychotherapy for infants, and parent perspectives on infant mental health services (including parents from under-represented groups).

9. **Promote population understanding** about the mental health and wellbeing of babies and young children. This would include actions to address societal stigma about mental health conditions in under 5s and include increased early years public mental health education that is family focused and highlights the importance of the prenatal care, child–parent relationships, the impact of adverse childhood experiences, and how parents and practitioners can access the relevant public mental health interventions at the right time.

Introduction

This report highlights the importance of the early years (pre-conception to 5 years of age) for the future health, mental health and wellbeing of older children, young persons and adults.

Good infant mental health is underpinned by adequate nutrition, protection from harm, and positive, responsive caregiving. The mental health needs of babies and young children are most effectively met by their parents and carers, supported by a multi-disciplinary, multi-agency approach which considers the child's development and their relationships with primary caregivers and the wider environment. This approach needs to be informed by research in child development, parent–infant relationships, genetics, neuroscience and the study of mental health conditions and their treatment.

The Royal Foundation has published a report highlighting these issues, and recommends a number of actions with respect to the early years. They stress the importance of the provision of improved support networks for parents during the early years, particularly to enhance parental mental health and wellbeing. Their recommendations include: to increase public awareness of the impact of the early years, improve community support to families, strengthen the early years workforce, improve routine data collection for the early years, and for a national framework to drive preventative early childhood support and a measurable child outcomes framework (Royal Foundation Centre for Early Childhood, 2021).

This report highlights the role of a range of providers within health and other sectors towards babies, young children and their families with respect to the prevention and early identification of mental health conditions, as well as the promotion of mental wellbeing and resilience, proportionately targeting higher risk groups. In addition, as a report of the Royal College of Psychiatrists, it describes the roles and responsibilities of psychiatrists within specialist multi-disciplinary teams and emphasises that all psychiatrists need to work in robust partnership with multi-agency colleagues across a range of sectors to support early years mental health.

Throughout this paper, we have used the terms 'early years', 'under 5s' and 'pre-conception to age 5' interchangeably. The term 'mental health conditions' has been used throughout the paper when referring to mental health problems in the under 5s, including those outlined in the Prevalence and Nature of Mental Health Condition section, whereas the term mental disorder has been used in relation to particular mental health conditions. The terminology was chosen based on consultation with a range of stakeholders within and outside of the Royal College of Psychiatrists.

Public perception

The Royal Foundation Centre for Early Childhood published findings of research into public perceptions of early childhood (Royal Foundation Centre for Early Childhood, 2020). The survey found that, 98% of people believe nurture is essential to lifelong outcomes, but just one in four (24%) participants recognise the specific importance of the 0–5 period for the developing brain and lifelong health and happiness. Ninety percent of people in the study cited parental mental health and wellbeing as a critical factor in a child's development.

A survey of 446 parents local to south Wales that was conducted as part of the Securing Health Lives report (Parent-Infant Foundation, 2021b) found that parents rated the quality of parent–infant relationships with their baby as the third most important influence on a child's development, just below the impact of violence in the home and parental drug use.

Rationale

The rationale for a focus on the mental health and wellbeing of babies and young children under 5 includes the points outlined below.

1. **Prevalence of mental health conditions in under 5s:** In England, 5.5% of 2- to 4-year-olds experienced a mental health condition in 2017 (NHSD, 2018) although this is the only time mental health condition prevalence in under 5s has been measured in a UK national survey. There is currently no national data collection on the prevalence of mental health conditions in under 2s. The prevalence of mental health conditions has significantly increased in 5- to 18-year-olds since the COVID-19 pandemic (NHSD, 2021; NHSD, 2022). Between 10–25% of young children experience significant difficulties in the relationships with their main carer(s), greatly increasing the risk of a range of poor social, emotional and educational outcomes, including increased risk of mental health conditions (Parent-Infant Foundation, 2020a; Van Ijzendoorn et al, 1999).

2. **Intergenerational transmission of adversity and trauma:** Various types of adversity and trauma are associated with an increased risk of mental health conditions in under 5s (see part 3 of the section on risk factors). In addition to the significant impact of trauma related to neglect or abuse or to the impact of socio-economic deprivation, babies and young children can also experience trauma due to suboptimal relationships and interactions with their primary caregivers.

3. **Persistent emotional and behavioural difficulties in toddlers predict later mental health conditions (Hemmi et al, 2011).**

4. **Early years a key opportunity for prevention:** Greatest opportunity for prevention of future mental health conditions is in the early years, a period of key brain plasticity when the foundations of cognitive, emotional and social capabilities are formed through babies' relationships with their primary caregivers and the

wider environment.

5 **Impacts of mental health conditions:** Broad health and social impacts and associated economic costs of mental health conditions arising in early childhood emerge in later childhood and adolescence, and persist into adulthood.

6 **Existence of effective public mental health interventions:** Evidence-based interventions exist to treat mental health conditions in babies and young children, prevent such conditions from arising, and improve wellbeing, resilience and development (Campion, 2019; Campion et al 2022; RCPsych, 2022a; RCPsych, 2022b). Different types of intervention are provided by different sectors, highlighting the importance of coordination. Many such interventions have cost-benefit evaluation demonstrating economic returns even in the short term (Campion, 2019; UNICEF, 2017; & UNICEF, 2021). Globally, investments in children's early development can lead to increases in adult incomes of up to 25% (UNICEF, 2017; UNICEF, 2019). Given prevalence of mental health conditions and associated risk factors which are greater in more deprived areas, addressing socioeconomic inequalities as well as targeted approaches for socioeconomically deprived areas are particularly important.

7 **Public mental health implementation gap:** Only a minority of under 5s with mental health conditions are identified or receive treatment, and there is negligible coverage of interventions to prevent mental health conditions or promote mental wellbeing and resilience. The extent of the public mental health implementation gap is outlined below.

a. **The treatment gap:**
   - Primary care: No routine data is available to monitor mental health condition treatment of under 5s.
   - Specialist parent–infant teams: A UK survey found that most geographical areas do not have access to a specialist parent-infant team and, where teams exist, most lack sufficient resources to meet local demand (Hogg, 2019). Furthermore, almost half of all specialist Child and Adolescent Mental Health Services (CAMHS) in England do not accept referrals for babies and children under the age of 36 months (Hogg, 2019).
   - Parenting programmes: Such interventions are effective for treatment of some mental health conditions in under 5s. However, many of the most commonly used interventions in UK services to promote child–parent attachment have a weak evidence base and those with the strongest evidence base are not as widely used (Wright et al, 2023). More reliable data is required on provision and outcomes of parenting interventions.
   - Specialist Health Visitors in Perinatal and Infant Mental Health (SpHV PIMH): There is patchy provision at regional levels and inconsistent commissioning arrangements for these specialists, with variations in job descriptions, clinical case-loading expectations, training and supervision for the practitioner and where the role sits (Beauchamp, 2023). In addition, the shortages in the health visiting workforce need to be urgently addressed by national government to enable SpHV PIMH and the wider health visiting workforce to deliver clinically and cost-effective perinatal and infant mental health care.

b. The prevention and promotion gap:

- Health visitors: A 2022 UK survey of health visitors found that due to workforce shortages in England, only 13% of health visitors were able to deliver antenatal contact to all families, 54% were able to deliver the 6–8 week postnatal review to all families, only 15% of health visitors were able to deliver the 9–12 month review to all families, and only 12% of health visitors were able to deliver the 2–2.5 year review to all families (IHV, 2023). Only 6% of health visitors in England worked with the recommended average ratio of 250 children per health visitor and 28% had more than 750 children. This contrasted with Scotland where 69% had less than 250 children and only 1% had 750 or more. Furthermore, 48% of health visitors in England planned to leave the profession in the next 5 years (IHV, 2023).
- Women's uptake of postnatal checks and primary care consultations in the year following childbirth in the UK: One in five women had no consultation at the time of the postnatal check and two in five women had no record of receiving a structured postnatal check within the first 10 weeks after giving birth (Smith et al, 2020). An estimated 350,400 women per year in the UK were not receiving such checks with teenagers and those from the most deprived areas the least likely to have a check.
- Alcohol and smoking use during pregnancy: Despite alcohol and smoking being the most common substances used in pregnancy and increasing the risk of mental health conditions in children, these are often not assessed in antenatal booking appointments, and interventions are rarely provided.
- Childcare: In England, there has been a 25.6% reduction in the number of childcare providers registered with Ofsted between 2015 and 2023, with a 7% reduction in childminders between 2022 and 2023 (Ofsted, 2023).
- Child adversity: Despite child adversity accounting for a large proportion of child and adolescent mental health conditions and the statutory duty to protect children, most children who are affected by adversity are not known to services, while the implementation of interventions to prevent child adversity is negligible.
- Social work services: No data was found regarding provision of different types of public mental health intervention by social work services to under-5's and their families. However, between 2021 and 2022 in England, there was a 2.7% reduction in children and family social workers in post and a 21% increase in vacant posts (Department for Education, 2023). In 2022, 70% of local authorities in England were not confident they would have enough permanent child and family social workers to meet their needs over the next 12 months (Department for Education, 2022b).
- Socio-economic inequalities: There have been real-term cuts in benefits for families with young children due to freezes in working-age benefits, reduction in the overall benefit cap and the introduction of the two-child limit, which currently only affects families with children in their early years (Cattan et al, 2022). These changes have led to increases in relative and extreme child poverty.
- Service engagement: More young children are falling behind expected developmental milestones, but fewer are engaging with services such as early education and childcare (Ofsted, 2022; O'Meara & Bradley, 2022).
- Promotion of attachment between parent and baby: A Welsh online

survey found that only 3% of parents had received direct support from a professional specifically to help them bond with their baby (Parent-Infant Foundation, 2021b).

- Regional disparity: There is significant regional disparity in the four core early years services – health visiting, maternity, parent–infant relationships, and early education and care. Polling by UNICEF UK revealed that one in three parents (or 32% of parents) in England are finding it difficult to access professional support for themselves and their child (UNICEF UK, 2022). Of those, 78% have been left "feeling frustrated" by this, and 21% left "feeling desperate".

8 Impact and cost of public mental health implementation gap:
The UK public mental health implementation failure outlined above breaches the right to health and statutory legislation to protect children, and results in population scale preventable suffering, broad impacts and associated economic costs. Reasons accounting for the gap include insufficient resource, insufficient knowledge and training across all sectors and agencies, insufficient routine monitoring of the gap in provision, and insufficient government policy to address the mental health needs of under 5s. Additionally, the gap for babies was exacerbated during the COVID-19 pandemic (Reed & Parish, 2021; Morris & Fisher, 2021).

Furthermore, over £16 billion annually is spent across England on interventions to address difficulties that might have been avoided through action in early childhood (Royal Foundation Centre for Early Childhood, 2021). If opportunities to support families facing adversity during a child's early years are missed, those children are less likely to achieve their full potential and their families are likely to need more help from public services throughout their child's lifetime (Conti, 2020).

9 Impact of addressing the public mental health implementation gap:
Improved implementation of evidence-based mental health condition treatment, and prevention and promotion of mental wellbeing in under 5s will result in broad impacts across the life course with associated economic benefits.

Prevalence and nature of mental health conditions in infants and young children

Mental health conditions in the under 5s can manifest as behavioural difficulties such as tantrums, relationship difficulties, developmental delay, social withdrawal or eating/sleeping difficulties. Without appropriate support, these problems can become more entrenched such that a young child may eventually meet criteria for a mental health condition, the exact nature of which will be influenced by various factors such as genetics and family functioning.

A meta-analysis of international studies found that the prevalence of any mental health condition in children aged between 1 and 7 years was 20.1%, including anxiety disorder (8.5%), depressive disorder (1.1%), oppositional defiant disorder (4.9%) and attention-deficit hyperactivity disorder (4.3%), with 6.4% experiencing more than one mental health condition (Vasileva et al, 2021). Emerging mental health conditions in babies and very young children present differently to those in older children. Babies can experience regulatory (feeding, sleeping, crying), emotional and behavioural problems that may emerge as mental health problems later in childhood.

In England in 2017, the national prevalence of mental health conditions in 2- to 4-year-olds was 5.5% (NHSD, 2018) which comprised:

- behavioural disorder (2.5%), including 1.9% with oppositional defiant disorder
- emotional disorder (1.0%)
- hyperactivity disorder (0.5%)
- any less common mental disorder (2.8%) including 1.4% with autism spectrum disorder, 1.3% with sleeping disorder and 0.8% with feeding disorder.

Evidence indicates that there are distinct developmental features from pre-conception to 5 years that are likely to influence how psychopathology is expressed and experienced by babies and young children. There is a difference between early emergence of mental health conditions, and temporary problems in early childhood. Some experience of emotional distress, such as severe tantrums, is a normal part of early childhood development. Most young children learn to manage strong emotions through sensitive and responsive parent–child relationships and co-regulation. The less developed cognitive, perceptual, and linguistic capacities of young children influence how they experience and respond to the various risks for psychopathology.

From birth to 5 years is a time of rapid developmental change, and clinical presentation can change in response to maturation. Additionally, assessments of clinical symptoms in very young children are made more complex by the fact that they cannot verbally report their own subjective experiences, making observational skills a key competency for clinicians working with babies. A range of professionals need skills in observing and assessing the emotional states, behavioural cues and interactions

of babies and young children with their families. The establishment of sensitive, attuned and responsive primary caregiver/parent–child relationships is essential for every child and underpins the approach to all mental health conditions in under 5s.

Behavioural disorders

In 2017, the prevalence of behavioural disorders in 2- to 4-year-olds in England was 2.5% (NHSD, 2018). Significantly dysregulated behaviour in very young children includes physically and verbally aggressive behaviour, as well as negative, angry, emotional reactivity, such as temper tantrums. Persistent disruptive behaviour problems in toddlers are associated with continuing behaviour problems in later childhood (Mesman et al, 2001).

Emotional disorders

In 2017, the prevalence of emotional disorder in 2- to 4-year-olds in England was 1.0% (NHSD, 2018). Child emotion regulation is a core component of social-emotional competence (Calkins & Hill, 2007). Indicators of emotional disorder in under 5s include signs of anxiety or fear, and withdrawn or sad behaviour, often associated with disturbance of sleeping and eating.

Attachment disorders

Difficulties in the parent–infant relationship, of which attachment is one aspect, can disrupt the baby's developing emotional regulation systems, increasing the risks of various mental health conditions (see part 4a of the section on risk factors). Attachment develops from interactions between infants and parents, as a result of care-seeking and caregiving behaviours. An infant's instinct to selectively seek comfort and protection from a recognised caregiver is vital for healthy social and emotional development.

Prevalence of attachment disorder is high, as outlined in the points below.

- 10–25% of young children experience significantly distorted relationships with their main carer(s) (Van Ijzendoorn et al, 1999).
- In middle class families, 15% of infants were estimated to have disorganised attachment and 25–30% insecure attachment (Van Ijzendoorn et al, 1999).
- Rates of disorganised and insecure attachment are even higher in families living with stress factors such as conflict, substance misuse, parental mental illness, exposure to trauma and poverty.
- Rates of poor attachment are even higher in particular groups such as children from maltreating families (Cyr et al, 2010), looked after children (NICE, 2015) and institutionalised children (Lioentti et al, 2015). In a UK study of 6- to 8-year-old children from deprived backgrounds, the prevalence of Reactive Attachment Disorder (RAD) was 1.4% (Minnis et al, 2013) while a Scottish study found that the prevalence of Disinhibited Social Engagement Disorder (DSED) in maltreated children was 2.1% (Bruce et al, 2019).
- Avoidant attachment is associated with unresponsive parenting, but in cultures where there are multiple caregivers, the avoidant classification was lower than in Westernised societies, and in some cases, totally absent (Mesman et al, 2016).

Parental mental health conditions may impact on the parent's ability to provide sensitive, responsive parenting, which in turn can impact the parent–child relationship and the child's attachment style.

Post-traumatic stress disorder (PTSD)

A UK survey found that no 5- to 6-year-old children in the general population sample had PTSD using adult-based criteria although using AA-PTSD criteria, overall prevalence was 0.4% which rose to 5.4% in trauma-exposed children (Hitchcock et al, 2021). A review suggested that 22% of trauma-exposed preschool-aged children met diagnostic criteria for PTSD although noted significant heterogeneity across studies (Woolgar et al, 2022).

Trauma and adversity may be experienced following either a single event – such as abuse, a road traffic accident or surgical intervention – or as a result of repeated or enduring psychological trauma consequent to various types of adversity including abuse, parental illness, enforced separations, or exposure to frightening events such domestic violence, war or natural disaster (see part 3 about child adversity in the section on risk factors, which includes the prevalence of different types of child adversity). However, not every child exposed to different types of adversity or trauma will develop PTSD although exposure to trauma and adversity is a significant risk factors for the development of mental health conditions in under 5s. Sensitive relationships can buffer the impact of traumatic events, and without such relationships, events that seem less objectively traumatic can still cause psychological trauma to very young children.

There is increasing evidence of the importance of addressing the effects of exposure to traumatic events on babies and young children, and the diagnosis and treatment of trauma symptoms and post-traumatic stress disorder in under 5s (Scheeringa et al, 2012; Miron & Sturdy, 2019). However, it is also vital to prevent such adversity.

Sleeping disorders

The national prevalence of sleep disorder in 2 to 4-year-olds in England in 2017 was 1.3% (NHSD, 2018) although there are no national prevalence figures for 0- to 2-year-olds. Sleep patterns change significantly over time, from the last trimester of uterine development through to about 3 years old. Sleep problems are common in babies and young children although the definition of a sleep problem in infants and toddlers can be complicated by individual variation, parental expectations, the parent–infant relationship, and cultural differences in sleep practices. Inconsolable crying in the first year is common, and a major problem for many infants and parents. Sleep disturbance may be associated with several physical and/or emotional factors, including neurodevelopmental or anxiety disorders in young children. It is often distressing and tiring for a young child to experience prolonged episodes of disturbed and disrupted sleep, and caring for the child can result in parental exhaustion and poor mental health.

Feeding disorder

The national prevalence of feeding disorder in 2- to 4-year-olds in England in 2017 was 0.8% (NHSD, 2018) although there are no prevalence figures for 0- to 2-year-olds. Feeding difficulties are relatively common in babies and young children. Many of these difficulties will be transient. Feeding is parent led in infancy and some feeding difficulties are a manifestation of relationship difficulties. More persistent feeding difficulties are often complex and multi-factorial.

Neurodevelopmental disorders

Neurodevelopmental disorders are a group of conditions with onset in the early developmental phase. They are characterised by difficulties in social, occupational, personal or academic functioning. They are of particular significance as the co-occurence of mental health conditions is common in these disorders. This report will not provide a full overview of neurodevelopment disorders but refer only to hyperactivity disorder in very young children and autism spectrum disorder.

Hyperactivity disorder

The national prevalence of hyperactivity disorder in 2- to 4-year-olds in England in 2017 was 0.5% (NHSD, 2018). Hyperactivity can be a manifestation of emotional dysregulation related to parent–infant relationship problems or other forms of family or social adversity. Therefore, for some children, it is a psychogenic problem, whilst for others it will be a neurodevelopmental condition.

Autism spectrum disorder (ASD)

The prevalence of autism spectrum disorder in 2- to 4-year-olds in England in 2017 was 1.4% (NHSD, 2018).

Developmental delay and intellectual disability

Approximately 2.5% of children in the UK are estimated to have an intellectual disability, including 159,000 in the 0–7 year age range (PHE, 2015; ONS, 2020). Furthermore, the prevalence of mental health conditions in children aged 5 years and over in Great Britain was 36% in those with intellectual disability, compared to 8% in those without (Emerson & Hatton, 2007).

Individuals with genetic syndromes constitute a substantial percentage of those with intellectual disabilities – estimated to be approximately 40% – with higher percentages at the lower levels of ability (Heikura et al, 2005; Ellison et al 2013). In general, children with intellectual disability are classified based on the severity of impairment (mild, moderate, severe or profound), their functional and adaptive behaviour, and the

need for support. Knowledge has grown concerning the difficulties facing families with young children with intellectual disabilities (Hodapp & Dykens, 2019). Challenges remain in accurately testing and diagnosing infants and toddlers with intellectual disabilities.

Risk and protective factors

This section highlights that in the first few years of life, different factors can affect a child's developmental trajectory and lead to increased risk of physical and mental health conditions. Impacts can be observed across multiple systems, affecting cardiovascular, immune, metabolic and brain health, and can result in physical and mental health conditions, as well as social difficulties in later childhood and adult life.

The importance of risk factors during infancy is highlighted by the finding that two-thirds of the social inequality in adolescent mental health conditions are mediated by early risk factors measured by age 3 years (Straatmann et al, 2019).

A central principle in developmental psychopathology research is the cumulative risk model. That is, long-term outcomes are better predicted by the total number rather than the specific nature of environmental risk factors (Felitti et al, 1998). Many features beyond cumulative risk, such as nature, timing and dose of adverse experiences, are also important determinants of outcomes (Zeanah & Sonuga-Barke, 2016). The timing and quality of specific experiences in the early years influences brain development; deviations from what is needed by the developing infant can compromise brain and behavioural development (Fox et al, 2010).

A population approach takes account of what proportion are affected by different factors, as well as the size of impact of particular factors. Some factors have a greater individual impact and underlie other risk factors. For instance, socioeconomic deprivation and the COVID-19 pandemic are strongly associated with other risk factors such as child adversity and poor parent–infant relationships, which are therefore particularly important to address (Bellis et al, 2014; Campion et al, 2022; Reed & Parish, 2021).

Risk factors

Risk factors associated with increased rates of mental health conditions in under 5s are of relevance to interventions aimed at preventing mental health conditions from occurring. Risk factors often co-occur and may interact, leading to an increased chance of poor outcomes.

1 **Pregnancy-related factors**

Maternal smoking, alcohol and substance use during pregnancy increase the risk of adverse perinatal outcomes and increase the risk of child mental health conditions (Huang et al, 2017; Popova et al, 2017; Ruisch et al, 2018). Other pregnancy related factors include prenatal infection (Flinkkilä et al, 2016), poor maternal nutrition (O'Neil et al, 2014) and being overweight before and during pregnancy (Arango et al, 2021). Birth-related risk factors include premature birth (Nosarti et al, 2012; Anderson et al, 2021; de Gamarra-Oca et al 2021; Class et al, 2014; Davies

et al, 2020), low birth weight (Class et al, 2014; Davies et al, 2022; Dooley et al, 2022) and obstetric complications (Davies et al, 2020). Particular groups such as Black, Asian and ethnic minority women experience inequity in maternity care (Essan et al, 2022; Peter & Wheeler 2022). Good maternity care including for particular groups can mitigate some of these risk factors.

Due to the structural inequalities underpinning socioeconomic deprivation, many of these risk factors are more common among lower socioeconomic status families and contribute to developmental delay, intellectual disability and adverse childhood psychological outcomes and adult mental health conditions.

Prenatal depression and anxiety are also important risk factors (Madigan et al, 2018) (see section 4b on parental mental health conditions). Proportion of mothers experiencing PTSD in relation to childbirth was 4% (Yildiz et al, 2017). Women experiencing birth trauma can find it hard to bond with their baby (Simpson & Catling, 2016).

2 Socioeconomic deprivation

Socioeconomic deprivation is associated with increased risk of child mental health conditions:

- In England, 2- to 4-year-olds living in the third of households with the lowest household income were twice as likely to have any mental health condition (8.9%) compared to 2- to 4-year-olds living in households with middle/the highest income (4.0%) (NHSD, 2018).
- In England, the rate of any mental health condition was almost four times higher in 2- to 4-year-olds who lived with a parent in receipt of benefits related to low income and disability (10.4%) compared to parents not receiving benefits (2.8%) (NHSD, 2018).
- Children of mothers with no qualification have been found to be almost four times as likely to have socio-emotional or behavioural problems compared with those of mothers with degree plus level qualifications (Straatmann et al, 2019).
- Transition into poverty during early childhood was associated with an increased risk of child and maternal mental health problems (Wickham et al, 2017).
- In the UK, household income and maternal education in early childhood were independently associated with child behaviour problems (Tamura et al, 2020). However, the association between socioeconomic position and behavioural problems was reduced by positive early parenting.
- A systematic review found that socioeconomically disadvantaged 4- to 18-year-olds were two to three times more likely to develop mental health conditions (Reiss, 2013).
- A systematic review found that household food insecurity increases risk of child behavioural, academic, and emotional problems from infancy to adolescence (Shankar et al, 2017). In 2022, 25.4% of households with children had experienced food insecurity in the past month affecting an estimated 4 million children in the UK (Food Foundation, 2022).

Socioeconomic deprivation also underlies other risk factors. For instance, early childhood socioeconomic disadvantage in the UK was more strongly correlated

with multiple adolescent adversities than any particular adverse outcome (Villadsen et al, 2023). Furthermore, child adversity in England (covered in part 3 of this section below) is three times more common in those from the lowest household income compared to the highest household income (Bellis et al, 2014). Possible childhood experiences that may mediate these links include the nature of the child's home linguistic environment and levels of family stress (Piccolo & Noble, 2018). Socioeconomic deprivation is exacerbated by the particularly high costs of childcare in the UK compared to other OECD countries (OECD, 2020).

A large proportion of children in the UK experience socioeconomic deprivation: In 2022 in the UK, 2.47 million individuals (20%) aged under 16 years lived in relative low income while 1.89 million individuals (15%) aged under 16 years lived in absolute low income (DWP, 2023). Furthermore, 45% of all children in poverty were in families with a youngest child under the age of 5 years (Child Poverty Action Group, 2023). A recent national survey of health visitors reported more families experiencing poverty and needing food banks in the previous year (IHV, 2023).

Risk factors for poor infant mental health disproportionately affect children in families with socioeconomic disadvantage. This highlights the need for public mental health interventions to proportionately target infants from lower socioeconomic groups as well as to directly address socioeconomic deprivation.

3 Child adversity

Adverse Childhood Experiences (ACEs) can be defined in several ways but can include:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison.

The experience of socioeconomic deprivation and racial discrimination are also important adverse childhood experiences.

Child adversity is common, with more than half of all children aged 2–17 years (1 billion children globally) having experienced emotional, physical, or sexual violence in the previous year (Hillis et al, 2016). In Europe, 23·5% of individuals have experienced one ACE and 18.7% (14.7–23.2) with two or more ACEs (Bellis et al, 2019). In England, 47% of individuals experienced at least one of nine ACEs with the prevalence of childhood sexual, physical, and verbal abuse was 6.3%, 14.8%, and 18.2% respectively (Bellis et al, 2014).

Review-level evidence for the impact of child adversities on the risk of mental health conditions includes the following:

- the presence of four or more ACEs was associated with an increased risk of adult mental health conditions (Hughes et al, 2017)
- child physical and sexual abuse was associated with the risk of depression while child adversities was associated with the risk of psychosis (Arango et al, 2021)

- child adversities account for a significant proportion of potentially modifiable risk factors for mental health conditions (Dragioti et al, 2022)
- ACEs were attributed to 30% of cases of anxiety and 40% of cases of depression in north America and more than a quarter of both conditions in Europe (Bellis et al, 2019). Illicit drug use had the highest population attributable fraction associated with ACEs of all the risk factors assessed (34·1% in Europe and 41·1% in north America).

In England, ACEs account for 11.9% of binge drinking, 22.7% of smoking, 52.0% of violence perpetration, 58.7% of heroin/crack cocaine use, and 37.6% of unintended teenage pregnancy (Bellis et al, 2014). Furthermore, the proportion of young children experiencing child adversity is three times greater in those from the lowest household income (12.7%) compared to the highest household income (4.3%) (Bellis et al, 2014), indicating the need to address socioeconomic inequalities.

Data collected during the COVID-19 pandemic indicated that a disproportionate degree of stress and adversity was experienced by households from the lowest incomes, and young people from Black and minoritised ethnic groups (NSPCC, 2022).

4 Parental factors

a. Parent–child relationships and attachment

These have an important role in mediating the relationship between child mental health and adult mental health.

Attachment difficulties are associated with mental health problems throughout childhood and adolescence (Groh et al, 2012; Fearon et al, 2010) as well as delinquency (Hoeve et al, 2012). Attachment problems between parent and child are a risk factor for child mental health conditions, including depression (Spruit et al, 2020) attentional problems (Pallini et al, 2019), externalising problems (Fearon et al, 2010), internalising symptoms (Madian et al, 2013), and emotional and personality problems (Groh et al, 2017; Carlson 1998). Insecure and disorganised attachment can result from inconsistent, neglectful, hostile or frightening caregiving. Levels of 'disorganised attachment' in children are much more prevalent in families living with stress factors such as conflict, substance misuse, parental mental illness, exposure to trauma and poverty (Van Ijzendoorn et al, 1999).

Secure attachment is accompanied by more positive outcomes across the lifespan, including better peer relationships, more independence and fewer behaviour problems (Sroufe, 2005; Fearon et al, 2010; Groh et al, 2012; Groh et al, 2014; Groh et al, 2017; Le Bas et al, 2022).

b. Parental mental health conditions

Parental mental health conditions are associated with an increased risk of child mental health conditions (Campion, 2019; Robinson et al, 2022) and adversely associated with a child's development (Rogers et al, 2020). This is in part due to the impact of the parental mental health condition on attachment. Maternal depression, marital distress, and parental stress are

also important risk factors for fathers' mental health in the perinatal period (Chhabra et al, 2020). Parental mental health conditions are associated with an increased risk of injuries among offspring, particularly in the first year (Nevriana et al, 2020).

A national survey in England found that the rates of any mental health condition in 2- to 4-year-old-children who had a parent with a mental health condition (14.9%) were three times higher compared to 2- to 4-year-old children with a parent without a mental health condition (4.1%) (NHSD, 2018). Maternal personality traits and depressive symptoms in early pregnancy are associated with poorer postnatal mother–infant relationship quality (Hazell Raine et al, 2020).

Almost a quarter of adults in England experience at least one mental health condition each year (McManus et al, 2016) many of who are parents. The prevalence of mental health conditions is 22–23% among mothers of under 6-year-olds in the UK (Abel et al, 2019). The prevalence of maternal mental health conditions varies by:

- age of child: 21.9% of mothers of 0–<2 year olds, 22.2% of 2–<4 year olds and 22.8% of 4–<6year olds (this compared to 16.2% during the two years before birth)
- deprivation: ranges from 28.3% for children living in areas with the highest levels of deprivation to 18.0% in areas with the lowest levels of deprivation
- maternal age: higher in children born to mothers aged less than 20 years (31.9%) and 20–24 years (29.7%) than children born to mothers aged 30–34 years (20.5%) and 35–39 years (20.3%)
- ethnicity: lower in Asian children (10.2%) and Black children (10.3%) compared to White children (24.6%).

Paternal rates of mental health conditions are also high. For instance, 8.4% of fathers experienced depression in the prenatal and postnatal periods (Cameron et al, 2016).

c. Parental substance-use disorder

This often occurs with other parental mental health conditions. Part 1 of this section highlights that maternal smoking, and alcohol and substance use during pregnancy increase the risk of adverse perinatal outcomes and the risk of child mental health conditions (Huang et al, 2017; Popova et al, 2017; Ruisch et al, 2018). It affects babies and young children in ways that involve a complex set of adverse circumstances, including exposure to substances in utero, genetic effects and social adversity linked to parental neglect and/or exposure to unsafe, harmful parenting behaviour.

d. Family functioning

In England, the rate of mental health conditions in 2- to 4-year-olds living in families with less healthy family functioning was 10.2% which was more than double that for 2- to 4-year-olds living in families with healthy family functioning (4.8%) (NHSD, 2018).

e. Parents who experienced adverse childhood experiences

Maternal experience of child adversities is associated with negative parenting (Lotto et al, 2023). During the COVID-19 pandemic, parents who had experienced child adversity were more likely to cope poorly with childcare duties and engage in child neglect, verbal abuse, and reduced feeding frequency (Arowolo et al, 2023).

Adverse child experiences and low social support increase risk of depression during pregnancy and across the perinatal period (Racine et al, 2019). However, low social support predicted the highest risk of depression, indicating the importance of asking about social support in pregnant and postpartum women.

f. Domestic violence

Domestic violence is a significant factor for poor perinatal and maternal mental health (Howard et al, 2013; Maternal Mental Health Alliance, 2023). Domestic violence can start in pregnancy and escalate in frequency and severity during pregnancy and the first year after birth. Long-term alterations in childhood growth and development are associated with domestic abuse during pregnancy (Records, 2007). In addition to the impact on the infant of poor maternal mental health during pregnancy and early childhood, exposure to domestic violence is an additional risk factor for childhood mental health conditions. In 90% of domestic abuse incidents, children were in the same or the next room (Hillis et al, 2016). The UK Government Domestic Abuse Act 2021 recognises children affected by domestic abuse as victims in their own right.

5 Demographic factors

In England, the demographic factors outlined below were associated with increased risk of mental health conditions in 2- to 4-year-olds (NHSD, 2018).

- Gender: The proportion of 2 to 4-year-old boys with mental health conditions was 6.8%, compared to 3.9% of 2 to 4-year-old girls.
- Ethnicity: The proportion of 2 to 4-year-old boys with mental health conditions was 8.4% of those from a white ethnic background compared to 2.9% of those from a minority ethnic background, although these figures do not control for adversity and deprivation. However, racism has a negative impact on the mental health of babies and young children, aside from the parental effects (Berry et al, 2021).
- Region: The proportion of 2 to 4-year-old boys with mental health conditions varies from 3.3% in the south of England to 9.2% in the north of England.

6 COVID-19 pandemic

The COVID-19 pandemic is known to have negatively impacted the mental health of children and young people aged 5–25 years (Department for Education, 2022b) and is associated with a significantly increased prevalence of mental health conditions (NHSD, 2020; NHSD, 2021; NHSD, 2022). Regarding the impacts on the mental health of babies and young children, reviews highlight that:

- the COVID-19 pandemic had a significant impact on the mental health of mothers and on the development of young children partly mediated by parental practices (Penna et al, 2023)

- birth and being raised during the COVID-19 pandemic were associated with a significant risk of communication impairment among infants (Hessami et al, 2022)
- during the COVID-19 pandemic, parents who had experienced child adversity were more likely to cope poorly with childcare duties and engage in child neglect, verbal abuse, and reduced feeding frequency (Arowolo et al, 2023).

The impacts of early life exposure to childhood adversity on mental health have been compounded by the COVID-19 pandemic (Cattan et al, 2021a), which has contributed to unemployment, poverty, and stress among many families who were already disadvantaged, thereby further increasing socioeconomic inequalities. The consequences of the COVID-19 pandemic have also increased the exposure of the very young to adverse childhood experiences, with a potential impact on long term mental health. Following the COVID-19 pandemic, many families have been struggling with isolation, stress, and mental health problems which has been compounded by the cost-of-living crisis (Iyengar et al, 2021; UNICEF UK, 2022).

There is evidence that the pandemic has significant ongoing impacts on many babies' and children's wellbeing and development – including those born post pandemic – and on the ability of services to meet their needs. More under 5s are falling behind expected outcomes, and many services are reaching a crisis point where they are unable to identify or meet families' needs. (Parent-Infant Foundation, 2022).

Higher-risk groups

The cumulative risk and intersecting inequalities experienced by certain groups puts them at a several-fold increased risk of mental health conditions (Campion, 2019). Examples of these higher-risk groups include looked after children (Ford et al, 2007; Vinnerljung et al, 2006), children with physical illness or learning difficulties (Schoon et al, 2010), and children whose parents have mental health conditions (NICE, 2020; Stein et al, 2014; Howard et al, 2013; Angelini et al, 2016; Harder et al, 2015) (part 4b above). Under 5s with sensory deficits, including those who are deaf, are also at increased risk of mental health conditions and are frequently not well supported by existing services (Hindley, 2005; Barker et al, 2009).

Higher-risk groups require proportionately more targeted interventions to both treat and prevent mental health conditions as well as promote mental wellbeing in order to prevent further widening of inequalities.

Protective factors

Several factors are associated with good mental wellbeing, including demographic, socioeconomic factors such as good income, secure attachment, parental factors, physical activity and good physical health (Campion, 2019).

1 Breast feeding

Breast feeding has various positive impacts including improved maternal sensitivity (Weaver et al, 2018), infant attachment (Gibbs et al, 2018; Linde et al, 2020) and fewer behavioural problems in under 5s (Heikkila et al, 2011). The World Health Organization and UNICEF recommend exclusive breastfeeding for the first 6 months of life and the introduction of nutritionally adequate and safe complementary (solid) foods at 6 months, together with continued breastfeeding up to 2 years of age or beyond. The Scientific Advisory Committee on Nutrition (SACN) recommends exclusive breastfeeding for around the first 6 months of an infant's life and to continue breastfeeding for at least the first year of life. Each makes an important contribution to infant and maternal health (Scientific Advisory Committee on Nutrition, 2018). In addition to cognitive and consequent economic benefits (Straub et al, 2019; Belfort et al, 2016; Krol & Grossmann, 2018), there are significant benefits, including reducing the risks of obesity, dental caries, and metabolic disorders, all of which can impact mental health later in life (Lewis-Smith et al, 2020; Wu et al, 2020). Women with mental health difficulties or who are from disadvantaged backgrounds may need additional support to both initiate and sustain breast feeding (Wu, et al, 2021).

2 Secure attachment

Healthy brain development depends on babies and young children having a secure, responsive relationship with their caregivers (please also see 4a in the risk factors section). Consistent and safe care by primary caregivers who are sensitively attuned and able to respond appropriately to the emotional and physical needs of the baby and young child is the most important protective factor for good mental and physical health. Sensitive, responsive caregiver relationships and positive attachment serve an important role in social and emotional development and the infant's capacity for emotional regulation, which are key to the development of adaptive functioning later in life (Schore, 2001). A higher level of caregiver sensitivity is associated with more secure and organised preschoolers (O'Neill et al, 2021).

Quality of early attachment is associated with children's developmental outcomes. Bonding predicts infant social-affective development, including social-emotional, behavioural, and temperamental outcomes (Le Bas et al, 2022) and resilience (Darling Rasmussen et al, 2019). Furthermore, although adverse early life experiences are significantly impactful, the presence of consistent, sensitive and responsive caring relationships may buffer these effects (Hambrick et al, 2019; Straatman et al, 2019).

3 Play

Play can also contribute to mental wellbeing. For instance, father's play in the early years can positively contribute to children's social, emotional and cognitive outcomes (Amodia-Bidakowska et al, 2020).

Public mental health interventions for infants and children under 5 years

Effective public mental health interventions to treat mental health conditions, prevent associated impacts, prevent such conditions from arising, and promote mental wellbeing and resilience (Campion, 2019; RCPsych, 2022a; Campion et al, 2022). Public mental health interventions can also be considered at primary, secondary and tertiary levels (Table 1).

A public mental health approach seeks to improve coverage, outcomes and coordination of public mental health interventions in order to support efficient, equitable and sustainable reduction of mental health conditions and promote the mental wellbeing of populations (RCPsych, 2022a; Campion, 2022). Such an approach is particularly important for under 5s and their families.

Table 1. Public mental health interventions at primary, secondary and tertiary levels (Campion, 2019)

Prevention of mental health conditions	• Primary level: Addresses risk factors to prevent mental health conditions from arising • Secondary level: Early identification, assessment and intervention of mental health conditions and associated impacts as soon as they arise • Tertiary level: Assessment and intervention for those with established mental health conditions to prevent relapse and the associated impacts outlined earlier
Mental wellbeing promotion	• Primary level: Promotion of protective factors for mental wellbeing • Secondary level: Early identification of mental health conditions and promotion of mental wellbeing in those with recent deterioration in this area • Tertiary level: Promotion in those with existing and or longstanding poor mental wellbeing
Resilience promotion	• Primary level: Promotion of resilience • Secondary level: Early identification of mental health conditions and promotion of resilience in those with recent adversity • Tertiary level: Promotion of resilience in those with past or longstanding adversity

The following sections on interventions do not comprise an exhaustive review of the interventions available. We have attempted to include the interventions that have the most robust evidence base. Other reviews of interventions can be found in the EIF guidebook, PIF online toolkit, UNICEF/PEDAL Toolkit, and Anna Freud Systematic Review.

Primary prevention

Interventions designed to prevent mental health conditions from arising address the risk factors for mental health conditions outlined in the previous risk factors section. However, interventions to promote mental wellbeing by addressing relevant protective factors can also prevent mental health conditions.

Interventions to prevent mental health conditions in under 5s include (Campion, 2019; RCPsych, 2022a; RCPsych, 2022b):

1 **Interventions during pregnancy**
   - Substance use: Effective interventions exist to address maternal smoking (Claire et al, 2020; Chamberlain et al, 2017; Patnode et al, 2021; Griffiths et al, 2018), alcohol use (Ujhelyi Gomez et al, 2021) and drug use during pregnancy. Furthermore, smoking cessation has a similar impact on anxiety and depression as antidepressants (Taylor et al, 2014). It is vital that substance misuse by pregnant women as well as parents of under 5s is identified early and that multi-modal evidence-based interventions are provided to ensure the reduction of harm to their children. All pregnant women should be routinely screened, and those with positive screens should be promptly diagnosed and treated to avoid the morbidity and mortality associated with continued substance use during pregnancy. It is important for the maternity team to collaborate with multidisciplinary, multi-agency colleagues to counsel, appropriately treat, and support women during their pregnancies to secure better outcomes for the infant (Prince et al, 2023).
   - Interventions exist to address factors outlined in part 1 of the risk factors section including maternal overweight, premature birth and low birthweight including through appropriate antenatal care.

2 **Interventions to support breastfeeding**

   The previous section on protective factors highlights the impact of breastfeeding. Systematic reviews highlight that breastfeeding can be increased by breastfeeding support (Gavine et al, 2022) and early skin-to-skin contact between mothers and their newborn infants (Moore et al, 2016). Targeted support is required for mothers with mental health conditions (Wu et al, 2021).

   Where breastfeeding is not possible, offering skin-to-skin contact is recommended. When giving a bottle of either expressed breastmilk or infant formula, it is important for the parent–infant relationship if this is done in response to infant feeding cues, while gently holding the baby close during feeds and encouraging eye contact (UNICEF UK, 2016).

3 **Promotion of parent–infant relationships and attachment**

   This report's section on risk factors highlights the impact of poor attachment on the risk of a child developing a mental health condition, while the section on prevalence of mental health conditions highlights the large proportion of infants with insecure and disorganised attachment. Evidence indicates that the first priority for the prevention and treatment of attachment disorders is to establish a safe and stable caregiving environment with a warm and consistent caregiver

(Stovall-McClough & Dozier, 2004; Zeanah et al, 2001). Interventions are effective in improving attachment (Facompré et al, 2018; Mountain et al, 2017). Parent–child relationships can be supported by:

- parenting programmes (Wright & Edginton, 2016; Barlow et al, 2016; Jeong et al, 2021; Wright et al, 2023)
- home visiting programmes (Barlow et al, 2016)
- relationship-based interventions (Mortensen & Mastergeorge, 2014)
- psychodynamic interventions (Sleed et al, 2023) (see part 1b of next section)
- video feedback (see part 1d of next section)
- Attachment and Biobehavioural Catch-up (ABC) (see next section)
- parents reading to their young children (Xie et al, 2018)
- providing parents with information and support regarding bonding and emotional attachment (NICE, 2021a; NICE, 2021b; Hambrick et al, 2019)
- adult mental health teams working with parents of babies and young (Harder et al, 2015).

4 Parenting programmes

These can prevent child adversity and child mental health conditions as well as promote positive child behaviour, parenting and parental mental health (Campion, 2019). The impacts of such programmes include:

- In under-3-year-olds, parenting programmes are effective for improving early child development outcomes and enhancing parenting outcomes (Jeong et al, 2021; Darling Rasmussen et al, 2019). Impacts include improved child cognitive development, language development, motor development, socio-emotional development and attachment, and reductions in behaviour problems. There were also positive impacts on parenting knowledge, parenting practices, and parent–child interactions.
- Early parenting interventions improve parental responsiveness and can improve or prevent infant sleep problems (Mihelic et al, 2017).
- Triple P Positive Parenting Programme, which provides parents with strategies for building healthy relationships with their children and managing their children's behaviour, is effective in reducing behaviour problems, internalised problems and child maltreatment (Hare et al, 2023).
- Primary care-based interventions can modestly promote parenting behaviours which are important for early childhood development (Shah et al, 2016).
- Parenting support and intervention programmes can be delivered online (Flujas-Contreras et al, 2019; Thongseiratch et al, 2020; Spencer et al, 2020), as peer-led (Day et al, 2022) and as brief (Tully & Hunt, 2016) and self-directed interventions (Tarver et al, 2014).
- WHO recommends a universal approach through a basic package of parenting interventions for every parent or caregiver of a child under the age of 5 years (WHO, 2021).

5 Early childhood education and care

This is vitally important because it can help the very young achieve their full potential by laying the foundations for good health and nutrition, learning and educational success, social-emotional learning, and consequent economic productivity throughout life.

- By 2030, the UNESCO target 4.2 of Sustainable Development Goal 4 aims 'to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.' (UNESCO, Early Childhood Care and Education, May 2023). Access to high-quality early childhood education and care is particularly important for babies and children experiencing socioeconomic deprivation.
- Early Education Programmes targeting social and emotional development can prevent externalising behaviour problems (Schindler et al, 2015).
- Family Nurse Partnership (FNP) is a home visiting programme providing intensive support for first time young mothers and families. A systematic review found that FNP was effective in decreasing externalising and internalising problems and improving mother–infant relationship (Hare et al, 2023). A recent study found that FNP programmes improved child development, school readiness and early education outcomes for the children of young parents (Robling et al, 2021). Another cohort study found that FNP showed some evidence of benefit for school readiness but little benefit for measured child maltreatment and maternal outcomes (Cavallaro et al, 2022).

6 Social and emotional learning interventions

Preschool social and emotional learning interventions are associated with the development of social and emotional skills and reduced problem behaviours, and can be implemented in the home and in early childhood education and care settings (Murano et al, 2020; Luo et al, 2022).

7 Childhood adversity prevention and early intervention

- Effective interventions to prevent child adversity include:
  - strengthening economic support for families, promoting social norms to protect against violence, ensuring a strong start for children, teaching prosocial skills, teaching prosocial skills, and connecting youth with caring adults (CDC, 2019)
  - addressing socio-economic deprivation (see 9 below)
  - parent training programmes (Kendrick et al, 2013; Coore et al, 2017)
  - home visiting programmes (Peacock et al, 2013; Chartier et al, 2017; Avellar et al, 2013).
- Early detection of child adversity and appropriate safeguarding is a statutory duty and important in order to prevent further harm (NICE, 2017).
- Particular groups at several-fold increased risk of adversity and mental health conditions such as looked after children and babies and children on the edge of care required more targeted approaches to both address and prevent child adversity.

8 Prevention and treatment of parental mental health conditions

- There is some evidence that the prevention of parental mental health conditions can improve early childhood outcomes (Dennis & Dowswell, 2013; O'Connor et al, 2019). There is also some evidence that the use of peer support can help to prevent and treat perinatal depression (Huang et al, 2020). Addressing and preventing parental interpersonal violence is important as well, given it is a risk factor for parental mental health conditions.
- Parenting programmes: Group parenting programmes improve the short-term psychosocial wellbeing of mothers (Barlow et al, 2014).

- Treatment of parental mental health conditions:
  - Treatment of parental mental health conditions can result in improved child mental health (Cuijpers et al, 2015). Treatment is provided by primary care, health visitors, IAPT (Cuijpers et al, 2023), secondary mental health care, and other providers.
  - Parents with mental health conditions often experience multiple challenges and should be offered appropriate support. They may benefit from targeted interventions that support them with their parenting skills (Schrank et al, 2015; Jones, 2015).
  - Practitioners should assess the parent–infant relationship in any case where a mother is diagnosed with a mental health condition either during pregnancy or the post-natal period (NICE, 2014). The need for further interventions to improve the parent–infant relationship and support of specialist parent–infant teams is also important.
  - Parents with borderline personality disorder should be offered adapted psychotherapeutic interventions to address any general interpersonal difficulties, and simultaneously support them in developing their parenting skills (Nijssens, 2012). A recent systematic review estimated that the rate of eating disorders is approximately 4.3% among pregnant women. Screening for eating disorders can provide early identification (Öztürk & Ouyaba, 2023). Mothers with eating disorders should receive prompt treatment to help protect and benefit their own physical and mental health, and due to the fact that an active eating disorder can have a negative impact on the mother–infant interaction and child development (Martini et al, 2022).
  - Digital health interventions improve depressive symptoms and stress in postnatal women (Lau et al, 2023). Treatment of postnatal depression can be delivered through telemedicine interventions (Hanach et al, 2021).
- Services need to give special consideration about how to engage parents with intellectual disability, as many distrust services secondary to poor previous experiences (Brown et al, 2022).
- Interventions for the children of parents with mental health conditions can prevent mental health conditions arising in these children (Havinga et, 2021; Lannes et al, 2021).

9 Addressing socioeconomic inequalities

Interventions outlined above can reduce inequalities although require more targeted approaches to those from lower socioeconomic groups to prevent widening of inequalities.

Part 2 of the risk factor section highlighted that in 2022 in the UK, 2.47 million under 16's (20%) lived in relative low income while 1.89 million under 16s (15%) lived in absolute low income (DWP, 2023). Furthermore, 45% of all children in poverty were in families with a youngest child under the age of 5 years (Child Poverty Action Group, 2023). Socioeconomic inequalities underpin many other risk factors such as child adversity and are therefore particularly important to address.

- Poverty alleviation interventions are associated with small but significant reduction in adolescent internalising problems (Zaneva et al, 2022).

- In order to effectively reduce early years inequalities, policies need to address inequalities in income and the home environment at an earlier age (Cattan et al, 2022). A joined-up approach embedding early childhood intervention as part of a system of family support throughoutchildhood and that tackles the multiple sources of environmental inequalities is likely to be most effective. Particularly important policy elements include supporting sufficient income, secure housing, high quality mental health care focusing on parental mental health, and strong support for families including early parenting to develop strong attachment and parent–child relationship.
- The implementation of the following six actions to address health inequalities and their social determinants is recommeded (Marmot et al, 2020):
  - develop a national strategy for action on the social determinants of health
  - ensure proportionate universal allocation of resources and implementation of policies
  - early intervention to prevent health inequalities
  - develop the social determinants of health workforce
  - engage the public
  - develop whole systems monitoring and strengthen accountability for health inequalities
- Locally, relevant interventions include council tax relief and living wage as well as interventions to combat fuel poverty and food insecurity which affects an estimated 4 million children in the UK (Food Foundation, 2022).

10 Information provided to parents/carers

NICE recommends providing parents/carers with information and support regarding bonding and emotional attachment (NICE, 2021a; NICE, 2021b; Hambrick et al, 2019).

Secondary prevention (treatment of mental health conditions in infants and young children)

Early identification of emerging mental health conditions in under 5s is essential. Challenges include that some difficulties may be precursors to subsequent mental health conditions and that more than one condition may be present.

There are a range of assessments and interventions for under 5s with mental health conditions and their families, for which there is a growing evidence-base (Kohlhof et al, 2022). Effective interventions exist to address different aspects of infant mental health and are used in universal, targeted and specialist services.

Examples of assessments and interventions to address mental health conditions in babies and young children under 5, and difficulties in the parent–infant relationship are outlined in the section below. Such interventions are delivered by different types of practitioners with specialist skills including clinical psychologists, child-parent psychotherapists, child and infant psychiatrists, and early years practitioners such as specialist health visitors and social workers.

1 Interventions with review level evidence

a. Parenting programmes

A meta-meta-analysis found that parenting programmes are effective for reducing behaviour problems in children under 13 years (Mingebach et al, 2018), while a more recent meta-analysis found the same for under-3s (Jeong et al, 2021). Other meta-analyses found that parental interventions are also effective for pre-school children with ADHD (Mulqueen et al, 2015; Rimestad et al, 2019). Particular parenting techniques are associated with stronger programme effects (Leijten et al, 2019). Other benefits of parenting programmes include improving early child cognitive development, language development, motor development and socio-emotional development (Jeong et al, 2021). Further benefits extend to parenting knowledge, parenting practices, and parent–child interactions (Jeong et al, 2021) as well as reducing disorganised attachment and increasing secure attachment (Jeong et al, 2021; Wright et al, 2023) (see section 4 of previous section).

b. Psychodynamic interventions

A meta-analysis of psychodynamic interventions with children under 5 years of age and their caregivers showed statistically significant effects of psychodynamic interventions compared to control interventions on a range of outcomes, including parental reflective functioning, maternal depression, infant behaviour and infant attachment (Sleed et al, 2023). However, psychodynamic interventions did not have significant impact on parent–infant interactions or parental stress and further high-quality research was recommended.

c. Parent–Child Interaction Therapy (PCIT)

The aim of PCIT is to improve symptoms by improving the child–caregiver relationship. Meta-analyses highlight effectiveness of PCIT to reduce externalising

behaviours (Thomas et al, 2017) as well as child internalising symptoms, caregiver distress and caregiver behaviours (Phillips & Mychailyszyn, 2023).

PCIT has traditionally been used for developmentally normal children between the ages of 2–7 years. However, there is evidence that PCIT can be modified to benefit children with behavioural problems associated with autism, severe developmental delay, and intellectual disability (Solomon et al, 2008; Bagner & Eyberg, 2007; Shafi, 2018).

d. Video feedback

A Cochrane review found moderate evidence for the effectiveness of video feedback in improving maternal sensitivity (O'Hara et al, 2019). However, there was little evidence for the impact on attachment security and no evidence for the impact on parental stress or anxiety. This Cochrane review also found no evidence to suggest that some types of video feedback, such as the Video-Feedback Intervention to Promote Positive Parenting (VIPP) programme, are more effective than others (O'Hara et al, 2019).

A meta-analysis demonstrated effects of video feedback on parental sensitivity and child-attachment security but not for child externalising behaviour (Van Ijzendoorn et al, 2022).

A more recent systematic review found that the Video-Feedback Intervention to Promote Positive Parenting (VIPP) programme was evidence-based specific to infant mental health and associated with reduced externalising behaviour problems, reduced internalising behaviours and improved parent–infant relationship/attachment (Hare et al, 2023).

The Video-Feedback Intervention to Promote Positive Parenting (VIPP) programme can be delivered by a range of professionals. It comprises six sessions delivered by a single therapist with mother and infant, and there is the option for a second caregiver (father or other) to be included. There have been a number of randomised controlled trials, including an HTA-funded pragmatic trial in the UK, where the intervention was delivered by health visiting services, which showed that the intervention was effective at reducing children's behaviour problems (O'Farrelly et al, 2021).

e. Others

A recent systematic review concluded that the following interventions had sufficient evidence to be deemed effective (Hare et al, 2023):

- ACT Raising Safe Kids programme was associated with reduced conduct, behavioural and emotional problems in children
- Early Pathways (formerly Parenting Young Children Program/STAR Parenting Program) was associated with reduced behaviour problems and trauma and a reduced proportion of children meeting the criteria for a mental health condition
- Legacy for Children was associated with reduced child behaviour problems and a lower risk of social emotional concerns.

2 Interventions requiring further research and evaluation

a. Parent Infant Psychotherapy (PIP)

The aim of PIP is to develop a therapeutic alliance with the parent in order to explore unconscious patterns of relating to their infant with respect to their own past experience of being parented and their own internal working models. The aim of the therapy is to help the parent recognise ways in which their current interaction is shaped by their past experiences and enable them to respond more freely and sensitively to their own infant.

A Cochrane systematic review found that although Parent Infant Psychotherapy (PIP) is a promising model in terms of improving infant attachment security in high-risk families, there were no significant differences on other parent-based or relationship-based outcomes when compared with those who received no treatment or 'treatment-as-usual' (Barlow et al, 2015). Furthermore, there was no evidence that PIP was more effective than other methods of working with parents and infants. A meta-analysis of controlled studies for children under 5 years of age and their caregivers found significant effects of psychodynamic interventions compared to control conditions on parental reflective functioning, maternal depression, infant behaviour and infant attachment (Sleed et al, 2023). No significant differences between psychodynamic and control interventions were found for parental stress, and parent–infant interactions. However, the meta-analysis noted that very few studies were rated as good quality and further high-quality research is needed. Another systematic review rated the evidence for parent–infant psychotherapy as promising (Hare et al, 2023).

Another systematic review and meta-analysis found that mother–infant psychotherapy did not improve maternal mood, mother–infant interactions and infant attachment in the longer term (Huang et al, 2020).

b. Child Parent Psychotherapy (CPP)

CPP is a relationship-based treatment for trauma-exposed infants and young children aged 5 years and under, and their families, where there is an impact on a child's mental health, development and functioning. CPP draws on attachment, psychoanalytic and developmental psychology therapy and involves weekly dyadic sessions with the child and caregiver together, as well as collateral sessions with the caregiver and therapist on their own.

The main goals of CPP may be divided into two categories: global goals and trauma-related goals. Global goals of CPP revolve around supporting normal development and helping the child and parent develop a strong and loving relationship. Part of this includes teaching the parent how to help the child manage their emotions and control their behaviours. Trauma-related goals are directed to help both the child and parent resolve trauma related symptomatology, rebuild trust, and normalise their responses. Through play and the therapist's interpretations, the child and parent are encouraged to create a trauma narrative that is meaningful to them both and developmentally appropriate to the child (Willheim, 2013). Recovery from trauma occurs within the context of the young child and caregiver through developing ways to think, talk and play about difficult experiences. CPP supports the development of safety and security within the relationship and helps children with affect- and

body-based regulation. CPP can also be used pre-birth; perinatal CPP begins during pregnancy and continues during the post-partum relationship.

A recent systematic review rated the evidence for Child Parent Psychotherapy as promising (Hare et al, 2023). CPP has been studied in at least nine randomised controlled trials, with sample sizes ranging from 50 to 198 dyads across different populations, and including toddlers and their mothers with a history of trauma (Lieberman et al, 1991; Hagan et al, 2017) depressed mothers and their toddlers (Cicchetti et al, 2000), mother–infant dyads in the perinatal period (Lavi et al, 2015) and children from the welfare system with a history of abuse. There was a significant effect size for both the child and the parent (Lieberman et al, 2006; Norlen et al, 2021). Children exposed to four or more traumatic stressful events showed a significant improvement in post-traumatic stress disorder (PTSD), depression, and behaviour problems, while comparison group children did not (Ippen et al, 2011). Mothers in the CPP group showed significant reductions in avoidant symptoms, and a moderate effect on general distress and PTSD symptoms.

c. Parent-mediated early social communication intervention for autism including PACT and iBASIS

This therapy approach applies the developmental science of early caregiver–child interactions to the context of the neurodivergent infant or child. This video-feedback therapy with parents is designed to empower parents and optimise caregiver–child interactions to promote infant and child social and emotional development, including autism symptoms. These are the first approaches to have shown, in replicated randomised trials, a significant sustained effect in reducing autistic phenotype difficulties and improving other developmental outcomes. However, a recent systematic review and meta-analysis concluded that more high-quality RCTs are needed because the effects are not well-established, and the results may change with future studies (Conrad et al, 2021).

The Paediatric Autism Communication Therapy (PACT) is a 12-month family-focused programme with a similar theoretical rationale. The developmentally-staged manual builds on developmental precursor skills to social facility and communication through a parent-mediated approach. Between sessions, parents/carers are asked to practice PACT strategies with the child for around 30 minutes a day. PACT has been delivered in the clinic, on which most of the randomised controlled trial evidence is based, but also online using video conference techniques, at home and in education. The intervention firstly aims to increase parental sensitivity and synchronous responsiveness to child communication, reducing mistimed parental responses. With achievement of greater shared attention and reciprocity, further incremental development of child communication is facilitated by promoting a range of strategies such as action routines, familiar repetitive language and pauses.

This is evidenced by the following.

- Seven randomised controlled trials across age, culture and setting have replicated this intervention style in improving the quality of dyadic interaction and increasing child social engagement, in infancy as well as in

early childhood. Positive parent experience of undertaking PACT therapy has been reported (Leadbitter et al, 2017; Leadbitter et al, 2020).

- Four randomised controlled trials that have replicated evidence of clinic-delivered therapy improving autism phenotype outcomes (Aldred et al, 2004; Pickles et al, 2016; Green et al, 2017; Whitehouse et al, 2021).
- In the three of these that tested it, such improvements were sustained 3 to 6 years after the end of treatment. One trial delivered in home/education with lower dosage in each setting did not show phenotype outcome change (Green et al, 2022). One pre-diagnostic infancy intervention showed a 2/3 reduction in independent ASD classification at 3 years, with a number needed to treat to reduce a classification of 7.2 (Whitehouse et al, 2021). All the children, however, remained neurodivergent in other ways.
- PACT has been adapted for delivery by non-specialist health workers in South Asia and is being scaled up in a large study throughout South Asia (Rahman et al, 2016).

The iBASIS-VIPP pre-diagnostic intervention shows promise in reducing the overall severity of symptoms in children showing early signs of autism, as well as a capacity to positively enhance parent–child social interactions (Green et al, 2017; Whitehouse et al, 2021). It is designed to be applied to infants in the first 18 months of life who are at increased likelihood of autism development, either through familial incidence or community presentation with concerns, and consists of 12 home-based therapy sessions taking place with parents over a period of five months. The therapist uses video feedback to help parents recognise their baby's communication cues so they can respond in a way that builds their social communication development. Parents are videoed interacting with their baby in everyday situations, such as feeding and playing. The focus is first on interpretation of the infant's behaviour and recognising their intentions, then working on sequences of sensitive responding during everyday activities, emotional attunement, and patterns of verbal and nonverbal interaction. This therapy focuses on supporting parent–child interactions as a way of enriching their social environment and creating learning opportunities for the child that are tailored to their unique abilities. It is emphasised that parent–infant interactions are not a primary 'cause' of autism, since child neurodivergence is highly heritable, but rather a way of valuing and enriching the potentially neurodivergent infant's early social experience.

d. Cognitive behavioural therapy

A literature search identified several small RCTs using age-adapted forms of cognitive behavioural therapy which appeared promising for preschool anxiety disorders (Luby, 2013). A systematic review found few studies and concluded that trauma-focused cognitive behavioural therapy (TF-CBT) for preschool children was 'probably efficacious' (McGuire et al, 2021).

e. Newborn Behavioural Observation (NBO) and Newborn Behavioural Assessment Scale (NBAS)

The NBO and NBAS are assessment tools, based on the observation of interactive procedures, and designed to strengthen the relationship between

infants and parents by reading babies' cues. They are used from the newborn period through to three months of life. The NBO consists of a set of 18 neurobehavioural observations which explore babies' response to light, their muscle tone and activity levels, reflexes, visual and auditory responsiveness, crying and consolability, and self-regulation. A trained professional undertakes this assessment with the parent, to form an understanding of each baby's unique strengths and areas of difficulty. In turn, this increases parents' competence and confidence in getting to know and care for their baby, and can help parents feel closer to them.

The results of a systematic review showed moderate improvement in the quality of caregiver–infant interaction following the administration of the NBAS or NBO with mostly low-risk populations of parents (Barlow et al, 2018). The review concluded that there was currently only very low-quality evidence for the effectiveness of the NBAS and NBO in improving parent–infant interaction for low-risk first-time caregivers and their infants, and that further research was necessary. A more recent systematic review concluded that NBO was ineffective across a range of outcomes. (Hare et al, 2023).

Group-based interventions

1 Interventions with review-level evidence

a. Attachment and Biobehavioural Catch-up (ABC)

Manualised intervention involves around ten one-hour sessions. It provides parents with 'in the moment' feedback about their interactions with their child, using video feedback to highlight parents' strengths, challenge weaknesses, and celebrate positive changes in behaviour.

A systematic review indicates that ABC is effective for child–welfare involved children and improves emotion regulation, externalising and internalising behaviours, normative developmental functioning, and attachment quality (Grube & Liming, 2018). A more recent systematic review found that Attachment and Biobehavioural Catch-up was evidence-based, specifically for infant mental health and/or parent–infant relationship/attachment outcomes, and associated with improved self-regulation (executive functioning, inhibitory control) and reduced internalising and externalising behaviour (Hare et al, 2023).

b. Parent training programmes for improving emotional and behavioural adjustment in young children

Group parent training programmes appear to improve the overall emotional and behavioural adjustment of children aged 3 months to 11 years in the short term (Barlow et al, 2016).

c. Circle of Security Group (COS)

The Circle of Security (COS) intervention protocol is a 20-week, group-based parent education and psychotherapy intervention designed to shift patterns of attachment-caregiving interactions in high-risk caregiver–child dyads to

achieve more appropriate developmental pathways (Kohlhof et al, 2022). All phases of the protocol, including the pre- and post-intervention assessments, and the intervention itself, are based on attachment theory and procedures, current research on early relationships, and object relations theory. Using edited videos of their interactions with their children, caregivers are encouraged to increase their sensitivity and appropriate responsiveness to the child's signals relevant to their moving away from the carer to explore, and their moving back for comfort and soothing; to increase their ability to reflect on their own and the child's behaviour, thoughts and feelings regarding their attachment-caregiving interactions; and to reflect on experiences in their own histories that affect their current caregiving patterns.

The majority of current research into the effectiveness of the COS intervention is focused on improving parental outcomes, such as caregiver reflective functioning, treatment satisfaction and caregiver emotional regulation. There is currently an HTA funded RCT underway for this. A systematic review rated the evidence for COS as promising (Hare et al, 2023).

d. Minding the Baby (MTB)

This is a home visiting mentalisation-based programme delivered by two specially trained practitioners (a qualified nurse and social worker alternate). It is for first time mothers aged 14–25 years, as well as for child protection cases, and for parents/carers experiencing depression, homelessness, poverty and/or domestic violence. MTB includes one hour a week, from the third trimester of pregnancy until the infant is 2 years of age. Clinicians provide developmental guidance, crisis intervention, and parenting and practical support, and also model and foster a range of parenting skills, in order to increase reflective parenting and promote the mother–infant attachment relationship.

A systematic review found that Minding the Baby was effective in reducing externalising behaviour problems and improving parent–infant relationship/attachment (Hare et al, 2023).

2 Interventions requiring more research and evaluation

a. Solihull Approach

The Solihull Approach consists of a suite of interventions underpinned by a model of relationships which integrate the concepts of containment, reciprocity and behaviour management. This model can be applied to work with a wide range of relationships but has most commonly been used to support parent–child relationships. It is used as a common approach across many universal services (Barlow, 2016; Bateson et al, 2008). It uses social learning theory as its basis and promotes reflective functioning in parents. This approach offers a shared language used between professionals. An evaluation of the approach demonstrated significant improvements in both parental anxiety and child behavioural problems over the course of the 10-week group (Bateson et al, 2008). There is some evidence of effectiveness in supporting parenting where a child has complex neurodevelopment difficulties (Williams & Newell, 2012). At the time of writing, there was no review-level evidence available. Further evaluation is required.

b. Circle of Security Parenting (COS-P)

COS-P is an eight-week targeted programme for parents of children aged 4 months to 6 years. It is an adaptation of COS (see above) and can be delivered to individual caregivers, couples or groups. The programme is manualised and uses videos and graphic representations to help caregivers understand attachment and relationship security and to reflect on their own experiences of this learning with their children. A systematic review found some improvements in reducing parental stress, increasing self-efficacy and parenting skills, and promoting an understanding of child behaviour (Gerdts-Andresen, 2021). However, it found no conclusive evidence that COS-P assisted in increasing the security of the parent–child attachment relationship and concluded that further research is needed to assess the extent to which it improves child behaviour, whether effects are sustained over time, and if it is more effective in particular populations.

c. The Mothers and Toddlers Programme (MTP)

MTP consists of 12 weeks of individual therapy as an adjunct to standard outpatient substance abuse treatment programmes (Suchman et al, 2011; 2017).

The aim of MTP is to improve maternal capacity for reflective functioning and for sensitivity and responsiveness to toddlers' emotional cues. The results of a small randomised controlled trial involving 47 women and their children showed the MTP group had moderately higher mean reflective functioning scores and slightly higher scores in coherence sensitivity when compared with the comparison intervention. The MTP group also demonstrated slightly higher quality of representation subscales, improved caregiving behaviour and a reduction in depression and global distress. At 6-week follow-ups, the combined data for women receiving the 12 and 24-week programmes showed that the MTP group still had a higher mean reflective functioning score than the comparison intervention, although the score itself was reduced. There was a slightly higher quality of maternal representation for the MTP group, and a moderately higher mean Nursing Child Assessment Satellite Training (NCAST) score for child communication with the mother for the MTP group. However, effects on depression were not sustained at six-week follow up.

d. Relational trauma in infancy and supporting traumatised parents

'Relational trauma refers to the way in which an infant/child can be traumatised by their early interactions with one or more caregivers. Over the past two decades, a range of promising dyadic methods of working have been developed that appear to be effective in addressing severely suboptimal interactions in which there is relational trauma evident. In these circumstances, it is important to provide a timely dyadic intervention such as Child Parent Psychotherapy, or Parent Infant Psychotherapy (see above) that addresses either the parent's reflective functioning or their mental representations (i.e., internal working models) or both, in addition to their sensitivity.

Provision of early years/public mental health interventions

The mental health needs of babies and young children under 5 years are intimately linked with their general health and wellbeing. Family, friends and communities, education and childcare settings, and children's social care, have a major role in providing informal support and advice to parents/carers (Royal Foundation, 2020). In addition, it is important that every family has timely access to well-resourced, universal and specialist services.

Primary care

In England since April 2020, there has been a contractual requirement for GPs to offer a 6 to 8-week maternal postnatal health check for new mothers, as an additional appointment to the one for the baby. This includes a review of the mother's mental health and wellbeing in line with NICE guidance.

Health visitors

Health visitors have a key role in the monitoring and assessment of parental mental health, infant development and parent–infant relationships from pregnancy until the child is 5 years old. The health visitor's knowledge of child health and development, safeguarding and parent–child relationships, along with their links with local primary care services and multi-agency partners, enables them to intervene themselves and/or fast track referrals to targeted/specialist services when indicated. Health visitors have a key role in supporting parents' 'transition to parenthood' including infant feeding, healthy nutrition and sleep, and healthy couple relationships. The health visitor frequently acts as the first-line infant mental health practitioner, addressing significant regulatory problems such as sleep difficulties and excess crying, which are the major difficulties experienced by infants and families. While there is a lack of recent evaluative research into the structure, processes and outcomes of health visitor baby clinics (Webb & Meyrick, 2016), seminal research (Daws, 2005) highlights the valuable role that drop-in baby clinics play in affirming parents during the early weeks of parenthood, as well as supporting the early identification of parents with problems adjusting to parenthood and/or insecure parent–infant relationships. Other reports indicate positive outcomes for young children when capacity allows for effective engagement of families in the home and continuity of care by a designated health visitor.

When families need additional support, health visitors have a role within multi-agency care plans and can consult with and refer to specialist services such as perinatal mental health services and infant and family services where available. Specialist Health Visitors with higher levels of expertise and knowledge can provide targeted and specialist interventions to families most at risk. Evidence suggests that health visitors have a clinically effective and cost-effective role in perinatal mental health care (Bauer et al, 2022). The health visitor can be a central point of contact, providing

continuity for the family and retaining an overview of the care and progress of the young child and their parents.

Health visitor provision is a vital part of a resourced early years national workforce strategy and plan. However currently, there are shortages in the health visitor workforce, and gaps in the health visitor training required to deliver evidence-based interventions to infants and families (see section on public mental health implementation gap).

Specialist health visitors in perinatal and infant mental health

Specialist Health Visitors in Perinatal and Infant Mental Health (SpHV PIMH) have a unique role in addressing parent and infant mental health problems both strategically and clinically, and undertake leadership, supervisory and workforce development functions directly and across service boundaries (Homonchuk & Barlow 2022). Despite constituting only 0.8% of the health visiting workforce in early 2022, the number of new SpHV PIMH, both within universal health visiting services and specialist services, is steadily growing across every Local Authority in England, every Health Board in Wales and Scotland and every Health and Social Care Trust in Northern Ireland. The Institute of Health Visiting has undertaken a project to map out the provision, commissioning arrangements and functions of SpHV PIMH across the UK showing that at a regional level, however, there is patchy provision (Beauchamp, 2023) (see section on public mental health implementation gap).

Midwives and specialist mental health midwives

All midwives have an important role in supporting early years mental health and parent–infant relationships through pregnancy and in the postnatal period. A review found that midwives can deliver focused activities and targeted education during the pre- and postnatal periods to support the development of the mother–infant relationship (Stoodleyn et al, 2023). A narrative systematic review also suggests that midwifery continuity of care can lead to improvements in maternal anxiety, worry and depression during the antenatal period (Cibralic et al, 2023). In a similar way to Health Visitors, when families require additional support, midwives have a role within multi-agency care plans and can consult with, and refer to, specialist services such as specialist perinatal mental health and infant and family services.

In addition, Specialist Mental Health Midwives can provide expert advice to multi-agency colleagues and to women and their families, and act as local experts in assessment and management of mental health problems during pregnancy or after birth. They help to develop local care pathways; training and advice and support for other maternity and neonatal staff; and additional specialist support where required. They have a crucial role in effective perinatal mental health care (Royal College of Midwives, 2021).

Children's centres and family hubs (England)

Children's centres (Sure Start) were shown to be effective in promoting better outcomes for young children and their families (Sammons et al, 2015; Cattan et al, 2021b).

More recently, family hubs offer a 'one-stop shop' for families bringing together a range of health services, parenting support, education and childcare support, although they have yet to be evaluated. Family Hubs are government policy in England and were launched as part of the Start for Life Vision in 2021. Their aim is to provide families with a single access point to integrated family support services helping with a range of needs, including emotional support. Each family hub should be tailored to its local community, while incorporating the three key delivery principles of access, connection, and relationships. Family Hubs aim to provide support to families from conception until 19 years of age (25 years of age for young people with special educational needs and disabilities). The aim is for Family Hubs to be a base for joined up services from conception through the early years and beyond, providing universal and seamless support to families. They are in a unique position to provide evidence-based interventions for early years health promotion, and the prevention and treatment of mental health conditions in under 5s. However, the Family Hub programme is in the early stages of implementation in 2023 and there is a lack of evidence about impact. Family Hubs are also not yet universally distributed throughout England and are currently only funded in 75 local authorities, although some unfunded areas are implementing some aspects of the Start for Life Vision within the limitations of existing resources (HMG, 2022).

At the time of writing, the Government's plan in England is that each area's transition to a Family Hub model will be evaluated in order to build an evidence base on the delivery and impact of Family Hub models on babies, children and families. Work on the evaluation programme is ongoing and information on the process is awaited.

Parenting interventions

WHO recommends a universal approach through a basic package of parenting interventions for every parent or caregiver of a child under the age of 5 years (WHO, 2021). Parenting interventions for families with babies and children under 5 are provided by different sectors including the local authority, some social care teams, children's services and third sector agencies, as well as online (see next section). Delivery of parenting programmes requires implementation to both the broader population who would benefit, as well as particular groups which require more focused support. This requires appropriate training and coordination.

Early years education and childcare settings

Such settings which include pre-school nurseries and parent/toddler playgroups have an important role in promoting and supporting child development, and the early detection of any difficulties experienced by the infant and/or family. Nursery nurses and early years practitioners are key in this area of work.

Digital provision of public mental health interventions

The previous section on public mental health interventions highlighted that:

- parenting support and intervention programmes can be delivered online (Flujas-Contreras et al, 2019; Thongseiratch et al, 2020; Spencer et al, 2020)
- digital health interventions improve depressive symptoms and stress in postnatal women (Lau et al, 2023) and treatment of postnatal depression can be delivered through telemedicine interventions (Hanach et al, 2021)
- moderate evidence for video feedback improving maternal sensitivity but little evidence for impact on attachment security and no evidence for impact in parental stress or anxiety (O'Hara et al, 2019)
- The Video-Feedback Intervention Parenting programme improved infant mental health and/or parent-infant relationship/attachment outcomes (Hare et al, 2023).

Digital provision of public mental health interventions can be beneficial for parents and under 5s who have access to the necessary technology, as they can provide a convenient and flexible way to access services from their own home. This includes circumstances where in-person visits are not possible. Video consultations can be a useful tool for assessing the development and behaviour of infants and young children in their natural settings and can be used to provide parenting support and education. Ability to join virtual support groups with other parents can be useful for some families as it reduces the burden of travel and childcare.

However, some parents report feeling lonely, unsupported and forgotten without in-person visits and, due to digital poverty, others do not have access to the required technology. Furthermore, some risks in terms of efficacy and safety were highlighted for the use of video-consultations for the delivery of universal health visiting mandated reviews during the COVID-19 pandemic, as part of the delivery of the Healthy Child Programme (Morton, 2022). The purpose of these contacts is to identify children at risk of poor outcomes and those with clinical and safeguarding vulnerabilities within the universal population who may not be in contact with other services. Further evaluation is needed to support safe and effective implementation. Clinical suitability, risk management, safeguarding, contingency planning and safety principles, along with appropriate information governance, are crucial while planning these appointments virtually. Digital poverty and poor access to equipment must be considered and face-to-face appointments should always be an option offered to families if needed. However, the section on the public mental health implementation gap highlights the shortage of health visitors particularly in England where 48% of health visitors plan to leave the profession in the next 5 years.

Structure of services and pathways to intervention

Evidence-based interventions for babies and under 5s should be provided as part of a whole system approach by a range of well-integrated services and sectors, including primary care and children's social care. It is essential that families can access the right intervention and support, delivered by the right practitioner at the right time in a stepped care approach. Each family requires accurate assessment and formulation of their needs to inform the level of service required. Timescales are critical in this

context; when developmental trajectories go awry there can be a rapid escalation from infant distress to emotional and behavioural disturbance and ultimately, serious mental health conditions – for which intensive intervention will be required.

A whole system approach to early years should consider the integration of the Life Stage Model approach to mental health care (see Figure 1 below, courtesy of Scottish Government and COSLA, 2023), taking opportunities to influence intergenerational patterns. The model requires implementation of proportionate universalism, alongside the life stage; that is, services should collectively aim to reach the whole population (universal reach) through integration with the range of other existing sectors serving babies, young children and their families.

- Preconception mental health care needs to be delivered by universal antenatal care services including antenatal classes, midwives, health visitors and primary care in coordination with specialist perinatal mental health services and adult mental health services where appropriate.
- Perinatal mental health care, including provided by specialist health visitors and professionals in midwifery (and IAPT in England), needs to be delivered with primary care.
- Parent–infant relationship care, specialist infant mental health and child mental health care needs to be delivered as part of an integrated whole system stepped care approach including primary care, paediatrics, health visitors, family nurses, social care and third sector services able to provide parenting programmes.
- Adult mental health care needs to be delivered in coordination with primary care and other providers.

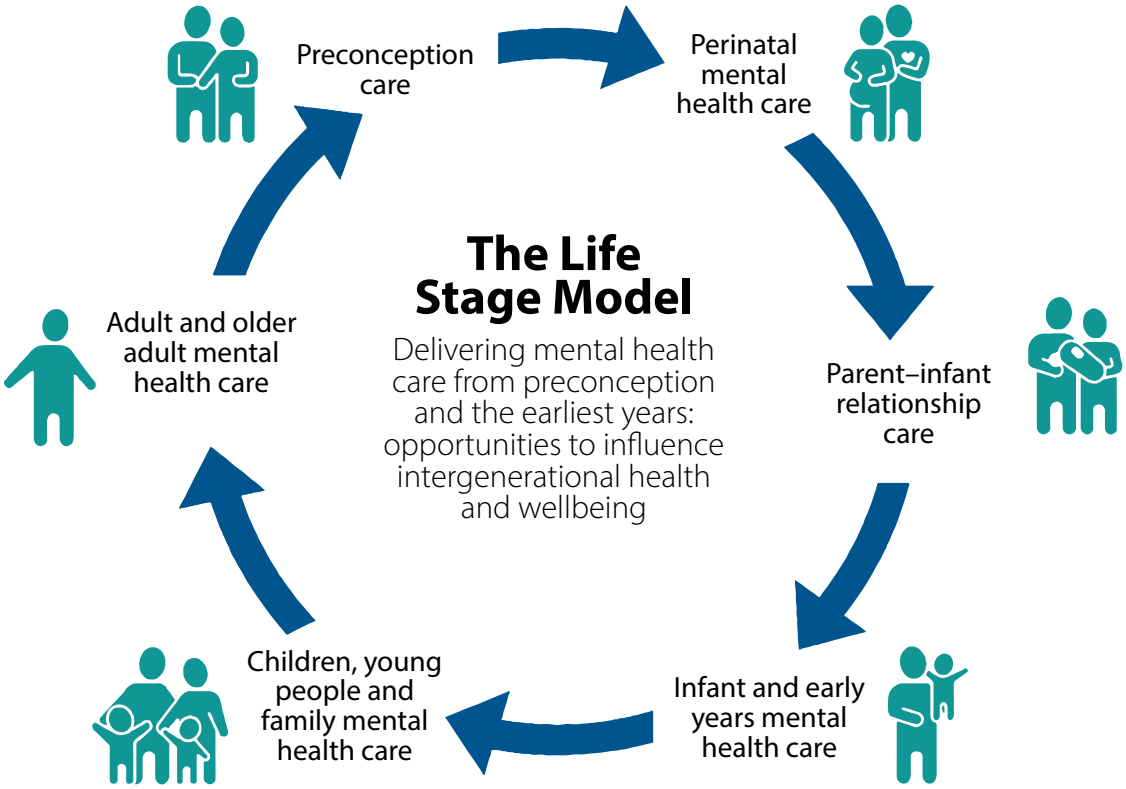


Figure 1: The Life Stage Model approach to mental health from preconception to 5 years [courtesy of Scottish Government and COSLA (2023)]

Universal services

These underpin all other services, and are, in principle, offered to everybody. In the UK, health promotion and the prevention of individual and relationship problems should be universal, with early intervention being offered to those identified as 'in need' by a range of services and professionals. Currently in the UK, every new parent or carer and their child should receive care from midwifery and health visiting services, which sit alongside other universal services such as general practice (GP) primary care. Through their universal work with all families, the health visiting service has a central role to play in the early identification of infants and children with signs of mental health conditions and those at higher risk. This is particularly important for the identification of babies and young children in groups that do not have easy access to services and are more likely to miss out on the support that they need. However, the next section on the public mental health implementation gap highlights a lack of health visitors, particularly in England, which is set to worsen.

Targeted services

Particular groups of under 5s have a severalfold increased risk of mental health conditions (see risk factor section on higher-risk groups). Providers of different early years/public mental health interventions need to proportionately target groups who have a severalfold increased risk of mental health conditions in order to prevent the widening of inequalities, and to support the early identification of babies and young children with signs of emerging mental health conditions. Child care social workers are key with respect to the provision of support to families of under 5s at higher risk of mental health conditions. They become involved with many of the most vulnerable babies and young children and have a key role in supporting under 5s exposed to adverse circumstances. Social workers are an important group who are closely involved with families and alternative carers such as foster carers or adopters. Child care social workers also have a key role to ensure the safeguarding of children at risk of adversity including neglect and abuse.

Targeted services are additional services provided in response to a specific need or increased risk profile identified by a needs assessment, for example, services for looked after children. Well-targeted prevention and early intervention programmes can substantially reduce the risk of future mental health conditions, and ultimately improve the health and wellbeing of the UK population.

Specialist services

More specialist services are required to support a proportion of the:

- under 5s with mental health conditions (5.5% of 2-4-year olds in England)
- estimated 10–25% of under 5s who experience significantly distorted relationships with their primary carers (Van Ijzendoorn et al, 1999)
- babies, young children and families who are at risk of developing these difficulties
- children with a neurodevelopmental disorder, and children with development delay are at an increased risk of developing mental health conditions.

Such services also include timely access to speech and language therapists, in addition to appropriate childcare and early educational provision.

Where they exist, specialist teams that address the mental health needs of babies, young children and their families need to integrate with other sectors, including primary care, social care, perinatal mental health teams, and the voluntary sector, as part of the network of services delivering assessments, interventions and support from preconception to 5 years of age, with opportunities to influence parent–child relationships, intergenerational patterns of problems and complex mental health conditions.

Specialist parent–infant relationship teams aim to deliver skilled infant mental health provision. A good quality parent–infant mental health team should be multi-disciplinary, led by mental health professionals with expertise in assessing the strengths and difficulties of infants and parents, which might include neurodevelopmental disorders, the parent–child relationship, and supporting parents/carers to develop sensitive and attuned relationships with their young children (including in the antenatal period). A parent–infant multi-disciplinary team should typically include psychotherapists, psychologists, psychiatrists and social workers. There should be collaborative working and pathways of integrated care across the system including with social care, primary care, paediatrics, Children and Young People's Mental Health Services (CYPMHS), adult mental health, pre-schools and relevant third sector organisations. The parent–infant service should have significant capacity to provide training, consultation and supervision for the local network of colleagues working with 0–5s and their families (RCPsych, 2021).

Public mental health implementation gap

In England, although national psychiatric morbidity surveys found that only a minority of children and young people aged 5 years and over with a mental health condition received any treatment, no information on treatment coverage was available for 2- to 4-year-olds with mental health conditions (NHSD, 2018). Furthermore, there is very limited information on the coverage of treatment and prevention of mental health conditions and the promotion of mental wellbeing for under 5s.

However, the available evidence indicates that there is a clear and significant implementation gap. Only a minority of under 5s with a mental health condition receive treatment across the UK and there is insufficient provision of interventions to promote resilience and wellbeing and prevent mental health conditions. The COVID-19 pandemic and the preceding years of austerity in the UK have further widened the implementation gap due to the withdrawal of many community services. Consequently, many young children do not come into contact with public services, and their needs and vulnerabilities are not known. Meanwhile, services that exist are struggling to respond to the needs of those children and families who *are* known to them (Morris & Fisher, 2021).

Treatment gap

In England, the only national psychiatric morbidity survey including under 5s did not include an estimate of the treatment gap for under 5s (NHSD, 2018).

Regarding primary care, no routine data is available to monitor the treatment of mental health conditions in children and young people.

Regarding secondary care, a UK online survey of 283 mental health practitioners working in NHS infant, children and/or young people's mental health services found that only 9% of respondents felt there was "sufficient provision available for babies and toddlers whose mental health was at risk" in their area and only 52% of respondents reported that their local NHS children and young people's mental health service took referrals for children aged two and under (Parent–Infant Foundation, 2021a). Another UK-wide survey found that most geographical areas do not have access to specialist parent–infant teams and, where teams exist, most lack sufficient resources to meet local demand (Hogg, 2019). Furthermore, almost half of all specialist Child and Adolescent Mental Health Services (CAMHS) in England do not accept referrals for babies and children under the age of 36 months (Hogg, 2019).

Parenting programmes can treat some mental health conditions, prevent child adversity and child mental health conditions, and promote positive child behaviour, parenting and parental mental health (Campion, 2019; see section on parenting programmes in intervention section). They are also effective in reducing disorganised attachment and

increasing secure attachment (Wright et al, 2023). WHO recommends a universal approach through a basic package of parenting interventions for every parent or caregiver of a child under the age of 5 years (WHO, 2021). However, many of the most commonly used interventions in UK services to promote child–parent attachment have a weak evidence base, while those with the strongest evidence base are not as widely used (Wright et al, 2023). Additionally, many stakeholders highlighted that, after identifying infants and children at risk or with severe attachment problems, there were no clear pathways to treatment. Currently, there is no reliable data on provision and outcomes of parenting interventions. Provision of accessible, clinically and cost-effective interventions for parents can be improved by ensuring there is high-quality training and supervision of facilitators and a balance of flexibility and fidelity to the delivery of interventions to ensure tailored content is available to meet individual needs, taking into account sensitivity to parental adversity, wider familial support and the availability of ongoing support following the end of a parenting programme (Butler et al, 2020).

Regarding Specialist Health Visitors in Perinatal and Infant Mental Health (SpHV PIMH), there is patchy provision at regional level and inconsistent commissioning arrangements for these specialists, with variations in job descriptions, clinical case-loading expectations, training and supervision for the practitioner and where the role sits (Beauchamp, 2023). In addition, the dire shortages in the health visiting workforce need to be urgently addressed by national government to enable SpHV PIMH and the wider health visiting workforce to deliver clinically and cost-effective perinatal and infant mental health care.

In the UK, there is wide variety in the set-up, funding and therapeutic models of teams and services which provide support and therapeutic interventions for parent–infant relationships in pregnancy and the early years. There are variations in target population and configuration of services. Some services are embedded within Children or Young People's Mental Health Services (CYPMHS) or specialist perinatal mental health services. Most parent–infant teams are primarily funded through public health budgets, local authority children's services budgets, the voluntary sector or through partnerships between these. In Scotland, there are locality-based NHS infant and family mental health services.

Prevention and promotion gap

The historic reduction in the public health grant has had a considerable impact on universal services for the under 5s, including a significant loss of vital health visiting (RCPsych, 2021).

Regarding health visitors, a 2022 UK survey of health visitors found that 83% reported an increase in perinatal mental illness, 76% reported an increase in child behaviour problems, 65% reported an increase in children with autism and 46% reported an increase in infant/child mental health problems (Institute of Health Visiting, 2023). However, a 2022 UK survey of health visitors found that due to workforce shortages in England, only 13% of health visitors were able to make the initial antenatal contact to all families, 54% were able to deliver the 6–8 week postnatal review to all families, only 15% of health visitors were able to deliver the 9–12 month review to all families,

and only 12% of health visitors were able to deliver the 2–2.5 year review to all families (IHV, 2023). Only 6% of health visitors in England worked with the recommended average ratio of 250 children per health visitor and 28% had more than 750 children. This contrasted with Scotland where 69% had less than 250 children and only 1% had 750 or more. Furthermore, 48% of health visitors in England planned to leave the profession in the next 5 years.

Regarding women's uptake of postnatal checks and primary care consultations in the year following childbirth in the UK, one in five women had no consultation at the time of the postnatal check and two in five women had no record of receiving a structured postnatal check within the first 10 weeks after giving birth (Smith et al, 2020). An estimated 350,400 women per year in the UK were not receiving such checks, with teenage mothers and those from the most deprived areas the least likely to have a check.

Despite alcohol and smoking being the most common substances used in pregnancy (Steel et al, 2020; Public Health England, 2019), these are often not assessed in antenatal booking appointments, and interventions are rarely provided. In 2022/23, 8.9% of pregnant women were recorded as being smokers at time of delivery (NHSD, 2023). Recording of smoking is poorer for women living in the most deprived areas.

Currently, more young children are falling to meet their expected development milestones, but fewer families are engaging with services such as early education and childcare (Ofsted, 2022; O'Meara & Bradley, 2022). Regarding childcare in England, there had been 25.6% reduction in the number of childcare providers registered with Ofsted between 2015 and 2023, with a 7% reduction in childminders between 2022 and 2023 (Ofsted, 2023). Furthermore, costs of childcare are particularly high in the UK compared to other OECD countries (OECD, 2020; Ofsted 2023).

Regarding action to address and prevent child adversity, most children who are affected by adversity are not known to services, and there is negligible implementation of interventions to prevent child adversity.

Regarding social work services, no data was found regarding provision of different types of public mental health intervention to under-5's and their families. However, data from England in 2022 found that 31,600 children and family social workers were in post which represented a 2.7% reduction from 2021 (Department for Education, 2023). During 2022, 5,400 children and family social workers left which was a 9% increase compared to 2021 while there were 7,900 vacancies up from 21% from 2021. In 2022, 70% of local authorities in England were not confident they would have enough permanent child and family social workers to meet their needs over the next 12 months (Department for Education, 2022b). Local authorities in England reported that the main risks to effective delivery of children's social care services in their authority over the next 3 years were being unable to recruit high quality staff (84%), being unable to retain high quality staff (70%) and social work practice becoming or continuing to be variable (26%).

Regarding interventions to support attachment between parent and baby, an online survey of 446 parents in Wales found that only 3% had received direct support from a professional specifically to help them bond with their baby (Parent-Infant

Foundation, 2021b). Professions most likely to offer direct help or support were health visitors/nursery nurses, statutory children's services, midwives, and family support/parenting workers. Interventions can be provided by different providers including specialist and social care services, although GPs and midwives reported a lack of training opportunities, clinical support and supervision regarding the parent–infant relationship in their professions (Parent-Infant Foundation, 2021b). This is important because these are two of the three professional groups most likely to serve as universal entry points into the system for families seeking help.

Regarding interventions to address socio-economic inequalities, there have been real-term cuts in benefits for families with young children due to freezes in working-age benefits, reduction in the overall benefit cap and the introduction of the two-child limit, which currently only affects families with children in their early years (Cattan et al, 2022). These changes have led to increases in relative and extreme child poverty. Furthermore, in recent years there has been a relative shift away from spending on the most disadvantaged families and towards families in work. As outlined in earlier sections, in 2022 in the UK, 2.47 million under 16's (20%) lived in relative low income while 1.89 million under 16s (15%) lived in absolute low income (DWP, 2023). Furthermore, 45% of all children in poverty were in families with a youngest child under the age of 5 years (Child Poverty Action Group, 2023).

There is significant regional disparity in the four core early years services (health visiting, maternity, parent–infant relationships, and early education and care). Polling by UNICEF-UK in 2022 revealed that one in three (32%) parents in England found it difficult to access professional support for themselves and their child (UNICEF UK, 2022). Of those, 78% have been left "feeling frustrated" by this, and a 21% left "feeling desperate".

Parental mental health conditions are associated with an increased risk of child mental health conditions (see section on risk factors). Despite this, only a minority of adults with mental health conditions in England receive any treatment (McManus et al, 2016) and there is a lack of information about treatment coverage for parents with a mental health condition by primary care and IAPT.

Factors contributing to the public mental health implementation gap

The following reasons contribute to the public mental health implementation gap for under 5s:

- Insufficient public mental health knowledge and training relating to under 5s among professionals and trainees in the sectors of mental health, primary care (O'Brien et al, 2016), midwifery (Viveiros & Darling, 2021), early childhood education and care, public health, and policy (Campion et al, 2022).
- Insufficient information about the prevalence of mental health conditions in under 5s. For instance, in England, there has only been one national survey which estimated the prevalence in 2- to 4-year-olds, but which did not include under 2's (NHSD, 2018) and none since despite the COVID-19 pandemic.

- Insufficient knowledge about coverage of public mental health interventions for under 5s including higher risk groups. In England, this means that it is not possible to fulfil statutory duties to assess and address unmet need (DH, 2012; DHSC, 2022).
- Insufficient coordination of services (Hickey et al, 2023).
- Insufficient resource to implement evidence-based interventions to achieve the required level of population coverage (Campion et al, 2022): For instance, only 6.7% of mental health expenditure in England was allocated to childhood and adolescence in 2021/22 (NHSE, 2023) despite half of lifetime mental health conditions arising by age 14, with no specific resource allocation for under 5s.
- Insufficient cross government policy focus on public mental health interventions for under 5s.
- Insufficient trained staff (Hickey et al, 2023) and mental health resource for under 5s. For instance, there is a shortfall of 5,000 health visitors in England with an almost 40% reduction of health visitors since 2015 (IHV, 2023).
- Insufficient clinical skills among primary care and mental health practitioners, including for psychiatrists. An online survey of practitioners working in NHS infant, children and/or young people's mental health services found that many professionals reported that their training does not equip them to work effectively with babies and young children (Parent-Infant Foundation, 2021a). GPs and midwives reported a lack of training opportunities, clinical support and supervision regarding the parent–infant relationship despite being two of the three professional groups most likely to serve as universal entry points into the system for families seeking help (Parent-Infant Foundation, 2021b). Although training in infant mental health and the impact of parent infant relationships is relevant for all psychiatrists, it can be sparse and difficult to access
- Stigma (Campion et al, 2022; Hickey et al, 2023).

Current early years/ public mental health policy context

There is considerable regional variation in mental health service provision for under 5s across the UK nations, though the overarching picture remains one of insufficient and/or patchy coverage. Nonetheless, each of the respective governments have made commitments to begin addressing this service gap and there is a clear opportunity and value in cross-jurisdictional liaison and learning.

Decisions about coverage of evidence-based public mental health interventions for under 5s must consider the mental health impact and economic cost of implementation failure; the impact and associated economic benefits of improved coverage; and the statutory duty to protect children and families and prevent harm under the Education Act 2002, Children Act 2004, Equality Act 2010 and Children & Families Act 2014 in England, and the equivalent legislation in Scotland, Wales and Northern Ireland.

Working Together to Safeguard Children (HMG, 2015) states the need for policies and procedures to protect children and young people. In England and Wales, every council has a Local Safeguarding Children's Board (LSCB) responsible for putting into practice a child-centred approach and overseeing the safety and wellbeing of children and young people in their area. In Scotland, this role is provided by Child Protection Committees while in Northern Ireland, this is the responsibility of the Safeguarding Board. In addition, the UN Sustainable Development Goal target of universal health coverage includes parents and children under 5 years of age.

England

The NHS Long Term Plan includes a commitment to ensure a "comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults" (NHSE, 2019). The attached mental health implementation plan for 2019/20 – 2023/24 sets out a target of 345,000 additional children and young people aged 0–25 accessing NHS-funded mental health services by 2023/24. It also sets out a target to extend the coverage of specialist community perinatal mental health services to include the age range of conception to 24 months after birth. During this first phase of implementation of the Long-Term Plan, focus was on increasing the number of children and young people accessing community Children and Young people's Mental Health Services (CYPMHS), adult mental health services and education-based provision through mental health support teams, noting the impact of the pandemic on the delivery of key Long Term Plan targets. Work is ongoing to better understand how expanded NHS provision for the under 5s may be achieved.

Beyond the NHS, the government's 2021 publication of its Best Start for Life: A vision for the 1,001 critical days policy paper has led to an increased focus on the early years. This has been followed by an investment of around £300m to create a network of Family Hubs in 75 local authorities, of which £100m will be used for parent–infant relationship and perinatal mental health support (DHSC, 2022). The programme has not been evaluated at the time of writing, but the government published a progress report in February 2023 which outlined some funding allocations and the plan for evaluation of the programme (DHSC, 2023). While it references core services relevant for under 5s, the progress report focusses mainly on 0- to 2-year-olds, and does not mandate delivery of all the services or address the important resource and workforce challenges. Family Hubs are ideally placed to deliver the evidence-based interventions for the early years that are outlined in this publication, although it is currently uncertain how long funding will continue and whether the programme will be expanded.

Under the Health and Social Care Act in England (DH, 2012), Clinical Commissioning Groups (CCGs) and local authorities had an equal and joint statutory duty to provide information about local levels of health and social needs, and to make needs assessments and prepare a Joint Health and Wellbeing Strategy to meet any identified needs. Under the recent Health and Social Care Act (DHSC, 2022), Integrated Care Partnerships have statutory duties to set out how assessed needs are to be met by the Integrated Care Board, and how it will partner with local authorities and the NHS through the Integrated Care Strategy. It is vital that the needs of babies, young children and their families are included in the local needs assessments.

Wales

The CAMHS Network of the NHS Wales Health Collaborative is currently supporting the implementation of sections of the Mental Health Delivery Plan which relate to the impacts of COVID-19, improving access to support for the emotional and mental well-being of children and young people, and implementing the recommendations of the *Mind Over Matter* report and the children's commissioners report, *No Wrong Door*.

Perinatal mental health, parent and infant mental health, and CAMHS were identified as phase one priorities of the recently issued Strategic Mental Health Workforce Plan for Health and Social Care. Some of the noticeable and relevant immediate commitments include addressing an identified disconnect between perinatal and CAMHS, as well as the development of an education resource for parent and infant mental health by working with recognised experts.

A CAMHS education mapping and gap analysis report, for all levels, has been commissioned to support development of the workforce plan in this key area, and to enable actions to support the developing a comprehensive structured education pathway within CAMHS with a focus on delivering multi-professional learning. The Additional Learning Needs Code, Code of Practice on the Delivery of Autism Services, and the Framework on embedding a whole-school approach to emotional and mental wellbeing have been developed. There is also a forthcoming neurodevelopmental action plan, following the recent *Review of Demand, Capacity and Design of Neurodevelopmental Services 2022* (Holtom & Lloyd-Jones, 2022).

Scotland

Getting It Right For Every Child (GIRFEC) is the Scottish Government's (SG) commitment to provide all children, young people and their families with the right support at the right time. With the United Nations Convention on the Rights of the Child (UNCRC) in 1989 as its foundation, it provides an evidence-based consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of all children. It supports parents, carers, statutory and voluntary agencies to work together to ensure the best outcome for every child. This framework for working together with the child at the centre is complemented by The Promise Scotland (2020) which was developed with care experienced children in mind aims "to ensure that every child grows up loved, safe and respected, able to realise their full potential." The UNCRC (Incorporation) (Scotland) Bill was passed by the Scottish Parliament in 2021 and awaits Royal Assent.

Work on the implementation of both "delivering the Promise" and the UNCRC has tended to focus on facilitating the views of older children. The Voice of the Infant Best Practice Guidelines and Infant Pledge (SG, 2023) have been developed to facilitate eliciting and promoting the views of babies and young children (see p 69).

The Perinatal Mental Health Network Scotland (PMHNS) was set up in 2017 by the Scottish Government to address inequities in the delivery of perinatal mental health services across Scotland. The publication of two documents were markers of the network's progress: *The Curricular Framework for Perinatal (Maternal and Infant) Mental Health* (PMHNS and NES, 2019), co-produced with NHS Education Scotland (NES), and Delivering Effective Services (SG, 2019). The latter comprised a review of all perinatal services in Scotland and made recommendations for service delivery. It led to the setting up of the Perinatal and Infant Mental Health Programme Board which was also tasked with improving infant mental health services. Specifically, it committed to:

> "Implement and fund a Scotland wide model of infant mental health provision. These infant mental health services aim to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental mental illness, parental substance misuse, domestic abuse and trauma" (SG, 2019).

The Programme Board ran from 4 years from 2019 until 2023 and going forward infant mental health funding will continue with SG oversight. Systems have been developed to support the mental health needs of infants from conception to 3 years of age, with an aspiration to increase this age range and ensure an integrated approach with mental health services for children and young people. The Life Stage Model (see p 48) proposed in *Scotland's Mental Health and Wellbeing Our Vision and Priorities* (SG and COSLA, 2023) supports this. Many families are supported by third sector organisations, also funded in part by SG.

Work will continue to support the shared vision for IMH in Scotland which is that:

- there is a shared understanding, and definition of 'infant mental health' across policy and practice, families and communities
- parents and carers are supported to build positive relationships with their babies
- prevention of relationship difficulties and mental health problems is paramount

- where concerns are identified, early intervention is offered, with universal service providers being able to access specialist services via clear care pathways so that babies and their families receive the right care at the right time.

Infant Mental Health services are delivered in statutory and third sector services across Scotland through an integrated approach in each health board.

Scotland has been investing up to £3m per annum in Infant Mental Health through the implementation of integrated provision across Scotland and has functioning/partial services in 11 Health Boards. It has also made the Solihull Online programmes accessible to every parent across Scotland, providing evidence-based information on relationships and child development all the way through to 18 years of age. In addition, the Wellbeing for Wee Ones Hub on Parent Club also provides additional advice and support to parents with young children.

Northern Ireland

In June 2021, the Northern Ireland (NI) Minister for Health published *The Mental Health Strategy 2021-31*, setting out the strategic direction of mental health services for Northern Ireland for the next 10 years.

This strategy sets out how NI proposes to improve the wellbeing of children and young people. There is a specific section on infants and early years, in which the strategy document states that it is widely recognised that the foundations of good health and wellbeing are established before birth. It emphasises that the best way of improving the overall health of children and young people is to ensure that babies and children are as healthy as possible from the outset. It stresses that early interventions with the right type of support are key.

The aims of the strategy include to:

- provide continued support to parents/guardians antenatally and during their child's early years to establish and nurture good health and positive wellbeing habits, and to provide them with information about how they can help to promote their child' s development and positive physical and emotional well-being and mental health
- support parents to better understand the need for, and physical impact on their child's brain development of, responsive and sensitive parenting and sensitive stimulation from the earliest age
- ensure that all parenting programmes are evidence-based interventions of the highest standard with clear outcomes and sustainable implementation.

The strategy highlighted that children between 0 to 3 year of age regularly do not have access to CAMHS. Implementation of the strategy, which is subject to funding, will follow annual delivery plans.

The Year 1 Delivery Plan sets out workstreams for 2022/23, including ensuring that the needs of infants are met in mental health services, and putting in place a 'no wrong door' approach. Despite the challenging financial position, some funding has been made available for the implementation of these workstreams, and it is anticipated that this will go towards increasing capacity within CAMHS to address different needs, for example, enabling the service to better provide for the needs of children under 3.

Northern Ireland has lagged behind the rest of the UK in relation to specialist perinatal mental health care. However, perinatal mental health services are now fully operational in three Health and Social Care Trusts (Belfast, Southern and South Eastern Trusts). Recruitment is ongoing for Northern and Western Health and Social Care Trusts. The Mental Health Strategy has made progress in the first phase of roll out of perinatal mental health services in NI – the development of specialist community perinatal mental health teams. The second phase is to consider the development of a mother and baby unit (MBU) for the region. The Mental Health Strategy Delivery Plan 2022/23 committed to the completion of a Strategic Outline Case for an MBU by March 2023.

Proposed actions to address the public mental health implementation gap for infants and young children

The population impact of any intervention depends on both its outcome and population coverage. Effective public mental health interventions at the population level require implementation according to population need. An appropriate balance of different levels of prevention and mental wellbeing promotion is required since treatment alone is insufficient to sustainably reduce mental health conditions in young children. The six actions described below can help address the implementation gap (Campion et al, 2022).

1 Making the case

This includes through assessment of unmet need for public mental health interventions in under 5s, estimation of impact and associated economic benefits from improved coverage of services for under 5s and their families, and collaborative advocacy and leadership across sectors to address the implementation gap.

2 Steps in practice

- Population-based needs assessment for treatment of mental health conditions in under 5s, prevention of mental health conditions and promotion of mental wellbeing and resilience including for higher risk groups at both national and local level. This includes estimation of number of under 5s with mental health conditions and proportion receiving intervention from different sectors as well as number of under 5s affected by different risk factors and proportion receiving interventions to address such factors.
- Identification of ways to improve co-ordinated implementation of different types of effective public mental health intervention for under 5s by various sectors proportionately targeting higher-risk groups.
- Estimation of impact and economic benefits of improved coverage (including on existing policy objectives).
- Transparent decisions about acceptable levels of coverage of different public mental health interventions by a broad range of stakeholders including parents and carers. Such decisions need to take account of the broad impacts and cost of the implementation gap, the broad impacts and economic benefits of improved coverage, statutory legislation to protect children, the right to health and the UN SDG of universal health coverage. Plans and priorities for action need to take account of the local context, including socioeconomic, environmental, and cultural factors, and the views of different stakeholders.

3 Training and knowledge

Appropriate training about:

- delivery of different types of early years/public mental health interventions by different sectors. For instance, professional developmental of early childhood educators is associated with improved child outcomes (Brunsek et al, 2020)
- assessment of population coverage of and implementation of evidence-based public mental health interventions is required for leaders, professionals, and trainees in mental health secondary care, primary care, public health, social care, commissioning, and policy. Training could be included in undergraduate and postgraduate curricula and continual professional development, and can be delivered online and in different settings.

4 Improving coverage of coordinated services

- Employ opportunities to improve coverage of co-ordinated services for babies and children under 5 include through settings-based approaches, integrated approaches such as co-locating physical and mental health services (Hickey et al, 2023), digital technology, maximising existing resources, focus on effective early identification of need and high-return interventions (Campion et al, 2022).

5 A rights approach and legislation

The right to health includes the universal right to mental health. Adopting a human rights approach to mental health is an important way to advocate for improved access to services for under 5s, which is supported by the UN and WHO. The UN SDG goal of universal health coverage includes mental health interventions. Mental health strategies, legislation, and population coverage of mental health intervention provision should be compliant with international and regional human rights standards, including the UN Convention on the Rights of Children and the Convention on the Rights of Persons with Disabilities. Furthermore, various statutory legislation protects children (see policy section).

6 Implementation research

Given the scale of implementation failure of evidence-based public mental health interventions, research is required on how to support scale implementation.

Examples of good practice

Southwark Under 5s CAMHS

Carol Hardy, Senior CAMHS Clinical Specialist/Under 5s Lead

In the South London Borough of Southwark, as part of South London & Maudsley NHS Foundation trust (SLaM), a CAMHS community service for 0- to 18-year-olds reviewed its offer to the youngest children aged 0 to 4 years in 2020 at the height of the pandemic. The referral trends showed that most very young children referred to CAMHS were either redirected to parenting programmes, primary care, Child Health, or were simply rejected.

The review found that the redirections and rejections were, in part, due to a lack of CAMHS and primary care workforce knowledge and awareness of the ways in which under 5s can present with social-emotional and emerging mental health concerns. The CAMHS workforce predominantly sees older children, resulting in a lack of training, skills, confidence and experience needed for the 0 to 4 age group. Whilst the clinical skills required to work with under 5s share some similarities with CAMHS work for older children, working with younger children requires different theories, knowledge, approaches and skills. The absence of an intervention pathway in which children and their parents/families could receive timely treatment dissuades practitioners from referring families for assessment. The Southwark under 5s CAMHS service was introduced to help with addressing this need.

The Southwark under 5s CAMHS service is underpinned by a locally developed interagency model called Social-emotional Under 5s Screening and Intervention (SUSI) , which includes a parent-child assessment and a range of interventions for under 5s and their families, The purpose of this is to support and address parent-child relationships for families facing greater adversity, including in relation to parental mental health, domestic abuse, substance misuse, and/or neurodiversity. The assessment, together with individualised sensitive feedback can help families to feel sufficiently supported to make changes for themselves and their child without the need for further formal intervention.

In addition to the delivery of clinical assessments and interventions in the community – for example, in family homes, Children Centres and nurseries – a strong network of relationships with partner agencies has grown. Regular consultation and training also take place relating to under 5s mental health and the central role of parent-child relationships in children's wellbeing, development and school readiness.

The service proactively works with the professional and cultural networks around the family, with clear and transparent timepoints for feedback and review with the family. Insights from the assessment and intervention also provide support to other agencies to add to a greater understanding of the

child's social-emotional/attachment needs. These are made accessible in different formats for wider family/professionals to use in their interactions with, and care of, the child.

In its first year, the service received 61 referrals for direct assessment and treatment. We expect this number to grow. The team delivered around 60 formal case consultations and additional training sessions to 45 children's centre staff and 38 colleagues in three SLaM community perinatal MH teams to date. There are requests for this training to be rolled out across boroughs which can be tailored to universal and specialist workforces.

Wandsworth Early Help parental mental health service, London (Previously Wandsworth NEWPIN (New Parent Infant Network))

Natasha Manning, Project Manager

For the families supported by our service, we define success as having a parent manage their mental health alongside meeting their children's needs, living independently in their community, and doing this by accessing universal services only when required.

Extensive research shows that the impact of parental mental health on children is dependent on various factors including severity, circumstance, and the support or protective factors that surround the child. Anxiety, depression and other mental health difficulties can affect attachment and the parent-child relationship. The impact of disrupted attachment on children's intellectual, psychological, social and emotional development is well documented.

The model of NEWPIN in Wandsworth has provided a range of interventions and support for children with parents who need mental health support. We have worked with families where Adverse Childhood Experiences are often a generational feature. Our aim has been to ensure that both the child and parent get the support they need to thrive and achieve their potential.

The NEWPIN model recognises the complex, varied needs of the children and provides a range of provision to meet them. Our model harnesses the parent-child relationship, providing a structured, supportive environment to increase parents' capacity to develop understanding of their child's communication, emotions, behaviour and needs; understand their own mental health; manage symptoms; and reflect on the impact of their mental health on their child/children's wellbeing. Our work is underpinned by child development and attachment theories. Part of our offer is a parenting group which aims to strengthen the parents' reflective functioning, particularly in relation to their complex historical background and how this might impact on their young children. This, in turn, would enable the parents to strengthen their capacity to mentalise the needs and experiences of their children, reinforcing their parent-child attachment relationship.

There are many challenges and adversities our families have faced over the years that require skills, knowledge, and accessibility to support and create positive outcomes. Our multi-disciplinary staff include adult mental health, social work, family support and early years. The team has been trained in systemic family practice and in PACE (Playfulness, Acceptance, Curiosity, Empathy) parenting approaches, both of which are used in their work with families. We also have parent volunteers, some of whom are also trained in PACE parenting, who support other parents with this approach. Our methods have encouraged parents to grow, understand and create systemic changes to their families' lives.

In Wandsworth we have been able to support 800 families over the last fifteen years. We've referenced successful outcomes which demonstrate parents' better understanding of their mental health and symptoms, strategies to manage mental health deterioration, crisis planning, attachment, safeguarding, parenting skills and techniques which encourage children's wellbeing and development. This has been achieved alongside the wider service outcomes which includes evidence of the service leading to a reduction in repeat GP attendances for some clients, and less time being taken up in appointments with non-medical issues. We have also identified a number of parents for whom their risk of experiencing a crisis event was reduced.

Our outcomes have consistently demonstrated that the objectives of our services are valuable to the community, to families and to parents struggling with their mental health.

Wee Minds Matter infant mental health service, NHS Greater Glasgow and Clyde

Through different strands of our work – consultation, outreach, education and training, direct clinical work – we include infants as active participants and try to bring their perspective to life for parents, caregivers, families and professionals. We use a number of approaches including the NBO12, Circle of Security Parenting17 and Parent-Infant Psychotherapy. The NBO invites parents to join an observation of their baby, learning how much baby is communicating, and helping them read and understand the communications. For example, a baby may sneeze, change in colour, or turn away when they feel overwhelmed and need a break. Circle of Security Parenting helps parents understand how their child cues they need support to explore their world or to get comfort and reassurance.

In Parent-Infant Psychotherapy we use observation to help us recognise and understand the infant experience in the context of their primary relationships. We work at the infant's level, on a mat on the floor together with parents and the infant at the centre. Sometimes we describe what the infant is doing, for example, gazing at Mum's face or turning away. We invite parents to be curious about their baby's mind, "what do you think baby is thinking? What do you think baby would say now if they could speak?"

We may speak directly to the infant, for example "I noticed you watching Daddy carefully when he was talking about something upsetting." All these are ways to help parents think about their baby's thoughts, feelings and intentions – a process called mentalization. This in turn enhances the baby's growing ability to understand both their own feelings and motivations, and those of others.

Family hub

Early Help Service, Salford City Council, Salford Parent and Infant Relationship Service (PAIRS)

Kate Berry, Early help Service Manager, and Becky Wynn, Principal Clinical Psychologist/Clinical Lead at Salford Parent and Infant Relationship Service (PAIRS)

Salford has a vision for a multiagency, integrated perinatal and parent infant mental health (PPIMH) pathway, offering seamless service provision to parents and their infants. Since 2020, the PPIMH programme has been under development and a PPIMH Implementation Group was established to mobilise the plan for the offer in Salford, develop a business case for a specialist PIMH service, and review progress. In addition, Salford has been awarded the Family Hubs Best Start for Life (BSFL) funding and selected as a trailblazer site. The BSFL programme outlines a vision to ensure the very best support throughout the 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing.

The specialist PIMH service is now under development and has established strong partnerships with health, social care and the voluntary sector. Salford believe that parent participation at all levels is integral, and, after consultation with local parents, the specialist service has been named Salford Parent and Infant relationship Service (PAIRS). There are many PPIMH Champions already in place in services, such as Perinatal Talking Therapies, health visiting, midwifery, Social Care, Early Help and Homestart. The service's 0-19 professionals are all trained in the Newborn Behavioural Observation (NBO) tool, which is designed to help parents and practitioners understand what babies are communicating and telling us through their behaviour to support the parent-infant relationship. NBOs are routinely done with families at the new birth and 6-8 week visits. We have trained our PPIMH champions in Baby Bonding, an early help programme that guides and empowers parents to develop secure relationships with their babies. We are currently coordinating a plan to deliver Baby Bonding groups across the city, which will be co-facilitated by colleagues in Early Help, 0-19 services and specialist perinatal and parent-infant services.

Salford PAIRS will be based within Family Hubs and work at all levels of the system focusing on promotion, prevention and intervention, raising awareness of the importance of the parent-infant relationship through training, consultation and liaison with professionals and services. PAIRS

will also offer a clinical service to parents/carers and their infants, from conception up to the infants second birthday, where there are concerns about the parent-infant relationship which may require more specialist assessment and intervention.

The Family Hubs BSFL funding has enabled a plan to 'go further' by expanding our existing parent-infant mental health service in order to support the local workforce in their understanding, identification and support of parent-infant relationships.

With additional resource, the team will:

- Offer bespoke training, consultation and supervision to the wider universal and targeted workforce to increase evidence informed practice.
- 'Extend scope', in line with the delivery expectations, allowing the team to offer support to universal and targeted services for more early intervention and prevention work, in addition to our offer of more specialist assessment and intervention.
- Offer 'greater reach' to more families who do not currently have access to parent-infant relationship support.
- Support in the gathering of outcome data to help evaluate the programme.
- Support the workforce through training in attachment focused interventions and ongoing support to embed these approaches within their daily practice

Hertfordshire Community Perinatal Mental Health Team: Parent-Infant Interventions

Parent-infant interventions are delivered by a subgroup of Parent-Infant therapists within the wider Perinatal Mental Health Team. There are integrated pathways within the team, so that parent infant therapies are available to all women who are under the care of the wider team. Outreach work is provided to women who are under adult mental health services in the perinatal period.

The aim is to deliver parent-infant work proactively for parents where there are identified parent-infant difficulties, or where there is a risk of these developing due to parental mental health history and the parent will benefit from preventative work.

Interventions include individual and group interventions and range from mild to highly complex parent-infant difficulties. Examples of interventions include Video Interaction Guidance (VIG), Circle of Security (CoS) (individual and group), Parental Embodied Mentalizing Assessment (PEMA), Watch, Wait and Wonder (WWW), and Responsive Parenting (RP). Antenatal interventions include adapted Mentalisation Based Therapy introductory group (MBTi) group work for complex cases and 'Adjustment to Motherhood' psychoeducation groups for mild-moderate cases. Therapists also provide supervision of Nursery nurses who deliver VIG to cases that are less complex.

Lived experience case example

The voice of the child

Natasha Manning, Project Manager of Wandsworth Early Help parental mental health service, is willing to share her personal story in the hope that young children with a parent who has a mental health condition can be better supported, and therefore experience less childhood adversity. She has contributed and edited the content below:

> Natasha is a young, mixed heritage woman who speaks of her experience of being parented by a mother struggling, first with depression, and then subsequently schizophrenia. Natasha describes how her mother first experienced severe, acute psychosis following the birth of her much younger sister when Natasha was around 11 years old. She describes experiencing her mother's highly disturbed and distressing behaviour, and subsequent repeated absences due to her frequent admissions to inpatient psychiatric units. Natasha writes eloquently of her experience of how her mother's poor mental health contributed towards a chaotic home life; at times she lacked food, clean clothes and age-appropriate care. This had a wider impact on Natasha's knowledge, skills and practice in navigating the challenges of adolescence, peer relationships and identity. Natasha described how her much younger sister was exposed to inconsistent, and at times disturbed parenting relationships as a baby and young child, and was looked after by several different adults throughout her infancy and early childhood, including by Natasha and her twin sister as she got older.
>
> Natasha describes an absence of any parenting support or family intervention during her sister's infancy and her own childhood. Natasha's descriptions of her youngest sister's current situation indicate that she has had to overcome significant struggles with relationship and mental health difficulties.
>
> Natasha and her identical twin sister are academically bright and managed to access help through their school and a very limited support network to achieve significant personal and professional success. Between them, they have a combination of 5 undergraduate and postgraduate degrees, including two at Master's level. Natasha has a senior post in a successful service and, as well as raising a family of her own, is a trustee to charities supporting victims of domestic violence and residents in financial need with mental and physical health issues.
>
> Natasha speaks passionately about the importance of providing support to the whole family where there is a parent struggling with their mental health, emphasising children's lived experience and the need for supporting opportunities for healthy attachments to shape resilience and improve aspirations. Recently, Natasha spoke in public about her current professional role and her experiences as a child, dedicating her address to her mother as below.
>
> "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.

I overcame this challenge and negative narratives; despite my many adversities, I dedicated my career towards making a difference to patients, families and the system that supports them. Very few people who were raised by parents struggling to manage their complex mental health needs can stand before you today with a combination of personal and professional experience. I hope my words have held weight in thinking through how you can begin to support these vulnerable families in your community."

The voice of the infant

The Scottish Government has published the Voice of the Infant Best Practice Guidelines and Infant Pledge (2023). Co-produced by a short-life working group on behalf of the Infant Mental Health Implementation and Advisory Group, which was part of the Scottish Government's Perinatal and Infant Mental Health Programme Board, the new guidelines provide direction on how to take account of infants' views and rights in all encounters. The guidelines offer suggestions on how those who work with babies and very young children can notice, facilitate and acknowledge the infant's feelings, ideas and preferences that they communicate through their gaze, body language and vocalisations. The paper describes theoretical considerations underpinning the initiative and places the work in the context of relevant policies and legislation, including the UNCRC. The Infant Pledge states clearly what babies and very young children should expect from those around them, and can be printed off as a poster.

A mother's experience (intergenerational difficulties)

A 24-year-old mother presents with a picture of complex trauma and emotional instability: She had experienced childhood emotional and physical neglect from her mother. She had no contact with her biological father. She experienced childhood sexual abuse by her mother's friend and was made to feel that this was her fault by her mother. She left home at age 16. She had her first child at age 20 from an abusive relationship. She presented to a perinatal mental health service following the birth of her second child who, at the time of presentation, was 9 months old. The father of her baby was her current partner and she described this relationship as supportive. She presented with emotional dysregulation, superficial self-harm, sensitivity in relationships, feelings of rejection and fear of abandonment.

She was very keen to address her own challenges in her mental health, but also to address her parenting and ensure that she raised her children in a different way to the way that she was raised.

She worked with perinatal psychologists, attending an emotional skills group programme for 6 months. She then worked through the Circle of Security Programme for 3 months with a parent–infant therapist. In particular, she reported that she found the latter intervention life changing for her, allowing her to be able to recognise her own mental health symptoms and separate them from the relationship with her child.

Training

Mental health support for babies and toddlers differs from that for adults and older children. It requires the appropriate training, skills and expertise to understand how under 5s communicate and develop, and to observe and interpret an infant's pre-verbal behaviours and cues. Mental health provision for babies and children under 5 is focused on strengthening parent–infant relationships – which are so critical for early mental health – and on providing skilled assessment and intervention for emerging mental health conditions. In all situations the child and family's socioeconomic situation and relationships within their local community are key to understanding their needs.

Role of psychiatrists

- **All psychiatrists**
  A wide range of professions are placed to support the mental health needs of under 5s, and collaboration between professions and across organisations is essential. All Psychiatrists who work with parents of under 5s have a significant opportunity to support the mental health and wellbeing of our youngest citizens, through knowledge of the impact of the early years on future mental health, and of the local network of professionals engaged in work with the under 5s.

  It is important for all psychiatrists to consider the potential for any of their patients to become parents. This might include proactive conversations with patients about the possibility of parenthood and discussions about sex, contraception, family planning and healthy lifestyles. It is important to consider prescribing choices during pregnancy and the impact of substance misuse on the developing foetus (RCPsych, 2021). In addition, there is a potential impact of an adult's own history of mental health and childhood experience on being a parent. Specialist perinatal mental health services are available for preconception counselling, but, due to the fact that 1 in 4 adults have a mental health condition, it is important that primary care and other pre-pregnancy services (health visitors, maternity services etc) are involved in this work. There is the opportunity to ensure that, as far as possible, a patient's mental health is optimised at the time of becoming a parent, as this is a critical time for the development of the unborn baby and the parent–infant relationship. The ways in which parents interact with their babies and young children has a direct influence on the child's learning, cognitive and non-cognitive skills, and social and emotional development, all of which give young children the foundations on which to thrive.

  When treating mental health conditions in parents of under 5s, adult psychiatrists have the opportunity to consider the impact of a parent's mental state, cognitive function, and/or medication on his/her ability to provide safe, sensitive and attuned parenting. Children of parents with mental health condition are at increased risk of developing mental health conditions. This can be reduced through the treatment of parental mental health conditions (Cuijpers et al, 2015).

For example, the impact of prescribing sedative medication if a parent needs to wake in the night to attend to an infant, or the impact of extrapyramidal or sedative side effects on the parent's ability to be fully receptive and responsive to child's needs. Patients who are pregnant or new parents with complex mental health needs can be referred to specialist perinatal mental health services and parent–infant relationship services, which offer specialist interventions such as therapies which support the parent–infant relationship (Sleed et al, 2022), nursery nurse interventions and preparations for parenthood work.

Psychiatrists have the opportunity to 'think family' and to be proactive in considering the impact of parental mental illness on the family system, including on unborn babies, infants and older children. This could include being alert to child safeguarding concerns and considering the impact of hospital admissions of parents on children, and of under 5s witnessing aspects of parental mental health conditions.

If psychiatrists in every specialty are aware of the local network of health and social care agencies involved in the support, mental health treatment and safeguarding of babies and young children, it will facilitate their ability to liaise with, and/or refer to relevant services when working with under 5s and their families.

- **Perinatal psychiatrists**
  The role of perinatal psychiatrists is to provide clinical leadership to specialist perinatal mental health teams to ensure there is a culture where consideration is made of the perinatal mind and the infant's needs alongside that of the mother. There need to be clear pathways for specialist perinatal mental health teams to access parent–infant therapies for their patients within the service and in specialist parent–infant services.

  Perinatal psychiatrists also have a specific role in training and educating the wider psychiatry network about their role in discussing reproductive health and identifying needs in their patients which might arise from their roles as parents.

  Specialist perinatal mental health teams should be offering outreach work to adult mental health services, joint working with families to ensure that all patients with moderate or severe/complex mental health needs can access perinatal specific interventions, including talking therapies. This is particularly important when the parent has experienced adverse childhood events and/or intergenerational trauma which have the potential to affect their experience of being parents.

- **Infant and family psychiatrists**
  A wide range of professions are involved in supporting the needs of babies and young children. Working alongside clinical psychologists and parent–infant psychotherapists in multi-disciplinary infant mental health and parent–infant relationship teams, the infant mental health psychiatrist has an important role in holding a biopsychosocial framework to assessment, formulation and intervention, and in drawing on knowledge in medicine, neuroscience, normative

child development and psychological theories. Psychiatrists bring knowledge and expertise about general medicine, parental mental illness and childhood neurodevelopment, in addition to an understanding of attachment relationships, intergenerational transmission and the impact of inequality in society.

As is the case for psychologists, psychotherapists and other early years practitioners, the infant mental health psychiatrist requires skills in infant observation, and the experience to understand the complex strategies very young children can develop to manage relationship difficulties, or to cope with and survive early adversity and trauma. It is important to be able to view the infant and their key relationships through an attachment lens informed by systems theory, cognitive/behavioural and psychodynamic theory and trauma-informed practice. Working alongside clinical psychologists and parent–infant psychotherapists, infant psychiatrists have a key role in the infant and family team in providing constructive formulations, and a range of individual and family psychological interventions and treatments.

In summary, the infant mental health psychiatrist needs knowledge and skills in the assessment of infant wellbeing and mental health, evidence-based interventions for infant/carer relationship difficulties, and of mental health conditions presenting in babies and young children, and their parents. A detailed knowledge is required of child development, neurodevelopmental and genetic disorders, the impact of exposure to substance misuse in utero, and parent–infant relationships, including attachment style and a child's ability to cue their needs.

Alongside psychologists, and other multi-disciplinary colleagues, infant psychiatrists will have a key role in teaching and supervision, and in liaison and consultation with other agencies. Psychiatrists working in infant mental health also have an important leadership role in infant advocacy, strategic service development and in raising awareness of the importance of the early years.

- **Child and adolescent psychiatrists**
  The child and adolescent psychiatrist has many of the skills of the infant psychiatrist. However, there is recognition that the increase in referrals and pressure on Child & Adolescent Mental Health Services (CAMHS) has drawn attention away from the emotional and mental health needs of the very young to older children and young people in whom rates of mental health conditions have been rising, and who are increasingly presenting in crisis.

  Few child and adolescent psychiatrists have accessed relevant specific training in this area. Access to training in infant and family mental health could enable consultant, SAS grade and trainee child and adolescent psychiatrists to support the CAMHS multi-disciplinary team to work with colleagues in other agencies and services, in order to provide input earlier in the developmental of difficulties, thereby reducing the burden of mental ill health in later childhood and adolescence.

Suggested adaptations of adult mental health provision for parents of babies and young children

The adult mental health needs of parents who are looking after preschool-aged children need to be proactively and comprehensively addressed. Given the prevalence of parental mental health conditions and the associated treatment gap, this requires psychiatrists to think about how to co-ordinate with other agencies involved with the treatment and prevention of mental health conditions in parents of under 5s, and how to ensure this is appropriately represented in their local needs assessment (and in the Integrated Care Strategy in England). It would also require changes to current adult mental health services (AMHS), including toservice design, staff training, and partnership work with multi-disciplinary, multi-agency services for under 5s and their families. Clear guidelines would need to be developed which stipulate how parents with adult mental health conditions and their young children should be supported.

Measures to improve the access to existing AMHS for parents of young children could include providing childcare for patients or the creation of child appropriate environments. Literature designed for very young children, such as *Sammy Bear's Mummy is in Hospital*, can aid adults in providing a narrative for young children regarding parental mental illness.

Timely and effective treatment within AMHS to maximise parental functioning is essential. This statement recommends the introduction of specific standards around waiting times and access for parents of preschool-aged children.

General good psychiatric care needs to be complemented by specific interventions aimed at mitigating how particular adult mental health conditions impact on the development and experiences of preschool-aged children.

Training for psychiatrists and professionals from different sectors

Psychiatrists

The new formal Royal College of Psychiatrists training curriculum was introduced in February 2022. It includes criteria for core and specialist training. In general, the psychiatrist works as a member of a multi-disciplinary team with adults or children over 5 years old. However, it is possible for a psychiatry trainee to gain experience in infant mental health through research projects or special interest sessions. This includes:

- **All psychiatrists**
  All psychiatrists have the opportunity to attend a short online basic training course in infant mental health, which will increase awareness of the network of services available to under 5s and their families. There are additional opportunities for psychiatrists to gain further experience in infant mental health practice through special interest sessions or research projects. 'Pre-clinical' child psychotherapy courses include an extended infant observation, reflective practice and child development research. They can be completed part-time over 2 or more years to Diploma or Master's level. There are 10 such courses offered in Belfast, Birmingham, Bristol, Glasgow, Leeds and London (please see the Association of Child Psychotherapists website for more details).

- **Core psychiatry training (36 months)**
  This training is completed by all psychiatrists. High Level Outcome 2 states the need for "in depth understanding of early relationships, attachment styles, parenting, impact of adverse childhood experiences and traumatic events".

- **Child and adolescent psychiatry higher specialist training curriculum**
  There are many references to developing the skills required to work with 0- to 18-year-olds. The curriculum also states a requirement that: "A Child & Adolescent Psychiatrist recognises the different clinical presentations across the age-span and developmental stages, from infancy to the onset of adulthood, and work with parents/carers for the child as appropriate." *The Silver Guide for Child & Adolescent Psychiatry Trainees* states that:

  > "Clinical experience with the 0-5s (assessing babies and infants, the infant-parent relationship, relevant therapeutic interventions), will likely involve trainees working with services outside CAMHS (e.g., community paediatrics, Family-Nurse Partnership teams, or specialist teams which may be within Local Authority Services) under supervision from Child & Adolescent specialists/supervisors."

- **Perinatal psychiatry curriculum**
  Currently there is no higher specialist training curriculum in perinatal psychiatry. The Perinatal Faculty of RCPsych is developing a curriculum with a view to establish a training credential in perinatal psychiatry. The proposed curriculum includes competencies around development of knowledge about physical and emotional development in infants; mother–infant relationships; attachment theory and mechanisms by which maternal mental health has effects on the development of the foetus/infant and reciprocal interactions with child. It emphasises the importance of the ability to develop a collaborative, multidisciplinary, multi-agency and biopsychosocial pre-birth care plan for, and with, women and their partners/families with chronic and/or severe mental health conditions. It includes the need to demonstrate the ability to carry out an assessment of the effects of a woman's mental health condition on capacity to parent, and to safeguard the infant and older children. Consideration of the proposed curriculum by the RCPsych Credentialing Committee is awaited.

- **Additional training in infant and family mental health for consultant grade and SAS psychiatrists**
  This can be accessed by a further online training programme provided by the Royal College of Psychiatrists. This could also be made available to colleagues from other disciplines and sectors, similar to the RCPCH/RCPsych Mind-Ed programme.

- **Local psychiatry training programme (Scotland)**
  Directors have set out the requirement that any special interest session should comprise a minimum of one session a week for three months. Where there are few opportunities to gain experience of under 5s mental health, it is expected that each trainee seek a community paediatric special interest for the specified period of time to gather under 5s experience. There is an informal mutual agreement between the teams that trainees can cross over from CAMHS to paediatrics, and vice versa, to complete the competency. Most trainees are required to assess, or at least observe, a neuro-developmental assessment in under 5s during the special interest experience. There are no specified number of cases required but trainees are encouraged to keep a case log and complete workplace-based assessments.

Additional training and resources for all professionals

- The Perinatal Mental Health Competency Framework has been developed for all staff working to support mothers and families across the perinatal care pathway, from preconception to postnatal care. It describes competencies in three main domains: general knowledge and skills, advanced knowledge and skills, and the knowledge and skills required to supervise and manage.

- The Infant Mental Health Competencies Framework has been developed to standardise competencies for infant mental health practice across seven domains (Association for Infant Mental Health, 2019b). Training courses in infant mental health competencies are offered by local specialised parent–infant relationship teams and various institutions throughout the country, with accreditation from AIMH (Association for Infant Mental Health) or Association of Child Psychotherapists (ACP).

- Institute of Health Visiting multi-agency perinatal and infant mental health training programmes have been developed to support current UK government policies for the early years and preventative public health. This includes programmes on perinatal and infant mental health, emotional wellbeing visits, fathers and perinatal mental health, people who identify as LGBTQI+ and perinatal mental health. Health visitors can be supported to identify pre- and post-natal baby and parental needs, for example, they can be provided with promotion guides for this, such as CPCS.

- Specialised parent–infant relationship teams offer consultations to multi-disciplinary and multi-agency practitioners about infant mental health and parent infant relationships.

- The Parent-Infant Foundation has a number of resources, including:
  - an Online Infant Mental Health Training Resource for Professionals (2020);
  - two toolkits to support commissioners and practitioners to establish effective, sustainable specialised parent–infant relationship teams (Bateson et al, 2019; Parent-Infant Foundation, 2023).

- Infant Mental Health Online is a 16-week self-directed course which aims to promote understanding about the fundamental principles of perinatal and IMH.

- Mind-Ed is a free, multi-professional online training resource on the mental health of children, young people, adults and older peopled, developed by Health Education England in partnership with the NHS and professional bodies including RCPsych and RCPCH. It includes sessions on a number of topics relevant to early years mental health. It also includes a specific public mental health training module at https://www.minded.org.uk/Component/Details/632895 (Campion, 2020).

- There are published resources that inform practitioners of some of the basics with respect to early years mental health (Finelli et al, 2023).

- With the increasing recognition of the importance of infant mental health training, some devolved nations are offering specialist training in infant mental health. In Scotland, NHS Education for Scotland currently provides training in the Solihull approach.

Training recommendations

1 All professionals and policy-makers

Primary care, health visitors, family hubs, early childhood education and care professionals, paediatricians, social care professionals, public health and policy-makers require relevant training and knowledge in infant mental health, including the awareness of the importance of parent-infant relationships, attachment and the ways in which young children can cue and/or miscue their needs in the family home and other settings. Multi-disciplinary professionals in specialist parent–infant teams require specialist training in the assessment of, and interventions for, under 5s and their parents/carers.

2 Psychiatrists

It is recommended that the core training curriculum for all psychiatrists should include 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. The Higher Training Curriculum in General Adult Psychiatrists should include modules on early years mental health. The Higher Training Curriculum for child and adolescent psychiatrists and perinatal psychiatrists respectively, should include relevant specialist training in the assessment and intervention of relationship difficulties and mental health conditions in under 5s, including neurodevelopmental disorders and signs of trauma. The RCPsych should consider and potentially deliver (possibly alongside other organisations such as the RCPCH), the introduction of a specialist online training programme in infant and family mental health.

Conclusions

The early years present an important opportunity for the treatment and prevention of mental health conditions and the promotion of mental wellbeing and resilience.

Evidence-based interventions for under 5s exist that do exactly this. However, only a minority of under 5s with mental health conditions receive treatment, and there is negligible coverage of interventions to prevent such conditions or promote mental wellbeing and resilience in babies and young children. The implementation gap results in population-scale preventable suffering, broad impacts across the life course and associated economic costs.

Specific actions are required to address the implementation gap. All psychiatrists have a role with respect to the mental health of under 5s and there is a need for improved access to training in this area for psychiatrists and for many other professionals, including those in primary care, health visiting, midwifery, social care and early childhood education. There is also a need for improved public education about infant mental health, and for policymakers to be aware of the implementation gap and the preventable health, social and economic consequences of the gap outlined in this report.

Government policy, routine data collection and an integrated response that includes psychiatrists and a range of professionals across all sectors (including education) across the four nations of the UK, is critical to meeting the needs of babies, young children and their families, and to sustainably address the current implementation gap in services.

This report outlines the case for public mental health and the scale of implementation failure. It sets out the required actions, resources, workforce and skills to ensure the population scale delivery of evidence-based interventions for the under 5s to treat and prevent mental health conditions and promote their mental wellbeing.

References

Abel KM, Hope H, Swift E, Parisi R, Ashcroft, DM, Kosidou K et al (2019) Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: a national retrospective cohort analysis. *The Lancet Public Health*, **4(6)**: e291–e300

Aldred C, Green J and Adams C (2004) A new social communication intervention for children with autism: pilot randomised controlled treatment study suggesting effectiveness. *Journal of Child Psychology and Psychiatry*, **45(8)**: 1420–30. https://doi.org/10.1111/j.1469-7610.2004.00338.x

Amodia-Bidakowska A, Laverty C and Ramchandani, PG (2020) Father-child play: A systematic review of its frequency, characteristics and potential impact on children's development. *Developmental Review*, **57**: 100924

Anderson P J, de Miranda DM, Albuquerque MR, Indredavik, MS, Evensen KAI, Van Lieshout R et al (2021) Psychiatric disorders in individuals born very preterm/very low-birth weight: An individual participant data (IPD) meta-analysis. *EClinicalMedicine*, **42**:101216

Angelini V, Klijs B, Smidt N and Mierau, JO (2016) Associations between childhood parental mental health difficulties and depressive symptoms in late adulthood: the influence of life-course socioeconomic, health and lifestyle factors. *PLoS One*, **11(12)**: e0167703

Arango C, Dragioti E, Solmi M, Cortese S, Domschke K, Murray RM et al (2021) Risk and protective factors for mental disorders beyond genetics: an evidence-based atlas. *World Psychiatry*, *20*(**3**): 417–36.

Arowolo T, Animasahun A, Baptiste-Roberts K and Bronner Y (2023) Effect of COVID-19 Pandemic Response and Parental Adverse Childhood Experiences on Child Health and Well-Being. *Journal of Child & Adolescent Trauma 1–10*

Association of Child Psychotherapists [online] Pre-Clinical Courses. https://childpsychotherapy.org.uk/training-events-0/pre-clinical-courses [Accessed: 3 February 2023]

Association for Infant Mental Health UK (2017) Best Practice Guidance Paper Number 4. *The Relationship with the unborn baby: why it matters.*

Association for Infant Mental Health UK (2019a) Best Practice Guidance Paper Number 6. *Relational trauma in infancy.*

Association for Infant Mental Health UK (2019b) The Infant Mental Health Competency Frameworkfrom https://aimh.*uk/professional-development/the-uk-imh-competency-framework/ [Accessed: 14 March 2023]*

Avellar SA and Supplee LH (2013) Effectiveness of home visiting in improving child health and reducing child maltreatment. *Pediatrics*, **132(Suppl2)**: S90–S99

Bagner DM and Eyberg SM (2007) Parent–Child Interaction Therapy for Disruptive Behavior in Children with Mental Retardation: A Randomized Controlled Trial. *Journal of Clinical Child &Amp; Adolescent Psychology*, **36(3)**: 418–29 https://doi.org/10.1080/15374410701448448

Barker DH, Quittner AL, Fink NE, Eisenberg LS, Tobey EA, Niparko JK et al (2009) Predicting behavior problems in deaf and hearing children: The influences of language, attention, and parent–child communication. *Development and psychopathology*, **21**:(2), 373–92.

Barlow J, Schrader-McMillan A, Axford N, Wrigley Z, Sonthalia S, Wilkinson T et al (2016) Attachment and attachment-related outcomes in preschool children–a review of recent evidence. *Child and Adolescent Mental Health*, **21(1)**: 11–20

Barlow J (2016) AIMH UK Best Practice Guidance (BPG) No.*1: Improving Relationships in the Pre-natal Period: What Works? International Journal of Birth & Parent Education.*

Barlow J (2016b) Association of Infant Mental Health UK Best Practice Guidance (BPG) No.*2*: Improving Attachment in Babies: What Works? International Journal of Birth and Parent Education 2: 1–8

Barlow J (2018) Association of Infant Mental Health UK Best Practice Guidance (BPG) No 5: Effectiveness of NBAS/NBO in improving parent infant interactions and other outcomes. *International Journal of Birth and Parent Education*: 1–7

Barlow J, Bennett C, Midgley N, Larkin SK, Wei Y (2015) Parent-infant psychotherapy for improving parental and infant mental health. *Cochrane Database of Systematic Reviews*, **(1)**: https://doi.org/10.1002/14651858.cd010534.pub2

Barlow J, Bergman H, Kornør H, Wei, Y and Bennett C (2016) Group-based parent training programmes for improving emotional and behavioural adjustment in young children. *Cochrane Database of Systematic Reviews*, **(8)**

Barlow J, Sembi S, Parsons H, Kim S, Petrou S, Harnett P et al (2019) A randomized controlled trial and economic evaluation of the Parents Under Pressure program for parents in substance abuse treatment. *Drug and Alcohol Dependence*, **194**: 184–94

Barlow J, Woodman J, Bach-Mortensen A, Fang Z and Homonchuk O (2020) The impact of the COVID-19 pandemic on services from pregnancy through age 5 years for families who are high risk or have complex social needs: Interim findings. *Department of Social Policy and Intervention; University of Oxford and UCL Institute of Education on behalf of the NIHR Children and Families Policy Research Unit (CPRU)* [online] https://www.ucl.ac.uk/children-policy-research/sites/children_policy_research/files/the_impact_of_the_covid-19_pandemic_on_services_from_pregnancy_through_age_5_years_interim_report_june_2020_0.pdf

Barlow J, Bach-Mortensen A, Homonchuk O and Woodman J (2020) The impact of the COVID-19 pandemic on services from pregnancy through age 5 years for families who are high risk or have complex social needs: Stage 2 findings. *Department of Social Policy and Intervention, University of Oxford, and UCL Institute of Education on behalf of the NIHR Children and Families Policy Research Unit (CPRU). https*://www.ucl.ac.uk/children-policy-research/sites/children_policy_research/files/the_impact_of_the_covid-19_pandemic_on_services_from_pregnancy_through_age_5_years_final_report_101120.pdf

Barlow J, Smailagic N, Huband N, Roloff V and Bennett C (2014) Group-based parent training programmes for improving parental psychosocial health. *The Cochrane database of systematic reviews*, **(5)**: CD002020.

Bartram SC, Barlow J and Wolke D (2015) The Neonatal Behavioral Assessment Scale (NBAS) and Newborn Behavioral Observations system (NBO) for supporting caregivers and improving outcomes in caregivers and their infants. *Cochrane Database of Systematic Reviews. https://doi.org/10.1002/14651858.cd011754*

Bateson K, Delaney J and Pybus R (2008) Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group. *Community Practitioner*, **81(5)**: 28–31

Beauchamp H (2023) Specialist Health Visitors in Perinatal and Infant Mental Health: where they are and what they're doing. *Institute of Health Visiting*

Bauer A, Tinelli M and Knapp M (2021) The economic case for increasing access to treatment for women with common mental health problems during the perinatal period. *Care Policy and Evaluation Centre; London School of Economics and Political Science. https://www.lse.ac.uk/cpec/assets/documents/CPEC-Perinatal-Economics-2022.pdf*

Belfort MB, Anderson PJ, Nowak VA, Lee KJ, Molesworth C, Thompson DK et al (2016) Breast milk feeding, brain development, and neurocognitive outcomes: a 7-year longitudinal study in infants born at less than 30 weeks' gestation. *The Journal of pediatrics*, **177**: 133–139

Bellis MA, Hughes K, Ford K, Rodriguez GR, Sethi D and Passmore J (2019) Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *The Lancet Public Health*, **4(10)**: e517-e528.

Bellis MA, Hughes K, Leckenby N, Perkins C and Lowey H (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC medicine*, **12(1)**: 1–10

Berry OO, Londoño Tobón A and Njoroge WF (2021). *Social determinants of health: the impact of racism on early childhood mental health. Current Psychiatry Reports*, **23, 1-10.**

Best Beginnings, Home Start and Parent-Infant Foundation (2020) Babies in Lockdown: Listening to parents to build back better: https://babiesinlockdown.*info [Accessed January 30 2023]*

Bjørseth S and Wichstrøm L (2016) Effectiveness of Parent-Child Interaction Therapy (PCIT) in the Treatment of Young Children's Behavior Problems. *A Randomized Controlled Study. PLOS ONE*, **11(9)**: e0159845. https://doi.org/10.1371/journal.pone.0159845

Blewitt C, Fuller-Tyszkiewicz M, Nolan A, Bergmeier H, Vicary D, Huang T et al (2018) Social and emotional learning associated with universal curriculum-based interventions in early childhood education and care centers: A systematic review and meta-analysis. *JAMA network open*, **1(8)**: e185727

Briggs-Gowan MJ, Godoy L, Heberle A, Carter AS (2016) Assessment of psychopathology in young children. *Cited in D Cicchetti (Ed) Developmental psychopathology: Theory and method (1–45) John Wiley & Sons*, **Inc https**://doi.org/10.1002/9781119125556.devpsy101

Brown HK, Tint A, Heifetz M, Abou Chacra M, Bluestein D, Vigod S and Lunsky Y (2022) Barriers and requirements for parenting supports and mental health care among mothers with intellectual disabilities: Health and social service-provider perspectives. *Research in Developmental Disabilities*, **126**: 104237.

Bruce M, Young D, Turnbull S, Rooksby M, Chadwick G, Oates C, Nelson R, Young-Southward G, Haig, C and Minnis H (2018) Reactive Attachment Disorder in maltreated young children in foster care. *Attachment &Amp; Human Development*, **21(2)**: 152–69. https://doi.org/10.1080/14616734.2018.1499211

Brunsek A, Perlman M, McMullen E, Falenchuk O, Fletcher, B, Nocita et al (2020) A meta-analysis and systematic review of the associations between professional development of early childhood educators and children's outcomes. *Early Childhood Research Quarterly*, **53**: 217–48.

Butler J, Gregg L, Calam R and Wittkowski A (2020) Parents' perceptions and experiences of parenting programmes: A systematic review and metasynthesis of the qualitative literature. *Clinical child and family psychology review*, **23**: 176–204

Calkins SD and Hill A (2007) Caregiver influences on emerging emotion regulation: Biological and environmental transactions in early development. *In J. J. Gross (Ed) Handbook of emotion regulation*, *New York: Guilford Press*, 229–248.

Cameron EE, Sedov ID and Tomfohr-Madsen LM (2016) Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. *Journal of affective disorders*, **206**: 189–203

Campion J (2019) Public mental health: Evidence, practice and commissioning. *Royal Society for Public Health* [online] https://www.rsph.org.uk/static/uploaded/b215d040-2753-410e-a39eb30ad3c8b708.pdf. [Accessed January 26, 2023]

Campion J (2020) Public mental health. *MindEd e-Learning Programme (469-0001). DH e-Learning for Healthcare. https://www.minded.org.uk/Component/Details/632895*

Campion J, Javed A, Lund C, Sartorius N, Saxena S, Marmot M, Allan J and Udomratn P (2022) Public mental health: required actions to address implementation failure in the context of COVID-19. *The Lancet Psychiatry*, **9(2)**: 169–182 https://doi.org/10.1016/s2215-0366(21)00199-1

Carlson EA (1998) A Prospective Longitudinal Study of Attachment Disorganization/Disorientation. *Child Development*, **69(4)**: 1107–28 https://doi.org/10.1111/j.1467-8624.1998.tb06163.x

Cattan S, Conti G, Farquharson C, Ginja R and Pecher M (2021) The health impacts of universal early childhood interventions: evidence from Sure Start (No. *W21/25). Institute for Fiscal Studies*.

Cattan S, Farquharson C, Krutikova S, Phimister, A, Salisbury A and Sevilla A (2021) Home learning experiences through the COVID-19 pandemic (No. *R195). IFS Report*.

Cattan S, Fitzsimons E, Goodman A, Phimister, A, Ploubidis G and Wertz J (2022) Early childhood inequalities. *Institute for Fiscal Studies*, **1**

Cavallaro F, Gilbert R, Kendall S, Van Der Meulen, J, Kennedy E, Howarth E and Harron K (2022). *Evaluation of the real-world implementation of the Family Nurse Partnership in England: an observational cohort study using linked data from health*, **education, and children's social care. The Lancet, 400, S29. https**://doi.org/10.1016/s0140-6736(22)02239-5

Centers for Disease Control and Prevention (2019) Preventing adverse childhood experiences: Leveraging the best available evidence. *Atlanta*, **GA**: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Centers for Disease Controls and Prevention (2022) Recommendations and Benefits. *https://www.cdc.gov/nutrition/InfantandToddlerNutrition/breastfeeding/recommendations-benefits.html*

Chartier MJ, Brownell MD, Isaac MR, Chateau D, Nickel NC, Katz A et al (2017) Is the families first home visiting program effective in reducing child maltreatment and improving child development?. *Child Maltreatment*, **22(2)**: 121–31

Chhabra J, McDermott, B and Li W (2020) Risk factors for paternal perinatal depression and anxiety: A systematic review and meta-analysis. *Psychology of Men & Masculinities*, **21(4)**: 593

Child Poverty Action Group (2023) Official child poverty statistics: 350,000 more children in poverty. *(2023 March 23)*: CPAG https://cpag.org.uk/news-blogs/news-listings/official-child-poverty-statistics-350000-more-children-poverty-and-numbers#:~:text=Today's%20Households%20Below%20Average%20Income,3.6%20million%20in%202010%2D11

Cibralic S, Pickup W, Diaz AM, Kohlhoff J, Karlov L, Stylianakis AAet al (2023) The impact of midwifery continuity of care on maternal mental health: A narrative systematic review. *Midwifery*, **116**: 103546. https://doi.org/10.1016/j.midw.2022.103546

Cicchetti, D, Toth SL and Rogosch FA (1999) The efficacy of toddler-parent psychotherapy to increase attachment security in offspring of depressed mothers. *Attachment & Human Development*, **1(1)**: 34–66 https://doi.org/10.1080/14616739900134021

Cicchetti D, Rogosch FA and Toth SL (2000) The efficacy of toddler-parent psychotherapy for fostering cognitive development in offspring of depressed mothers. *Journal of abnormal child psychology*, **28**: 135–148

Cicchetti D, Rogosch FA Toth SL (2006) Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, **18**:(03) https://doi.org/10.1017/s0954579406060329

Çiçekoğlu P Ouyaba AT (2023) Prevalence and related factors of eating disorders in pregnancy: a systematic review and meta-analysis. *Archives of Gynecology and Obstetrics. https://doi.org/10.1007/s00404-023-07051-3*

Claire R, Chamberlain C, Davey MA, Cooper SE, Berlin I, Leonardi-Bee J et al (2020) Pharmacological interventions for promoting smoking cessation during pregnancy. *Cochrane database of systematic reviews*, **(3)**

Class QA, Rickert ME, Larsson H, Lichtenstein P and D'Onofrio BM (2014) Fetal growth and psychiatric and socioeconomic problems: population-based sibling comparison. *The British Journal of Psychiatry*, **205(5)**: 355–61

Conrad CE, Rimestad ML, Rohde JF, Petersen BH, Korfitsen CB, Tarp S et al (2021) Parent-Mediated Interventions for Children and Adolescents With Autism Spectrum Disorders: A Systematic Review and Meta-Analysis. *Frontiers in Psychiatry*, **12**: https://doi.org/10.3389/fpsyt.2021.773604

Conti G (2019) The Economics of Prevention in the Early Years. *In Cowley S and Whittaker K (Ed). Community Public Health in Policy and Practice (3rd ed: pp 219–38). Elsevier.*

Coore Desai C, Reece JA and Shakespeare-Pellington S (2017) The prevention of violence in childhood through parenting programmes: a global review, Psychology, Health & Medicine **22(sup1):** 166–86

Cuijpers P, Weitz E, Karyotaki E, Garber J and Andersson G (2015) The effects of psychological treatment of maternal depression on children and parental functioning: a meta-analysis. *European child & adolescent psychiatry*, **24**: 237–45.

Cuijpers P, Franco P, Ciharova M, Miguel C, Segre L, Quero, S and Karyotaki E (2023) Psychological treatment of perinatal depression: a meta-analysis. *Psychological medicine*, **53(6)**: 2596–2608.

Cyr C, Euser EM, Bakermans-Kranenburg MJ and van Ijzendoorn MH (2010) Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and psychopathology*, **22(1)**: 87–108

Darling Rasmussen P, Storebø OJ, Løkkeholt T, Voss LG, Shmueli-Goetz Y, Bojesen AB et al (2019). *Attachment as a core feature of resilience: A systematic review and meta-analysis. Psychological reports*, **122(4)**: 1259–96

Davie E, Centre for Mental Health (2022) Briefing 58: Poverty, economic inequality and mental healt [online] https://www.centreformentalhealth.org.uk/publications/briefing-58-poverty-economic-inequality-and-mental-health

Davies C, Segre G, Estradé A, Radua J, De Micheli A, Provenzani U et al (2020) Prenatal and perinatal risk and protective factors for psychosis: a systematic review and meta-analysis. *The Lancet Psychiatry*, **7(5)**: 399–410: https://doi.org/10.1016/s2215-0366(20)30057-2

Daws D (2005) A child psychotherapist in the baby clinic of a general practice: standing by the weighing scales thirty years on. *In Reflecting on Reality (pp. 18–36). Routledge*

Day C, Harwood J, Kendall N & Nicoll J (2022) Impact of a peer-led, community-based parenting programme delivered at a national scale: an uncontrolled cohort design with benchmarking. *BMC Public Health*, **22(1)**: 1377

De Gamarra-Oca LF, Ojeda N, Gómez-Gastiasoro A, Peña J, Ibarretxe-Bilbao N, García-Guerrero MA et al (2021) Long-term neurodevelopmental outcomes after moderate and late preterm birth: a systematic review. *The Journal of Pediatrics*, **237**: 168–76

Dennis, C-L and Dowswell T (2013) Psychosocial and psychological interventions for preventing postpartum depression." *Cochrane database of systematic reviews 2*

Dennis CL and Vigod, S (2019) Expanding midwifery's role to improve perinatal mental healthcare access. *Evidence Based Nursing*, **22(3)**: 72–72: https://doi.org/10.1136/ebnurs-2018-103058

Department for Education (2021) Serious incident notifications: 2020 to 2021 [Dataset]. *In Experimental statistics covering notifications from local authorities about serious incidents involving children, including incidents of serious harm and death. GOV.UK. https:*//www.gov.uk/government/statistics/serious-incident-notifications-2020-to-2021

Department for Education (2022, August 8). *Family Hubs and Start for Life programme*: local authority guide. GOV.UK. https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide

Department for Education, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, Badenoch K, MP, Caulfield M, MP and Zahawi N, MP (2022, April 2) Infants, children and families to benefit from boost in support [Press release] https://www.*gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support*

Department for Education (2022) State of the nation 2021: children and young people's wellbeing. Retrieved January 30 2023 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053302/State_of_the_Nation_CYP_Wellbeing_2022.pdf

Department for Education (2022b) Children's services omnibus. *Wave 6 Research Report. December 2022:* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123954/Childrens_services_Survey_Wave_6_Dec22.pdf

Department for Education (2023) Children's social work workforce: reporting year 2022 [online] https://explore-education-statistics.service.gov.uk/find-statistics/children-s-social-work-workforce

Department for Health and Social Care (2021) The Best Start for Life: A Vision for the 1001 Critical Days: The Early Years Healthy Development Review Report (CP 419): https://assets.*publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf* [Accessed: February 1 2023]

Department for Health and Social Care (2023) The Best Start for Life: A Progress Report on Delivering the Vision: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1135682/the-best-start-for-life-progress-report-on-delivering-the-vision.pdf [Accessed: March 14 2023]

Department for Work and Pensions (2023) Children in low income families: local area statistics, financial year ending 2022, GOV.UK: https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022/children-in-low-income-families-local-area-statistics-financial-year-ending-2022#main-stories.

De-Regil LM, Palacios C, Lombardo LK and Peña-Rosas JP (2016) Vitamin D supplementation for women during pregnancy. *Cochrane Database of Systematic Reviews*. https://doi.org/10.1002/14651858.cd008873.pub3

Domestic Abuse Act 2021 (UK)

Dooley N, Healy C, Cotter D, Clarke M and Cannon M (2022) The persistent effects of foetal growth on child and adolescent mental health: longitudinal evidence from a large population-based cohort. *European Child & Adolescent Psychiatry. https://doi.org/10.1007/s00787-022-02045-z*

Dragioti E, Radua J, Solmi M, Arango C, Oliver D, Cortese S (2022) Global population attributable fraction of potentially modifiable risk factors for mental disorders: a meta-umbrella systematic review. *Molecular Psychiatry: 1–10*

Ellison JW, Rosenfeld JA and Shaffer LG (2013) Genetic basis of intellectual disability. *Annual review of medicine*, **64**: 441–450

Emerson E and Hatton C (2007) Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*, **191(6)**: 493-99

Facompré CR, Bernard K and Waters TE (2018) Effectiveness of interventions in preventing disorganized attachment: A meta-analysis. *Development and psychopathology*, **30(1)**: 1-11

Fearon RP, Bakermans-Kranenburg MJ, van IJzendoorn MH, Lapsley AM and Roisman GI (2010). *The significance of insecure attachment and disorganization in the development of children's externalizing behavior: a meta-analytic study. Child development*, **81(2)**: 435–56

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V and Marks JS (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine*, **14(4)**: 245–58.

Finelli J, Gleason MM and Thompson LA (2023) Mental Health in Infants and Young Children. *JAMA Pediatrics. https://doi.org/10.1001/jamapediatrics.2022.5715*

Flinkkilä E, Keski-Rahkonen A, Marttunen, M and Raevuori A (2016) Prenatal inflammation, infections and mental disorders. *Psychopathology*, **49(5)**: 317–33: https://doi.org/10.1159/000448054

Flujas-Contreras JM, Garcia-Palacios A and Gómez I (2019). *Technology-based parenting interventions for children's physical and psychological health: a systematic review and meta-analysis. Psychological medicine*, **49(11)**: 1787–98

Food Foundation (2022) New data show 4 million children in households affected by food insecurity: https://www.foodfoundation.org.uk/publication/new-data-show-4-million-children-households-affected-food-insecurity

Ford T, Vostanis P, Meltzer H and Goodman R (2007) Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *The British Journal of Psychiatry*, **190(4)**: 319–25

Fox SE, Levitt P and Nelson III C A (2010) How the timing and quality of early experiences influence the development of brain architecture. *Child development*, **81(1)**: 28-40.

Fukkink RG (2008) Video feedback in widescreen: A meta-analysis of family programs. *Clinical Psychology Review*, **28(6)**: 904–916

Gallo S, McDermid JM, Al-Nimr RI, Hakeem R, Moreschi JM, Pari-Keener Met al (2020) Vitamin D Supplementation during Pregnancy: An Evidence Analysis Center Systematic Review and Meta-Analysis. *Journal of the Academy of Nutrition and Dietetics*, **120(5)**: 898–924.e4: https://doi.org/10.1016/j.jand.2019.07.002

Gerdts-Andresen T (2021) Circle of Security-Parenting: A Systematic Review of Effectiveness When Using the Parent Training Programme with Multi-Problem Families. *Nordic Journal of Social Research*, **12(1)**: 1–26: https://doi.org/10.7577/njsr.3482

Gibbs BG, Forste R and Lybbert E (2018) Breastfeeding, Parenting and Infant Attachment Behaviors. *Maternal and Child Health Journal*, **22(4)**: 579–88. https://doi.org/10.1007/s10995-018-2427-z

Gleason M and Humphreys K (2019) Hyperactivity, Impulsivity and Inattention in Young Children. *In C. Zeanah (Ed) Handbook of Infant Mental Health*,:301–312

Grace T, Oddy W, Bulsara M and Hands B (2017) Breastfeeding and motor development: A longitudinal cohort study. *Human Movement Science*, **51**: 9–16 https://doi.org/10.1016/j.humov.2016.10.001

Griffiths SE, Parsons J, Naughton F, Fulton EA, Tombor I and Brown KE (2018) Are digital interventions for smoking cessation in pregnancy effective? A systematic review and meta-analysis. *Health Psychology Review*, **12(4)**: 333–56

Green JG, McLaughlin KA, Berglund, PA, Gruber MJ, Sampson NA, Zaslavsky AM and Kessler RC (2010) Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. *Archives of general psychiatry*, **67(2)**: 113–23

Green J, Pickles A, Pasco G, Bedford R, Wan MW, Elsabbagh M et al (2017) Randomised trial of a parent-mediated intervention for infants at high risk for autism: longitudinal outcomes to age 3 years. *Journal of Child Psychology and Psychiatry*, **58(12)**: 1330–40: https://doi.org/10.1111/jcpp.12728

Green J, Leadbitter K, Ellis C, Taylor L, Moore HL, Carruthers S et al (2022) Combined social communication therapy at home and in education for young autistic children in England (PACT-G): a parallel, single-blind, randomised controlled trial. *The Lancet Psychiatry*, **9(4)**: 307–20: https://doi.org/10.1016/s2215-0366(22)00029-3

Groh AM, Roisman GI, van IJzendoorn MH, Bakermans-Kranenburg MJ and Fearon RP (2012) The significance of insecure and disorganized attachment for children's internalizing symptoms: A meta-analytic study. *Child development*, **83(2)**: 591–610

Groh AM, Fearon RP, Bakermans-Kranenburg MJ, van IJzendoorn MH, Steele RD and Roisman GI (2014) The significance of attachment security for children's social competence with peers: A meta-analytic study. *Attachment & human development*, **16(2)**: 103–36

Groh AM, Fearon P, van IJzendoorn MH, Bakermans-Kranenburg MJ and Roisman GI (2017) Attachment in the Early Life Course: Meta-Analytic Evidence for Its Role in Socioemotional Development. *Child Development Perspectives*, **11(1)**: 70–76: https://doi.org/10.1111/cdep.12213

Grube WA and Liming KW (2018) Attachment and Biobehavioural Catch-up: A Systematic Review. *Infant Mental Health Journal*, **39(6)**: 656–73. https://doi.org/10.1002/imhj.21745

Hagan MJ, Browne DT, Sulik MJ, Ippen CG, Bush NR and Lieberman AF (2017) Parent and Child Trauma Symptoms During Child-Parent Psychotherapy: A Prospective Cohort Study of Dyadic Change. *Journal of Traumatic Stress*, **30(6)**: 690–97 https://doi.org/10.1002/jts.22240

Hambrick EP, Brawner TW, Perry BD, Brandt K, Hofmeister, C and Collins JO (2019) Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Archives of Psychiatric Nursing*, **33(3)**: 238-47

Hanach, N, De Vries N, Radwan H and Bissani N (2021) The effectiveness of telemedicine interventions, delivered exclusively during the postnatal period, on postpartum depression in mothers without history or existing mental disorders: A systematic review and meta-analysis. *Midwifery*, **94**: 102906. https://doi.org/10.1016/j.midw.2020.102906

Harder S, Davidsen K, MacBeth A, Lange T, Minnis H and Andersen MS (2015) Wellbeing and resilience: mechanisms of transmission of health and risk in parents with complex mental health problems and their offspring—The WARM Study. *BMC Psychiatry*, **15(1)**: https://doi.org/10.1186/s12888-015-0692-6

Hare MM, Landis TD, Hernandez ML, & Graziano PA (2023) A Systematic Review of Infant Mental Health Prevention and Treatment Programs. *Evidence-based Practice in Child and Adolescent Mental Health*, 1–24: https://doi.org/10.1080/23794925.2022.2140458

Havard T (2021) Domestic abuse and Covid-19: A year into the pandemic. *House of Commons Library: https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/* [Accessed: January 30 2023]

Havinga PJ, Maciejewski DF, Hartman CA, Hillegers MH, Schoevers RA and Penninx BW (2021) Prevention programmes for children of parents with a mood/anxiety disorder: Systematic review of existing programmes and meta-analysis of their efficacy. *British Journal of Clinical Psychology*, 60(2): 212–51

Hazell Raine K, Nath S, Howard LM, Cockshaw W, Boyce P, Sawyer, E and Thorpe, K (2020) Associations between prenatal maternal mental health indices and mother–infant relationship quality 6 to 18 months' postpartum: A systematic review. *Infant mental health journal*, 41(1): 24–39

Health Education and Improvement Wales and Social Care Wales (2022) A Strategic Mental Health Workforce Plan for Health and Social Care: https://heiw.*nhs.wales/workforce/mental-health-services-plan/* [Acccessed: 1 February 2023]

Heikkila K, Sacker A, Kelly Y, Renfrew MJ and Quigley MA (2011) Breast feeding and child behaviour in the Millennium Cohort Study. *Archives of Disease in Childhood*, 96(7): 635–42: https://doi.org/10.1136/adc.2010.201970

Heikura U, Linna SL, Olsén, P, Hartikainen AL, Taanila A and Järvelin MR (2005) Etiological survey on intellectual disability in the northern Finland birth cohort 1986. *American journal on mental retardation*, 110(3): 171–80

Hemmi MH, Wolke D and Schneider S (2011) Associations between problems with crying, sleeping and/or feeding in infancy and long-term behavioural outcomes in childhood: a meta-analysis. *Archives of Disease in Childhood*, 96(7): 622–29: https://doi.org/10.1136/adc.2010.191312

Hennighausen K and Lyons-Ruth K Disorganization of Attachment Strategies in Infancy and Childhood. *In Tremblay RE, Boivin M, Peters RDeV, eds. van IJzendoorn MH, topic ed. Encyclopedia on Early Childhood Development* [online]. https://www.child-encyclopedia.com/attachment/according-experts/disorganization-attachment-strategies-infancy-and-childhood. Updated: December 2019. [Accessed January 26 2023]

Hessami K, Norooznezhad AH, Monteiro S, Barrozo ER, Abdolmaleki AS, Arian SE et al (2022) COVID-19 pandemic and infant neurodevelopmental impairment: a systematic review and meta-analysis. *JAMA network open*, 5(10): e2238941

Hickey L, Harms L, Evans J, Noakes T, Lee H, McSwan A et al (2023) Review: Improving access to mental health interventions for children from birth to five years: A Scoping Review. *Child and Adolescent Mental Health. https://doi.org/10.1111/camh.12652*

Hillis S, Mercy J, Amobi A and Kress H (2016) Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, 137(3)

Hindley PA (2005) Mental health problems in deaf children. *Current paediatrics*, 15(2): 114–19.

HMG (2022) Family Hubs and Start for Life programme guide. *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf*

Hodapp R and Dykens E (2019) Intellectual Disabilities. *In C. Zeanah (Ed) Handbook of Infant Mental Health.*

Hoeve M, Stams GJJ, van der Put CE, Dubas JS, van der Laan PH and Gerris, JR. *(2012) A meta-analysis of attachment to parents and delinquency. Journal of abnormal child psychology*, 40: 771–85.

Hoffman KT, Marvin RS Cooper G and Powell B (2006) Changing toddlers' and preschoolers' attachment classifications: the Circle of Security intervention. *Journal of consulting and clinical psychology*, 74(6): 1017–26.

Hogg S (2019) Rare Jewels: Specialised parent-infant relationship teams in the UK. *PIP UK*: https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/PIPUK-Rare-Jewels-FINAL.pdf

Hogg S and Mayes G (2022) Casting Long Shadows: The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them. *First 1001 Days Movement and Institute of Health Visiting. https*://parentinfantfoundation.org.uk/wp-content/uploads/2022/11/F1001D-Casting-Long-Shadows-FINAL-NOV-22.pdf

Holland S, Children's Commissioner for Wales (2020) No Wrong Door: bringing services together to meet children: https://www.*childcomwales.org.uk/wp-content/uploads/2020/06/NoWrongDoor_FINAL_EN230620.pdf* [Retrieved February 1 2023]

Holtom D and Lloyd-Jones S (2022) Review of the Demand, Capacity and Design of Neurodevelopmental Services: Summary Report. *https*://www.gov.wales/sites/default/files/statistics-and-research/2022-07/review-of-the-demand-capacity-and-design-of-neurodevelopmental-services-summary-report.pdf [Retrieved February 3 2023]

Homonchuk O and Barlow J (2022) Specialist Health Visitors in Perintal and Infant Mental Health Department of Social Policy and Intervention, University of Oxford

Howard LM, Oram S, Galley H, Trevillion K and Feder G (2013) Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLoS medicine*, **10(5)**: e1001452.

Huang L, Wang Y, Zhang L, Zheng Z, Zhu T, Qu Y and Mu D (2018) Maternal smoking and attention-deficit/hyperactivity disorder in offspring: a meta-analysis. *Pediatrics*, **141(1)**

Huang R, Yang D, Lei B, Yan C, Tian Y, Huang X and Lei J (2020) The short-and long-term effectiveness of mother–infant psychotherapy on postpartum depression: A systematic review and meta-analysis. *Journal of affective disorders*, **260**: 670-79.

Huang R, Yan C, Tian Y, Lei B, Yang D, Liu D and Lei J (2020) Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, **276**: 788-96

Huber A, McMahon CA and Sweller N (2015) Efficacy of the 20-week circle of security intervention: Changes in caregiver reflective functioning, representations, and child attachment in an Australian clinical sample. *Infant mental health journal*, **36(6)**: 556–74

Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, **2(8)**: e356

Institute of Health Visiting (2023) State of Health Visiting, UK survey report: A vital safety net under pressure.

Ippen CG, Harris WW, van Horn P and Lieberman AF (2011) Traumatic and stressful events in early childhood: Can treatment help those at highest risk?. *Child abuse & neglect*, **35(7)**: 504–13

Iyengar U, Jaiprakash B, Haitsuka H and Kim S (2021) One year into the pandemic: a systematic review of perinatal mental health outcomes during COVID-19. *Frontiers in Psychiatry*, **12**: 674194.

Jeong J, Franchett EE, Ramos de Oliveira CV, Rehmani K and Yousafzai AK (2021) Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS medicine*, **18(5)**: e1003602

Jones KA, Freijah I, Brennan SE, McKenzie JE, Bright TM, Fiolet R et al (2023) Interventions from pregnancy to two years after birth for parents experiencing complex post-traumatic stress disorder and/or with childhood experience of maltreatment. *Cochrane database of systematic reviews*, **(5).**

Jones PB (2013) Adult mental health disorders and their age at onset. *The British Journal of Psychiatry*, **202(s54)**: s5-s10

Joo YS, Magnuson K, Duncan GJ, Schindler HS, Yoshikawa H and Ziol-Guest KM (2020) What works in early childhood education programs?: A meta–analysis of preschool enhancement programs. *Early Education and Development*, **31(1)**: 1–26

Kendrick D, Mulvaney CA, Ye L, Stevens, T, Mytton JA and Stewart-Brown S (2013) Parenting interventions for the prevention of unintentional injuries in childhood. *Cochrane Database of Systematic Reviews*, **(3)**

Kennedy H and Underdown A (2017) Video interaction guidance: Promoting secure attachment and optimal development for children, parents and professionals. *In Transforming Infant Wellbeing (pp. 224-237). Routledge*.

Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM and Williams DR (2010). *Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. The British journal of psychiatry*, **197(5)**: 378–85

Kohlhoff J, Lieneman C, Cibralic S, Traynor N and McNeil CB (2022) Attachment-Based Parenting Interventions and Evidence of Changes in Toddler Attachment Patterns: An Overview. *Clinical Child and Family Psychology Review*, **25(4)**: 737–53: https://doi.org/10.1007/s10567-022-00405-4

Krol KM and Grossmann T (2018) Psychological effects of breastfeeding on children and mothers. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*, **61(8)**: 977

Kyaga S, Net P, Lehner-Martin V, Beillat, M and Falissard B (2020) p117 Prevalence of autism in Europe and the United States. *European Neuropsychopharmacology*, **40**: S72–73

Lannes A, Bui E, Arnaud C, Raynaud JP and Revet A (2021): Preventive interventions in offspring of parents with mental illness: a systematic review and meta-analysis of randomized controlled trials. *Psychological Medicine*, **51(14)**: 2321–36

Lau Y, Chew HSJ, Ang WHD, Ang WW, Yeo CY, Lim GZQ et al (2023) Effects of digital health interventions on the psychological outcomes of perinatal women: umbrella review of systematic reviews and meta-analyses. *Health Psychology Review*, **1-26**

Lavi I, Gard AM, Hagan MJ, Van Horn P Lieberman AF (2015) Child-Parent Psychotherapy Examined in a Perinatal Sample: Depression, Posttraumatic Stress Symptoms and Child-Rearing Attitudes. *Journal of Social and Clinical Psychology*, **34(1)**: 64–82: https://doi.org/10.1521/jscp.2015.34.1.64

Leadbitter K, Aldred C, McConachie H, Le Couteur A, Kapadia D, Charman T,et al (2017) The Autism Family Experience Questionnaire (AFEQ): An Ecologically-Valid, Parent-Nominated Measure of Family Experience, Quality of Life and Prioritised Outcomes for Early Intervention. *Journal of Autism and Developmental Disorders*, **48(4)**: 1052–62: https://doi.org/10.1007/s10803-017-3350-7

Le Bas G, Youssef G, Macdonald, JA, Teague S, Mattick R, Honan I et al (2022) The role of antenatal and postnatal maternal bonding in infant development. *Journal of the American Academy of Child & Adolescent Psychiatry*, **61(6)**: 820–29

Leadbitter K, Macdonald W, Taylor C and Buckle KL (2020) Parent perceptions of participation in a parent-mediated communication-focussed intervention with their young child with autism spectrum disorder. *Autism*, **24(8)**: 2129–41 https://doi.org/10.1177/1362361320936394

Leijten P, Gardner F, Melendez-Torres GJ, van Aar J, Hutchings J and Schulz, S et al (2019) Meta-analyses: Key parenting program components for disruptive child behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, **58(2)**: 180–90

Lewis-Smith H, Bray I, Salmon D and Slater A (2020) Prospective Pathways to Depressive Symptoms and Disordered Eating in Adolescence: A 7-Year Longitudinal Cohort Study. *Journal of Youth and Adolescence*, **49(10)**: 2060–74 https://doi.org/10.1007/s10964-020-01291-1

Lieberman AF, Weston DR and Pawl JH (1991) Preventive Intervention and Outcome with Anxiously Attached Dyads. *Child Development*, **62(1)**: 199–209. https://doi.org/10.1111/j.1467-8624.1991.tb01525.x

Lieberman AF, van Horn P and Ippen CG (2005) Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, **44(12)**: 1241–48

Lieberman AF, Ghosh Ippen C and van Horn P (2006) Child-Parent Psychotherapy: 6-Month Follow-up of a Randomized Controlled Trial. *Journal of the American Academy of Child &Amp; Adolescent Psychiatry*, **45(8)**: 913–918. https://doi.org/10.1097/01.chi.0000222784.03735.92

Lind, T, Bernard K, Ross E and Dozier M (2014) Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. *Child abuse & neglect*, **38(9)**: 1459–67.

Linde K, Lehnig F, Nagl M and Kersting A (2020) The association between breastfeeding and attachment: A systematic review. *Midwifery*, **81**: 102592.

Lionetti F, Pastore M and Barone L (2015) Attachment in institutionalized children: A review and meta-analysis. *Child abuse & neglect*, **42**: 135–145.

Lotto CR, Altafim ERP and Linhares MBM (2023) Maternal history of childhood adversities and later negative parenting: a systematic review. *Trauma*, *Violence, & Abuse,* **24(2)**: 662–83.

Luby JL, Barch DM, Whalen D, Tillman R and Freedland KE (2018) A Randomized Controlled Trial of Parent-Child Psychotherapy Targeting Emotion Development for Early Childhood Depression. *American Journal of Psychiatry*, **175(11)**: 1102–10 https://doi.org/10.1176/appi.ajp.2018.18030321

Luby, J. *L. (2013). Treatment of anxiety and depression in the preschool period. Journal of the American academy of child & adolescent psychiatry*, **52(4)**: 346–358

Luo L, Reichow B, Snyder P, Harrington J and Polignano J (2022) Systematic review and meta-analysis of classroom-wide social–emotional interventions for preschool children. *Topics in Early Childhood Special Education*, **42(1)**: 4–19

Lyons-Ruth K, Riley C, Patrick MP and Hobson RP (2019) Disinhibited attachment behavior among infants of mothers with borderline personality disorder, depression, and no diagnosis. *Personality Disorders: Theory, Research, and Treatment,* **10(2)**: 163–172

Lyons-Ruth K andYarger HA (2022) Developmental costs associated with early maternal withdrawal. *Child Development Perspectives*, **16(1)**: 10–17

Madigan S, Oatley H, Racine N, Fearon RP, Schumacher L, Akbari E et al GM (2018) A meta-analysis of maternal prenatal depression and anxiety on child socioemotional development. *Journal of the American Academy of Child & Adolescent Psychiatry*, **57(9)**: 645–57

Magnuson KA, Kelchen R, Duncan GJ, Schindler HS, Shager H and Yoshikawa H (2016) Do the effects of early childhood education programs differ by gender? A meta-analysis. *Early childhood research quarterly*, **36**: 521–36

Marmot M (2020) Health equity in England: the Marmot review 10 years on. *Bmj*, **368.**

Martini MG, Taborelli E, Easter A, Bye A, Eisler I, Schmidt U and Micali N (2022) Effect of maternal eating disorders on mother-infant quality of interaction, bonding and child temperament: A longitudinal study. *European Eating Disorders Review.*

Maternal Mental Health Alliance, NSPCC, & The Royal College of Midwives (2021) Specialist Mental Health Midwives: What they do and why they matter: https://www.*rcm.org.uk/media/2370/specialist-mental-health-midwives-what-they-do-and-why-they-matter.pdf* [Accessed: Retrieved 1 February 2023]

Maternal Mental Health Alliance (2023) Perinatal Mental Health and Domestic Abuse. *https://hubble-live-assets.s3.amazonaws.com/birth-companions/file_asset/file/779/MMHA_BRIEFING_-_Perinatal_mental_health_and_domestic_abuse_-_January_2023.pdf*

McCarthy CMD (2017) Why parents should use responsive feeding with their babies. *Harvard Health: https://www.health.harvard.edu/blog/why-parents-should-use-responsive-feeding-with-their-babies-2017100312524*

McFadyen A, Armstrong VG, Masterson K and Anderson B (2022) The voice of the infant. *Infant Observation*, **25(2)**: 104–22 https://doi.org/10.1080/13698036.2022.2162101

McFadyen A (2021) Wellbeing for Scottish Wee Ones: developing infant mental health systems in Scotland. *Infant Observation*, **24**: 139–51

McGuire A, Steele RG and Singh MN (2021) Systematic review on the application of trauma-focused cognitive behavioral therapy (TF-CBT) for preschool-aged children. *Clinical Child and Family Psychology Review*, **24**: 20–37

McManus S, Bebbington PE, Jenkins, R and Brugha, T (2016). *Mental health and wellbeing in England: the adult psychiatric morbidity survey 2014. NHS digital.*

Mesman J, Bongers IL and Koot HM (2001) Preschool Developmental Pathways to Preadolescent Internalizing and Externalizing Problems. *Journal of Child Psychology and Psychiatry*, **42(5)**: 679–89. https://doi.org/10.1111/1469-7610.00763

Mesman J, van Ijzendoorn MH and Sagi-Schwartz A (2016) Cross-cultural patterns of attachment. *Handbook of attachment: Theory, research, and clinical applications*: 852–77.

Morton AJ and Adams CM (2022) Health visiting in England: The impact of the COVID-19 pandemic. *Public Health Nursing*, **39(4)**: 820–30: https://doi.org/10.1111/phn.13053

Mihelic M, Morawska A andFilus A (2017) Effects of early parenting interventions on parents and infants: a meta-analytic review. *Journal of Child and Family Studies*, **26**: 1507–26

MindEd (nd) https://www.*minded.org.uk* [Accessed: 10 February 2023]

Mingebach T, Kamp-Becker I, Christiansen H and Weber L (2018) Meta-meta-analysis on the effectiveness of parent-based interventions for the treatment of child externalizing behavior problems. *PloS one*, **13(9)**: e0202855

Minnis H, Macmillan S, Pritchett R, Young D, Wallace B, Butcher J et al (2013) Prevalence of reactive attachment disorder in a deprived population. *British Journal of Psychiatry*, **202(5)**: 342–46. https://doi.org/10.1192/bjp.bp.112.114074

Miron D and Sturdy W (2019) Posttraumatic Stress Disorder in Young Children. *Handbook of infant mental health*, 438–51

Moore ER, Bergman N, Anderson GC and Medley N (2016) Early skin-to-skin contact for mothers and their healthy newborn infants. *The Cochrane Library*, **2016(11)**: https://doi.org/10.1002/14651858.cd003519.pub4

Morris J and Fisher E (2022) Growing problems, in depth: The impact of Covid-19 on health care for children and young people in England. *In Nuffield Trust. https://www.nuffieldtrust.org.uk/resource/growing-problems-in-detail-covid-19-s-impact-on-health-care-for-children-and-young-people-in-england [Accessed: 1 February 2023]*

Mortensen JA and Mastergeorge AM (2014) A meta-analytic review of relationship-based interventions for low-income families with infants and toddlers: Facilitating supportive parent–child interactions. *Infant Mental Health Journal*, **35(4)**: 336–53

Mountain G, Cahill J and Thorpe H (2017) Sensitivity and attachment interventions in early childhood: A systematic review and meta-analysis. *Infant Behavior & Development*, **46**: 14–32. https://doi.org/10.1016/j.infbeh.2016.10.006

Murano D, Sawyer JE and Lipnevich AA (2020) A meta-analytic review of preschool social and emotional learning interventions. *Review of Educational Research*, **90(2)**: 227–263

National Assembly for Wales: Children, Young People and Education Committee (2018) Mind over matter: A report on the step change needed in emotional and mental health support for children and young people in Wales. *https*://www.exchangewales.org/wp-content/uploads/sites/14/2020/06/cr-ld11522-e.pdf [Accessed: 1 February 2023]

National Institute for Health and Care Excellence (2017) Child abuse and neglect: NICE Guideline. *https://www.nice.org.uk/guidance/ng76 [Accessed: 30 January 2023]*

National Institute for Health and Care Excellence (2020) Antenatal and postnatal mental health: clinical management and service guidance https://www.*nice.org.uk/guidance/cg192* [Accessed 30 January 2023]

National Institute for Health and Care Excellence (2021) Antenatal care. https://www.nice.org.uk/guidance/cg192

National Institute for Health and Care Excellence. *(2021). Postnatal care. https://www.nice.org.uk/guidance/NG194*

National Institute for Health and Care Excellence (2015) Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care. *https://www.nice.org.uk/guidance/ng26*

National Society for the Prevention of Cruelty to Children. *(2022). Statistics briefing: the impact of coronavirus. https://learning.nspcc.org.uk/media/2747/statistics-briefing-impact-of-coronavirus.pdf [Accessed: 30 January 2023]*

Nelson T, Caiola C and Tyndall D (2022) Integrative Review of Mental Health and Feeding Styles in Parents of Bottle-Fed Infants. *Journal of Obstetric, Gynecologic & Neonatal Nursing.* **52(1)**:21–35

Nevriana A, Pierce M, Dalman C, Wicks S, Hasselberg M, Hope H et al (2020) Association between maternal and paternal mental illness and risk of injuries in children and adolescents: nationwide register based cohort study in Sweden. *BMJ*, **369.**

NHS. *(2018). Sammy Bear's Mummy is in Hospital: A story for children aged 3-6 to be read with an adult* [Online]. South London and Maudsley NHS Foundation Trust. https://ourtime.org.uk/wp-content/uploads/2018/08/Sammy-Bears-mummy-is-in-hospital.pdf

NHS England & NHS Improvement. *(2019). The Long Term Plan for the NHS*. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf [Accessed 30 September 2021].

NHS Digital (2018) Mental Health of Children and Young People in England, 2017 [Dataset]https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

NHS Digital (2021) Mental health of Children and Young People in England 2021: Wave 2 follow up to 2017 survey [Dataset] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey

NHS Digital (2023) Statistics on women's smoking status at time of delivery: Data tables [online]: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/statistics-on-womens-smoking-status-at-time-of-delivery-england-quarter-3-2022-23/data-tables

NHS Education for Scotland & Perinatal Mental Health Network Scotland (2018) Perinatal Mental Health Curricular Framework: A framework for maternal and infant mental health. *https*://nesvleprdstore.blob.core.windows.net/nesndpvlecmsprdblob/c6ac7e3e-28d8-42e5-9315-d7af-715b3eaa_NESD0888_Perinatal%20Mental%20Health%20Curricular%20Framework%20FINAL.pdf?sv=2018-03-28&sr=b&sig=xXhRUJuHtYGS3UwizWs5s0%2BmjQT2NlXlreaPlV0UZ3M%3D&st=2023-02-03T11%3A13%3A47Z&se=2023-02-03T12%3A18%3A47Z&sp=r [Accessed: 3 February 2023]

NHS Health Education England (2017) Perinatal Mental Health Competency Framework: https://perinatalcompetency.e-lfh.org.uk/ [Accessed: 3 February 2023]

NHS Scotland and Chief Medical Officer for Scotland (2021) Recover, Restore, Renew: Chief Medical Officer for Scotland Annual Report 2020 - 2021: https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2021/03/cmo-annual-report-2020-21/documents/chief-medical-officer-scotland-annual-report-2020-2021/chief-medical-officer-scotland-annual-report-2020-2021/govscot%3Adocument/chief-medical-officer-scotland-annual-report-2020-2021.pdf [Accessed 3 February 2023]

Norlén A, Thorén A and Almqvist K (2021) Implementing Child–Parent Psychotherapy (CPP) in Sweden: A Qualitative Study Exploring Experiences by Caregivers Taking Part of the Intervention with Their Child. *Journal of Infant, Child, and Adolescent Psychotherapy,* **20(2)**: 152–68. https://doi.org/10.1080/15289168.2021.1925001

Northern Ireland Executive & Department of Education (2021) Children and Young People's Strategy 2020-2030 [online]: https://www.education-ni.gov.uk/sites/default/files/publications/education/final-execuitve-children-and-young-people%27s-strategy-2020-2030.pdf [Accessed: 3 February 2023]

Nosarti C, Reichenberg A, Murray RM, Cnattingius S, Lambe MP Yin L et al (2012) Preterm birth and psychiatric disorders in young adult life. *Archives of general psychiatry*, **69(6)**: 610–17

O'Brien D, Harvey K, Howse J, Reardon T and Creswell C (2016) Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions. *British Journal of General Practice*, **66(651)**: e693–e707

O'Connor E, Senger CA, Henninger M, Gaynes, BN, Coppola E and Weyrich MS (2019) Interventions to Prevent Perinatal Depression: A Systematic Evidence Review for the US Preventive Services Task Force [online]: https://www.ncbi.nlm.nih.gov/books/NBK537819/

OECD (2020) Is Childcare Affordable?: Policy Brief on Employment, Labour and Social Affairs: https://www.oecd.org/els/soc/OECD-Is-Childcare-Affordable.pdf [Accessed: 10 February 2023]

Office for National Statistics (2020) Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland [Dataset] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland/mid2019april2020localauthoritydistrictcodes

Ofsted (2022) Education recovery in early years providers: spring 2022 [online] https://www.gov.uk/government/publications/education-recovery-in-early-years-providers-spring-2022/education-recovery-in-early-years-providers-spring-2022 [Accessed: 1 February 2023]

Ofsted (2023) Main findings: Childcare providers and inspections as at 31 March 2023. *(2023) GOV.UK*: https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-march-2023/main-findings-childcare-providers-and-inspections-as-at-31-march-2023

O'Hara L, Smith ER, Barlow J, Livingstone N, Herath NI, Wei Y et al (2019) Video feedback for parental sensitivity and attachment security in children under five years. *Cochrane Database of Systematic Reviews*, **2019(11)**: https://doi.org/10.1002/14651858.cd012348.pub2

O'Meara C and Bradley D (2022) [Blog] Levelling up won't succeed if it leaves our under 5s behind: Statistics released on children's early years development. *UNICEF UK:* https://www.unicef.org.uk/policy/blog-statistics-early-years-development/

O'Neill MC, Badovinac S, Pillai Riddell R, Bureau JF, Rumeo C and Costa S (2021) The longitudinal and concurrent relationship between caregiver sensitivity and preschool attachment: A systematic review and meta-analysis. *PloS one*, **16(1)**: e0245061

O'Neil A, Itsiopoulos C, Skouteris H, Opie RS, McPhie, S, Hill B and Jacka FN (2014) Preventing mental health problems in offspring by targeting dietary intake of pregnant women. *BMC Medicine*, **12(1)**: https://doi.org/10.1186/s12916-014-0208-0

Özerk K and Cardinal D (2020) Prevalence of Autism/ASD among preschool and school-age children in Norway. *Contemporary School Psychology*, **24**: 419-28

Pallini S, Morelli M, Chirumbolo A, Baiocco R, Laghi F and Eisenberg N (2019) Attachment and attention problems: A meta-analysis. *Clinical Psychology Review*, **74**: 101772. https://doi.org/10.1016/j.cpr.2019.101772

Parent-Infant Foundation, Bateson K, Lang B, Hogg S and Clear A (2019) Development and Implementation Toolkit: https://parentinfantfoundation.org.uk/tools/implementation-toolkit/ [Accessed: 14 March 2023]

Parent-Infant Foundation (2020a) Infant Mental Health: Briefing for Commissioners. https://parentinfantfoundation.org.uk/wp-content/uploads/2021/05/Foundation-IMH-Briefing-for-Commissioners.pdf [Accessed: 1 February 2023]

Parent-Infant Foundation (2020b) Online Infant Mental Health Training Resources for Professionals https://parentinfantfoundation.org.uk/wp-content/uploads/2020/07/Online-Infant-Mental-Health-Training-Resources-for-Professionals-FINAL.pdf [Accessed 3 February 2023]

Parent-Infant Foundation (2021a) Where are the infants in children and young people's mental health? Findings from a survey of mental health professionals: https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/PIF-Where-are-the-Infants-in-CYP-MH-26-May.pdf [A*ccessed: 1 February 2023]*

Parent-Infant Foundation (2021b) Securing Healthy Lives: An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg.

Parent-Infant Foundation (2023a) Parent-Infant Relationships (PAIR) Services Commissioning Toolkit. https://parentinfantfoundation.org.uk/tools/commissioning-toolkit/

Parent-Infant Foundation (2023b) Parent Infant Foundation Website. https://parentinfantfoundation.org.uk/ [Accessed 14 March 2023]

Parent-Infant Foundation (2023c) Parent-Infant Relationships (PAIR) Services Commissioning Toolkit. https://parentinfantfoundation.org.uk/wp-content/uploads/2023/02/Parent-Infant-Relationships-PAIR-Commissioning-Toolkit-Updated.pdf [Accessed: 9 June 2023]

Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S and Thomas RG (2021) Interventions for tobacco cessation in adults, including pregnant persons: updated evidence report and systematic review for the US Preventive Services Task Force. *Jama*, **325(3)**: 280–98

Peacock S, Konrad S, Watson E, Nickel D and Muhajarine N (2013) Effectiveness of home visiting programs on child outcomes: a systematic review. *BMC public health*, **13(1)**: 1–14.

Penna AL, de Aquino CM, Pinheiro, MSN, do Nascimento, RLF, Farias-Antúnez S, Araújo DABS et al (2023) Impact of the COVID-19 pandemic on maternal mental health, early childhood development, and parental practices: a global scoping review. *BMC Public Health*, **23(1)**: 388

Peter M and Wheeler R (2022) The Black Maternity Experiences Survey: A nationwide study of Black women's experiences of maternity services in the United Kingdom. *In Five X More. Five X More.* [Accessed: 2 August 2023] https://fivexmore.org/blackmereport

Piccolo LR and Noble KG (2018) Poverty, Early Experience, and Brain Development. *Handbook of Infant Mental Health*, **157–164**

Pickles A, Le Couteur A, Leadbitter K, Salomone E, Cole-Fletcher R, Tobin H et al (2016) Parent-mediated social communication therapy for young children with autism (PACT): long-term follow-up of a randomised controlled trial. *The Lancet*, **388(10059)**: 2501–2509: https://doi.org/10.1016/s0140-6736(16)31229-6

Popova, S, Lange S, Shield K, Mihic A Chudley AE Mukherjee RA et al (2016) Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis. *The Lancet*, **387(10022)**: 978–87.

Prince M, Daley S, Ayers D (2023) Substance Use in Pregnancy. *StatPearls* [Online] https://www.ncbi.nlm.nih.gov/books/NBK542330/

Public Health England (2016) People with Learning Disabilities in England 2015, *GOV.UK*, https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england-2015

Public Health England (2019). Health of women before and during pregnancy: health behaviours, risk factors and inequalities: An updated analysis of the maternity services dataset antenatal booking data GOV.UK: https://assets.publishing.service.gov.uk/media/5dc00b22e5274a4a9a465013/Health_of_women_before_and_during_pregnancy_2019.pdf

Racine N, Zumwalt K, McDonald S, Tough S and Madigan S (2020) Perinatal depression: The role of maternal adverse childhood experiences and social support. *Journal of affective disorders*, **263**: 576–81

Rahman A, Divan G, Hamdani SU, Vajaratkar V, Taylor C, Leadbitter K (2016) Effectiveness of the parent-mediated intervention for children with autism spectrum disorder in south Asia in India and Pakistan (PASS): a randomised controlled trial. *The Lancet Psychiatry*, **3(2)**: 128–36: https://doi.org/10.1016/s2215-0366(15)00388-0

Records K (2007) A critical review of maternal abuse and infant outcomes: Implications for newborn nurses. *Newborn and Infant Nursing Reviews*, **7(1)**: 7-13

Reed J and Parish N (2021) Working For Babies: Lockdown lessons from local systems. *Isos Partnership for the First 1001 Days Movement,* https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210121-F1001D_Working_for_Babies_v1.2-FINAL-compressed_2.pdf [Accessed: Accessed: 13 March 2023]

Reiss F (2013) Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social science & medicine*, **90**: 24–31

Rimestad ML, Lambek R, Zacher Christiansen, H and Hougaard E (2019) Short-and long-term effects of parent training for preschool children with or at risk of ADHD: a systematic review and meta-analysis. *Journal of attention disorders*, **23(5)**: 423–34

Robinson LR, Bitsko RH, O'Masta B, Holbrook JR, Ko J, Barry CM et al (2022) A systematic review and meta-analysis of parental depression, antidepressant usage, antisocial personality disorder, and stress and anxiety as risk factors for attention-deficit/hyperactivity disorder (ADHD) in children. *Prevention Science*, **1–19**

Robling M, Lugg-Widger F, Cannings-John R, Sanders J, Angel L, Channon S et al (2021) The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB: 2 6 routine data-linkage follow-up to earlier RCT. *Public Health Research*, **9.**

Rogers A, Obst S, Teague SJ, Rossen L, Spry EA, Macdonald JA and Hutchinson D (2020) Association between maternal perinatal depression and anxiety and child and adolescent development: a meta-analysis. *JAMA pediatrics*, **174(11)**: 1082–92

Rosan C (2022) Exploring the clinical and cost-effectiveness of the Circle of Security Intervention for mothers in perinatal mental health services [Dataset] In http://isrctn.*com/. https://doi.org/10.1186/isrctn18308962*

Royal College of Psychiatrists (2021) Perinatal Mental Health Services: Recommendations for the provision of services for childbearing women (No. *CR232). https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr232---perinatal-mental-heath-services.pdf?Status=Master&sfvrsn=82b10d7e_4 [Accessed: 1 February 2023]*

Royal College of Psychiatrists (2021a) The Royal College of Psychiatrists' Spending Review Representation Autumn 2021: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych-spending-review-2021-representation---final---redacted-version-12102021.pdf?sfvrsn=7a15537_4 [Accessed: 1 February 2023]

Royal College of Psychiatrists, Public Mental Health Implementation Centre (2022a) Public mental health implementation: a new centre and new opportunities https://www.rcpsych.ac.uk/docs/default-source/improving-care/pmhic/rcpsych-public-mental-health-implementation---a-new-centre-and-new-opportunities-briefing-paper-march-2022.pdf [Accessed: 31 January 2023]

Royal College of Psychiatrists, Public Mental Health Implementation Centre (2022b) Summary of evidence on public mental health interventions: https://www.rcpsych.ac.uk/docs/default-source/improving-care/pmhic/summary-of-evidence-on-pmh-interventions-june-2022.pdf?sfvrsn=571f2858_4 [Accessed: 10 February 2023]

Royal Foundation Centre for Early Childhood (2021) Big Change Starts Small: https://assets.ctfassets.net/qwnplnakca8g/2iLCWZESD2RLu24m443HUf/1c802df74c44ac6bc94d4338ff7ac53d/RFCEC_BCCS_Report_and_Appendices.pdf [Accessed: 26 January 2023]

Royal Foundation of the Duke and Duchess of Cambridge (2020) State of the Nation: Understanding Public Attitudes to the Early Years: https://royalfoundation.com/wp-content/uploads/2020/11/Ipsos-MORI-SON_report_FINAL_V2.4.pdf [Accessed: 26 January 2023]

Ruisch IH, Dietrich A, Glennon JC, Buitelaar JK and Hoekstra PJ (2018) Maternal substance use during pregnancy and offspring conduct problems: a meta-analysis. *Neuroscience & Biobehavioral Reviews*, **84**: 325–36

Sadler LS, Slade A, Close N, Webb DL, Simpson T, Fennie K and Mayes LC (2013) Minding the baby: Enhancing reflectiveness to improve early health and relationship outcomes in an interdisciplinary home-visiting program. *Infant mental health journal*, **34(5)**: 391–405

Sammons P, Hall J, Smees R, Goff J, Sylva K, Smith T et al (2015) The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families: Evaluation of Children's Centres in England (ECCE, Strand 4). *Department for Education*.

Savage S (2005) The benefits of infant massage: a critical review. *Community Practitioner*, **78(3)**: 98–102.

Scheeringa MS, Myers L, Putnam FW and Zeanah CH (2012) Diagnosing PTSD in early childhood: An empirical assessment of four approaches. *Journal of traumatic stress*, **25(4)**: 359–67.

Schindler HS, Kholoptseva J, Oh SS, Yoshikawa H, Duncan GJ, Magnuson KA and Shonkoff JP (2015) Maximizing the potential of early childhood education to prevent externalizing behavior problems: A meta-analysis. *Journal of school psychology*, **53(3)**: 243–63

Schore AN (2001) The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, **22(1-2)**: 201–269

Schrank B, Moran K, Borghi C, Priebe S (2015) How to support patients with severe mental illness in their parenting role with children aged over 1 year? A systematic review of interventions. *Social Psychiatry and Psychiatric Epidemiologym*, **50(12)**:1765–83

Scientific Advisory Committee on Nutrition (2018) Feeding in the First Year of Life [online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725530/SACN_report_on_Feeding_in_the_First_Year_of_Life.pdf

Scottish Government, Perinatal & Infant Mental Health (2021) Perinatal and Infant Mental Health Programme Board Delivery Plan: September 2021 - September 2022: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/10/perinatal-infant-mental-health-programme-board-delivery-plan-september-2021-september-2022/documents/perinatal-infant-mental-health-programme-board-delivery-plan-september-2021-september-2022/perinatal-infant-mental-health-programme-board-delivery-plan-september-2021-september-2022/govscot%3Adocument/perinatal-infant-mental-health-programme-board-delivery-plan-september-2021-september-2022.pdf [Accessed: 3 February 2023]

Scottish Government (2023) Voice of the Infant: best practice guidelines and infant pledge [online] https://www.gov.scot/publications/voice-infant-best-practice-guidelines-infant-pledge/pages/14/

Scottish Government and COSLA (2023) Mental Health and Wellbeing Strategy [online] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/mental-health-wellbeing-strategy/documents/mental-health-wellbeing-strategy/mental-health-wellbeing-strategy/govscot%3Adocument/mental-health-wellbeing-strategy.pdf

Shafi RM, Vande Voort JL, Croarkin PE and Romanowicz M (2018) Parent-Child Interaction Therapy in a Case of Global Developmental Delay and Leukoencephalopathy. *Frontiers in Psychiatry*, **9. https**://doi.org/10.3389/fpsyt.2018.00427

Shafi RM, Bieber ED, Shekunov J, Croarkin PE and Romanowicz M (2019) Evidence based dyadic therapies for 0-to 5-year-old children with emotional and behavioral difficulties. *Frontiers in psychiatry*, **10**: 677

Shah R, Kennedy S, Clark MD, Bauer SC and Schwartz A (2016) Primary care–based interventions to promote positive parenting behaviors: A meta-analysis. *Pediatrics*, **137(5).**

Shankar P, Chung R and Frank DA (2017) Association of food insecurity with children's behavioral, emotional, and academic outcomes: a systematic review. *Journal of Developmental & Behavioral Pediatrics*, **38(2)**: 135–50

Simpson, M and Catling C (2016) Understanding psychological traumatic birth experiences: A literature review. *Women and Birth*, **29(3)**: 203–07

Skovgaard AM, Houmann T, Christiansen E, Landorph, S, Jørgensen T, CCC 2000 Study Team et al (2007) The prevalence of mental health problems in children 1½ years of age–the Copenhagen Child Cohort 2000. *Journal of child psychology and psychiatry*, **48(1)**: 62–70

Slade A, Holland ML, Ordway MR, Carlson EA, Jeon S, Close N et al (2020) Minding the Baby®: Enhancing parental reflective functioning and infant attachment in an attachment-based, interdisciplinary home visiting program. *Development and Psychopathology*, **32(1)**: 123–37 https://doi.org/10.1017/s0954579418001463

Sleed M, Li E, Vainieri I and Midgley N (2023) The Evidence-Base for Psychodynamic Interventions with Children Under 5 Years of Age and Their Caregivers: A Systematic Review and Meta-Analysis. *Journal of Infant, Child, and Adolescent Psychotherapy,* **1–36**: https://doi.org/10.1080/15289168.2023.2223739

Smith HC, Saxena S and Petersen I (2020) Postnatal checks and primary care consultations in the year following childbirth: an observational cohort study of 309,573 women in the UK, 2006–2016. *BMJ open*, **10(11)**: e036835

Smith-Nielsen J, Tharner A, Krogh MT & Vaever MS (2016) Effects of maternal postpartum depression in a well-resourced sample: Early concurrent and long-term effects on infant cognitive, language, and motor development. *Scandinavian Journal of Psychology*, **57(6)**: 571–583. https://doi.org/10.1111/sjop.12321

Solihull Approach Parenting Group (2009) NICE: https://www.nice.org.uk/sharedlearning/solihull-approach-parenting-group [Accessed: 3 February 2023]

The Solihull Approach: Training for professionals: https://solihullapproachparenting.com/

Solomon M, Ono M, Timmer S and Goodlin-Jones B (2008) The Effectiveness of Parent–Child Interaction Therapy for Families of Children on the Autism Spectrum. *Journal of Autism and Developmental Disorders*, **38(9)**: 1767–76: https://doi.org/10.1007/s10803-008-0567-5

Spencer CM, Topham GL and King EL (2020) Do online parenting programs create change?: A meta-analysis. *Journal of Family Psychology*, **34(3)**: 364.

Spruit A, Goos L, Weenink N, Rodenburg LA, Niemeyer H, Stams GJJM and Colonnesi C (2020) The Relation Between Attachment and Depression in Children and Adolescents: A Multilevel Meta-Analysis. *Clinical Child and Family Psychology Review*, **23(1)**: 54–69: https://doi.org/10.1007/s10567-019-00299-9

Sroufe LA (2005) Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, **7(4), 349–67**: https://doi.org/10.1080/14616730500365928

Steele S, Osorio R and Page LM (2020) Substance misuse in pregnancy. *Obstetrics, Gynaecology &Amp; Reproductive Medicine,* **30(11)**: 347–55: https://doi.org/10.1016/j.ogrm.2020.09.002

Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M et al (2014) Effects of perinatal mental disorders on the fetus and child. *The Lancet*, **384(9956)**: 1800–19

Stoodley C, McKellar L, Ziaian T, Steen M, Fereday J and Gwilt I (2023) The role of midwives in supporting the development of the mother-infant relationship: a scoping review. *BMC psychology*, **11(1), 1-14.**

Stovall-McClough KC and Dozier M (2004) Forming attachments in foster care: Infant attachment behaviors during the first 2 months of placement. *Development and psychopathology*, **16(2)**: 253–71

Straatmann VS, Lai E, Lange T, Campbell MC, Wickham S, Andersen AMN et al (2019) How do early-life factors explain social inequalities in adolescent mental health? Findings from the UK Millennium Cohort Study. *J Epidemiol Community Health*, **73(11)**: 1049–60

Straub N, Grunert P, Northstone K and Emmett P (2019) Economic impact of breast-feeding-associated improvements of childhood cognitive development, based on data from the ALSPAC. *British Journal of Nutrition*, **122(s1)**: S16-S21

Stronach EP, Toth SL, Rogosch FA and Cicchetti D (2013) Preventive interventions and sustained attachment security in maltreated children. *Development and Psychopathology*, **25(4pt1)**: 919–30: https://doi.org/10.1017/s0954579413000278

Suchman NE, Decoste C, Mcmahon TJ, Rounsaville B and Mayes L (2011) The mothers and toddlers program, an attachment-based parenting intervention for substance-using women: Results at 6-week follow-up in a randomized clinical pilot. *Infant mental health journal*, **32(4)**: 427–49

Suchman NE, Decoste CL, McMahon TJ, Dalton R, Mayes LC and Borelli J (2017) Mothering From the Inside Out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment. *Development and psychopathology*, **29(2)**: 617–36.

Tamura K, Morrison J and Pikhart H (2020) Children's behavioural problems and its associations with socioeconomic position and early parenting environment: findings from the UK Millennium Cohort Study. *Epidemiology and psychiatric sciences*, **29**: e155.

Tarver J, Daley D, Lockwood, J and Sayal K (2014) Are self-directed parenting interventions sufficient for externalising behaviour problems in childhood? A systematic review and meta-analysis. *European child & adolescent psychiatry*, **23**: 1123–37

Taylor G, McNeill A, Girling, A, Farley A, Lindson-Hawley N and Aveyard P (2014) Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*, **348.**

The Promise Scotland (2020) https://thepromise.scot/ [Accessed: 3 February 2023]

Thomas R, Abell B, Webb HJ, Avdagic E and Zimmer-Gembeck MJ (2017) Parent-child interaction therapy: A meta-analysis. *Pediatrics*, **140(3)**

Thongseiratch T, Leijten P and Melendez-Torres GJ (2020) Online parent programs for children's behavioral problems: a meta-analytic review. *European Child & Adolescent Psychiatry*, **29**: 1555–68.

Toth SL, Rogosch FA, Manly JT and Cicchetti D (2006) The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomized preventive trial. *Journal of Consulting and Clinical Psychology*, **74(6)**: 1006–16: https://doi.org/10.1037/0022-006x.74.6.1006

Troller-Renfree SV, Costanzo M, Duncan GJ, Magnuson K, Gennetian LA, Yoshikawa, H, Halpern-Meekin S, Fox NA and Noble,KG (2022) The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academy of Sciences*, **119(5)**: https://doi.org/10.1073/pnas.2115649119

Tully LA and Hunt C (2016) Brief parenting interventions for children at risk of externalizing behavior problems: A systematic review. *Journal of Child and Family Studies*, **25**: 705–19

Ujhelyi Gomez K, Goodwin L, Jackson L, Jones A, Chisholm A and Rose AK (2021) Are psychosocial interventions effective in reducing alcohol consumption during pregnancy and motherhood? A systematic review and meta-analysis. *Addiction*, **116(7)**: 1638–63

UNICEF (2017) Early Moments Matter for every child: https://www.unicef.org/media/48886/file/UNICEF_Early_Moments_Matter_for_Every_Child-ENG.pdf [Accessed: 3 February 2023]

UNICEF (2019) Regular Resources 2019 Report: Achieving the Greatest Impact for Children: https://www.unicef.org/media/71446/file/Regular-resources-2019-report.pdf [Accessed: 3 February 2023]

UNICEF UK (2016) Responsive Feeding: Supporting close and loving relationships: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf

UNICEF UK (2022) Early Moments Matter: Guaranteeing the best start in life for every baby and toddler in England: https://www.unicef.org.uk/wp-content/uploads/2022/10/EarlyMomentsMatter_UNICEFUK_2022_PolicyReport.pdf [Accessed: 3 February 2023]

United Nations Convention on the Rights of the Child (1989) https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

van Ijzendoorn MH, Schuengel C and Bakermans–Kranenburg MJ (1999) Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and psychopathology*, **11(2)**: 225–50

van IJzendoorn MH, Schuengel C, Wang Q and Bakermans-Kranenburg MJ (2022) Improving parenting, child attachment, and externalizing behaviors: Meta-analysis of the first 25 randomized controlled trials on the effects of Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline. *Development and Psychopathology*, **1, 16**

Vasileva M, Graf RK, Reinelt T, Petermann, U and Petermann F (2021) Research review: A meta-analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. *Journal of Child Psychology and Psychiatry*, **62(4)**: 372–81. https://doi.org/10.1111/jcpp.13261

Villadsen A, Asaria M, Skarda I, Ploubidis GB, Williams MM Brunner EJ and Cookson R (2023) Clustering of adverse health and educational outcomes in adolescence following early childhood disadvantage: population-based retrospective UK cohort study. *The Lancet Public Health*, **8(4):** e286–93.

Viveiros CJ and Darling EK (2019) Perceptions of barriers to accessing perinatal mental health care in midwifery: A scoping review. *Midwifery*, **70**: 106–18

Warwick Medical School (2022) Infant Mental Health [Online] https://warwick.ac.uk/fac/sci/med/study/cpd/cpd/imhol [Accessed: 3 February 2023]

Weaver JM, Schofield TJ and Papp LM (2018) Breastfeeding duration predicts greater maternal sensitivity over the next decade. *Developmental psychology*, **54(2)**: 220

Webb J and Meyrick J (2016) A systematic review of the effectiveness of universal health visitor-led child health clinics. *Journal of Health Visiting*, **4(9)**: 462–71

Welsh Government (2021) The Additional Learning Needs Code for Wales 2021: https://www.*gov.wales/additional-learning-needs-code* [Accessed: 3 February 2023]

Welsh Government (2021) Code of Practice on the Delivery of Autism Services (No. WG21-60) https://www.gov.wales/sites/default/files/publications/2021-07/code-of-practice-on-the-delivery-of-autism-services.pdf [Accessed: 3 February 2023]

Welsh Government (2021) Framework on embedding a whole-school approach to emotional and mental well-being: https://www.gov.wales/sites/default/files/publications/2021-03/framework-on-embedding-a-whole-school-approach-to-emotional-and-mental-well-being.pdf [Accessed: 3 February 2023]

Welsh Government (2022) Review of the Demand, Capacity and Design of Neurodevelopmental Services: Summary Report: https://www.gov.wales/sites/default/files/statistics-and-research/2022-07/review-of-the-demand-capacity-and-design-of-neurodevelopmental-services-summary-report.pdf [Accessed: 3 February 2023]

World Health Organization (2021) *Universal parenting support to prevent abuse and neglect: A policy call for national governments*. https://www.who.int/publications/m/item/universal-parenting-support-to-prevent-abuse-and-neglect-a-policy-call-for-national-governments

Whitehouse AJO, Varcin KJ, Pillar S, Billingham W, Alvares GA, Barbaro J et al (2021) Effect of Preemptive Intervention on Developmental Outcomes Among Infants Showing Early Signs of Autism: A Randomized Clinical Trial of Outcomes Diagnosed. *JAMA Pediatrics*, **175(11)**: e213298. https://doi.org/10.1001/jamapediatrics.2021.3298

Wickham S, Whitehead M, Taylor-Robinson D and Barr B (2017) The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study. *The Lancet Public Health*, **2(3)**: e141–e148

Willheim E (2013) Dyadic Psychotherapy with Infants and Young Children. *Child and Adolescent Psychiatric Clinics of North America*, **22(2)**: 215–39: https://doi.org/10.1016/j.chc.2013.01.003

Williams L and Newell R (2012) The use of the Solihull Approach with children with complex neurodevelopmental difficulties and sleep problems: a case study. *British Journal of Learning Disabilities*, **41(2)**: 159–66: https://doi.org/10.1111/j.1468-3156.2012.00754.x

Women and Families Maternal Mental Health Pledge (2022) NHS Inform: https://www.nhsinform.scot/care-support-and-rights/health-rights/mental-health/women-and-families-maternal-mental-health-pledge [Accessed: 3 February 2023]

Woolgar F, Garfield H, Dalgleish T and Meiser-Stedman R (2022) Systematic review and meta-analysis: Prevalence of posttraumatic stress disorder in trauma-exposed preschool-aged children. *Journal of the American Academy of Child & Adolescent Psychiatry*, **61(3)**: 366–77

World Health Organization (2023) Global Scales for Early Development (GSED) https://www.who.int/publications/i/item/WHO-MSD-GSED-package-v1.0-2023.1.

Wright B and Edginton E (2016) Evidence-based parenting interventions to promote secure attachment: Findings from a systematic review and meta-analysis. *Global pediatric health*, **3**: 2333794X16661888.

Wright B, Fearon P, Garside M, Tsappis E, Amoah E, Glaser, D et al (2023) Routinely used interventions to improve attachment in infants and young children: a national survey and two systematic reviews. *Health technology assessment* (Winchester, England), **27(2)**: 1

Wu Y, Lye S, Dennis CL and Briollais L (2020) Exclusive breastfeeding can attenuate body-mass-index increase among genetically susceptible children: A longitudinal study from the ALSPAC cohort. *PLOS Genetics*, **16(6)**: e1008790. https://doi.org/10.1371/journal.pgen.1008790

Wu Q, Farley T and Cui M (2021) Breastfeeding, maternal psychopathological symptoms, and infant problem behaviors among low-income mothers returning to work. *Social Science &Amp; Medicine*, **285**: 114288: https://doi.org/10.1016/j.socscimed.2021.114288

Xie QW, Chan,CH, Ji Q, and Chan CL (2018) Psychosocial effects of parent-child book reading interventions: a meta-analysis. *Pediatrics*, **141(4)**

Yildiz PD, Ayers S, Phillips L (2017) The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. *J Affect Disord*, **208**:634–45

Zeanah CH Sonuga-Barke, EJ (2016) The effects of early trauma and deprivation on human development–from measuring cumulative risk to characterizing specific mechanisms. *Journal of Child Psychology and Psychiatry*, **57(10)**: 1099–02

Zeanah CH (2018) Handbook of Infant Mental Health, Fourth Edition. Guilford Publications.

Zeanah CH (2019) The Clinical Science of Early Experience. *In C. Zeanah (Ed) Handbook of Infant Mental Health. 4th Edition. New York: Guilford Press.*

Zeidan J, Fombonne E, Scorah J, Ibrahim A, Durkin MS, Saxena S et al (2022) Global prevalence of autism: A systematic review update. *Autism Research*, **15(5)**: 778–90: https://doi.org/10.1002/aur.

Appendix

Attending your child's video appointment

A telehealth guide for families

Step 1: What you will need

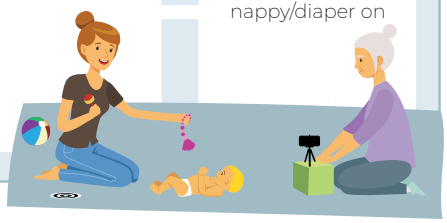
- Computer, laptop, tablet or smartphone with web-camera, speakers and microphone (these are often built into devices)
- Internet connection and web browser
- List of any questions or concerns to discuss
- Plain coloured mat or blanket and your child's favourite toys

- Paper and pen to take notes if needed
- Your contact phone number
- Telehealth instructions provided by your health professional.
- We recommend having 2 adults present if possible

Step 2: Getting ready

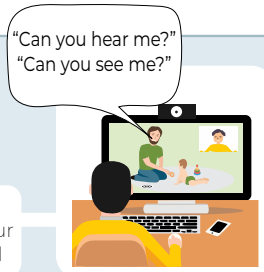
- Set up in a warm, quiet, private & well lit room
- Set up camera with any natural light (e.g. window) behind it

- Lay the mat or blanket on the floor
- Check you and your child are both in camera view
- Place toys within easy reach
- Undress your child. Keep their nappy/diaper on



Step 3: Connecting

- Follow the telehealth instructions to connect a few minutes before your appointment time
- Check the connection with your health professional



- Provide your phone number in case the connection fails
- Confirm your child's name and date of birth
- If you get cut off and can't reconnect, wait for a phone call from your health professional

Setting up your camera and checking you and your child are both in view takes time. If you don't have a tripod, you can create these phone holders using a bag of rice or a paper cup with the top cut out. For other ideas on how to create your own camera holder google 'DIY phone holders'.

For questions regarding your child's video appointment contact: