

Infant and Early Childhood Mental Health: The Case for Action

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About the Royal College of Psychiatrists

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. We work to secure the best outcomes for people with mental illness, learning disabilities and developmental disorders by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry. For more information about the college click [here](#).

Key Statistics

- Half of mental health conditions arise by age 14 and many of these conditions start to develop during the early years of life.
- In the UK prior to the Covid-19 pandemic, 5.5% of two to four-year-olds were estimated to have mental health conditions or neurodevelopmental conditions.
- Over £16 billion annually is spent across England on interventions to address difficulties that might have been avoided through action in early childhood.

Infant and Early Childhood Mental Health: The Case for Action

We know that at least one in twenty children under five in England have a mental health condition. However, the challenge is even larger than this, as many of the foundations for mental health across the life course are laid down in the first few years of life. Despite the existence of effective public mental health interventions, only a minority of under 5s with a mental health condition receive any intervention with negligible coverage to prevent such conditions or promote their mental wellbeing and resilience. The implementation gap breaches statutory legislation and results in population scale preventable suffering, broad impacts and associated economic costs.

In 2023, the Royal College of Psychiatrists [published a landmark report, *Infant and Early Childhood Mental Health: the case for action*](#) (PDF), which calls on the Government to prioritise the mental health of babies and young children. The report makes nine recommendations to sustainably address the public mental health implementation gap for under 5s and their families through a population-scale coordinated response by policy makers and a range of sectors. More than 31 national organisations were consulted in the report's development in order to gain consensus on the report's content and the nine recommendations.

Background Information

Every day from conception matters. The first five years of life are crucial to a child's development and protecting them from future mental health conditions.

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.

Effective interventions exist to address and prevent mental health conditions in under 5s as well as promote mental wellbeing and resilience. The mental health needs of babies and young children under 5 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.

By supporting parents, babies and young children at the earliest opportunity, we can prevent many mental health conditions from becoming established.

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 intervention, 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, broad impacts across the life course and associated economic costs. It also breaches the under 5s' 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).

That's why we are calling on government to prioritise the mental health and wellbeing of babies and under 5s by rolling out integrated and comprehensive services in every neighbourhood and region to under 5s and their parents. We have identified evidence-based interventions that can be provided to babies, under 5s and their families and carers to minimise the risk of lifelong mental health conditions.

This briefing includes the nine recommendations of the report to bridge the current implementation gap and provides a blueprint on how to deliver a future where fewer young child develop mental health conditions.

Nine Recommendations by the Royal College of Psychiatrists

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, NHS leaders, preschool and primary schools, Health and Social Care leaders, secondary mental health care, social care, early years childcare, 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, social care professionals, 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 treating 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 conditions 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 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.

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