Reflections from the World Association of Infant Mental Health Congress

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Sally Hogg, Strategic Lead for Mums and Babies in Mind, shares some of the key themes from the 2018 World Association of Infant Mental Health Congress.

At the end of May, I had the privilege of attending the World Association of Infant Mental Health congress in Rome. Over 1700 clinicians, academics and others with a passion for babies' brain development gathered to discuss the latest research and practice over four, very full, days.

Each day ran from 8am to nearly 7pm, with 18 streams of activity at most times. It was hard to choose which events to attend, and despite filling my time and my brain, I came away feeling that there were things I had missed (I wish I'd have gone to more of the discussions about dads).

It was educating, inspiring, thought-provoking and exhausting! The lectures, symposia and presentations contained a wealth of fascinating content, and, as is so often the case, so

much value also came from the opportunity to meet, spend time and reflect with colleagues with a shared interest.

This blog covers some of the key themes that I took away from the conference. It's by no means a comprehensive report – one could write for the next year and still not cover everything that was discussed. For those with an interest in learning more, it's worth looking at the #waimh18, #waimh2018 and #waimhtakehome hashtags on twitter, and at the conference abstracts.

Theme 1: New challenges

At the opening ceremony, the Chair of the Scientific Programme Committee, Professor Kaija Puura outlined key themes of the conference including 'old stressors' such as poverty, migration and war that are particularly pertinent at the moment, and 'new stressors' such as digital technology.

I particularly enjoyed seeing Jenny Radesky from the USA talk about the impact of digital media on infants. Jenny shared some astonishing statistics about the rapid update of digital media, together with a range of information about how its use by children and/or their parents can lead to fewer and poorer quality interactions, with potential knock-on effects on children's development. She also discussed how digital media is designed to influence behaviour, hold attention and be rewarding, and the ethics of this 'persuasive design' for children. For me, the best bit of Jenny's presentation were her insights into why and how families use digital media – because they are aspirational and believe it will help their kids, or as an emotional outlet, for example. Empowering parents to make healthy choices about digital use will involve helping them to find alternative ways to achieve the same goals.

There was lots of content at the event about the needs of infants in refugee and asylum seeking families. I also enjoyed seeing the 'Birdies Tree' resources – created in Queensland after a spate of recent extreme weather conditions –designed to help pregnant women, babies and pre-schoolers in the wake of natural disasters such as storms, cyclones, floods or fire.

Alongside this formal content about the challenges of modern life, I also heard some small 'asides' that really hit home. Comments, for example, that in modern day America teachers get training in responding to guns and not in brain development, and that under Trump's regimes, it is hard to engage undocumented parents in services relating to their child's health and education because of their fear of deportation.

Theme 2: It's not just about 'what works', but also 'for whom?'

The conference reinforced for me, the importance of developing a nuanced understanding of who interventions work for, when, why and how.

Jay Belsky gave a fantastic plenary lecture about differential susceptibility – the idea that some individuals' genes mean that they are more likely to be influenced by their

environment or an intervention – for better or for worse. I'd heard of the concept of 'dandelions and orchids' before, but never seen a body of evidence as comprehensive and compelling as Belsky's presentation. This evidence raises questions about whether we could or should think about targeting limited resources to those children who are more susceptible to input (although Belsky reminded us that work with kids isn't only about the outcome it brings about, sometimes it's just the right thing to do).

On the theme of what works and for whom, other speakers used the 'oxygen mask' analogy to describe the importance of working with mothers before delivering parent-infant interventions. I heard a fascinating presentation from Margarete Bolten from the University of Basel, showing that an intervention to address infant sleep and crying problems was not effective if mums were highly anxious – suggesting that we either need to address mums' mental health problems before offering parent-child interventions, or perhaps that different interventions are required for this group.

In another interesting plenary, we learned about the importance the co-parenting relationship, and the critical role it can play in influencing families' capacity to engage with an intervention and make change.

Theme 3: Professional development and partnership

Upskilling professionals has been a key strand of the Mums and Babies in Mind (MABIM) programme, so I was particularly keen to learn about projects to develop workforce capability in infant mental health. The conference contained plenty of examples of how infant mental health specialists have provided training, consultation and other support to colleagues in universal services. The projects I learned about included:

- Projects in Oklahoma and Tulane in the USA, providing training, professional consultation and joint working between infant mental health specialists and paediatricians (who have 15 mandated visits with families in the first 5 years of life);
- Co-location of infant mental health specialists in pre-schools in New York State, offering teacher training, screening, consultation and interventions;
- The 'Bubs In Mind' project in Victoria, Australia where infant mental health specialists work with

maternal child health nurses (health visitors) to build knowledge and skills, offering consultation to professionals and joint work with families.

- The e-pimh project in Queensland, offering training, awareness raising and support via email, phone and video to professionals working in small rural and remote places.

The presentations made a compelling case about the value of increasing understanding about infant mental health across the universal or primary care workforce to increase prevention, detection and treatment of infant mental health issues and to develop a more holistic, shared understanding of children and families. They weren't dissimilar to some of

the work that happens in the UK – for example in Haringey, the Parent Infant Psychology Service (PIPS) offers direct work with families, alongside training, consultation and supervision for other services such as health visiting and FNP. I think we are guilty, however, of sometimes thinking in the UK, that training alone is sufficient to improve capacity and drive culture change. The presentations I heard at WAIMH made me wonder whether we perhaps need to think more about co-location, joint-working and provision of professional consultation and support if we are going to deliver the necessary step-change in provision for mothers and babies.

Theme 4: Placed based approaches

MABIM (and the A Better Start project that we are closely allied to) promote a place-based approach to improving outcomes for women and their babies, and I was interested in hearing about other place-based approaches at the conference. A number were mentoned including Istabul95 ("what would you do differently if you looked at your city as if you were 95 cm tall"); Young Knocknaheeney, and targeted work in Perth.

I enjoyed learning about a project called Morwell4Kids, which was driving place-based, relationship-focussed, child-focussed change in a very disadvantaged community in Victoria, Australia. The project used an approach called Collective Impact Initiative which provides a framework for developing a shared vision amongst local partners and coordinating collective efforts to drive change, using shared measurement, strong communication between partners, and a backbone of support to coordinate and drive the work.

Theme 5: Changing Policy

Policy was also discussed at the conference, and we heard of similar challenges faced around the world: a lack of senior leadership of infant mental health; the absence of a joined-up, strategic approach, and a system that doesn't value social and emotional development. As one speaker put it, "there is too much focus is on walking, talking and thinking, not feeling, relating and regulating."

It was amazing to hear how the UK's 1001 Critical Days Manifesto (launched at WAIMH in 2014) had inspired action and policy change. We heard how translated copies were sent to politicians in Iceland, and how similar work began in Florida, North Carolina, Colorado, Finland and South Africa. The scale and nature of policy change in each place varies greatly, but all illustrated the value of coordinated and targeted policy work.

The need for collaboration, a united voice and a consistent message was an important theme in these discussions. I liked the quote "If you want to go fast, go alone. If you want to go far, go together."

Communication is also obviously important, and speakers talked about the value of combining personal and emotive case studies with evidence and economics to make a compelling case for change. In his moving obituary to T Berry Brazelton, Joshua Sparrow

talked of how Brazelton had driven policy change because he realised that research must be paired with activitism and that "scientists must be storytellers."

My conference ended with a powerful quote from Unicef, which I will also leave with you.

"The day will come when nations will be judged not by their military or economic strength, nor by the splendour of their capital cities and public buildings, but by the well-being of their peoples: by their levels of health, nutrition and education; by their opportunities to earn a fair reward for their labours; by their ability to participate in the decisions that affect their lives; by the respect that is shown for their civil and political liberties; by the provision that is made for those who are vulnerable and disadvantaged; **and by the protection that is afforded to the growing minds and bodies of their children."**

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