

# Where are the infants in children and young people's mental health?

Findings from a survey of mental health professionals





# Executive summary

## Why does infant mental health provision matter?

Mental health during the first years of life lays the foundations for later health and wellbeing. Babies and toddlers can experience stress, distress and trauma, and should have access to mental health support as other children do. Failing to cater for the needs of the youngest children not only lets them down but also enables problems to develop and accumulate, leading to greater demands on services in years to come.

Children and young people's mental health policy describes services for children from 0-18 (or increasingly 0-25). Services should, therefore, work with children from birth onwards. Our youngest children must not be excluded.

## What was this research?

Ahead of Infant Mental Health Awareness Week 2021, we undertook research with NHS children and young people's mental health professionals from across the UK to understand more about the provision of services for children of different ages, and whether their training and professional development had equipped them to work with infants.

283 practitioners working in NHS infant, children and/or young people's mental health services completed our online survey. These respondents came from a wide range of professional groups, and from across the nations and regions of the UK.

## What did we find?

**We found a "baby blindspot" in both workforce development and mental health services.**

**Many professionals told us that their training does not equip them to work effectively with the youngest children. Children and young people's mental health practitioners received less training in work with children under two than other age groups.**

- During their pre-qualification training, **26%** of respondents had not been trained to work with 0–2-year-olds. **48%** had not had experience of working with this age group during their training.
- Training varied by profession: **63%** of psychotherapists said they had received "a lot" of training on the needs of babies and toddlers in pre-qualification training, compared to **15%** of psychiatrists and **12%** of clinical or counselling psychologists.
- Both pre-qualification and post-qualification training are much more likely to focus on the needs of school-aged children.
- Respondents rated their understanding of infant mental health at an average of **3.27 out of 5**, and their confidence in working with parents and babies as **2.98 out of 5**. Again, there was significant variation between professionals. Nearly a third (**31%**) of mental health practitioners rated their understanding of infant mental health at only **1 out of 5**.



**Professionals told us that services were not able to work effectively with babies and toddlers. They reported that the youngest children are the most poorly served by the provision on offer in their area.**

- Only **36%** of respondents reported that, within children and young people's mental health services in their area, there are mental health services that can work effectively with babies and toddlers aged 0-2.
- Only **52%** of respondents said their local NHS children and young people's mental health service took referrals for children aged two and under. Many of these respondents told us that, while this was the referral criteria on paper, in reality, the service was not working with young children.
- Only **9%** of respondents felt there was "sufficient provision available for babies and toddlers whose mental health was at risk" in their area.

## What should happen as a result?

To ensure that ALL children across the UK can access appropriate mental health provision, if and when they need it, there must be:

- Policy and investment from national governments to increase the provision of infant mental health services.
- A drive within the NHS to hold commissioners and providers to account for offering a truly 0-25 mental health service.
- A workforce development strategy to ensure there are trained professionals with the specialised skills required to deliver these critical services.

**"It is a tragedy that children cannot access services when they are young enough to make a huge difference to their lives."**







# Introduction

Children and Young People's Mental Health Services (also known as CAMHS), are nominally 0-19 (or increasingly 0-25<sup>1</sup>) services. They should, therefore, provide support for all children from birth onwards. However, as our previous research has shown, for several reasons, there can be gaps in services for the youngest children.

This matters because babies and toddlers – like older children and young people – can experience stress and distress which impacts their emotional wellbeing and development. Our youngest children should have access to mental health support, as other children do. Mental wellbeing during the earliest years of life also lays the foundations for later health and wellbeing. By supporting early mental health we can reduce the need for services across the life course.

Mental health support for babies and toddlers looks and feels different to mental health services for older children. It requires specialist skills and expertise on behalf of practitioners who must understand how babies communicate and develop, including close observation of babies' pre-verbal behaviours and cues. Infant mental health provision focuses on strengthening parent-infant relationships, which are so critical to early mental health. Practitioners seek to modify problematic interactions between parents and their babies to prevent the intergenerational transmission of trauma.

Specialised parent-infant relationship teams deliver this kind of highly skilled infant mental health provision. They are multi-disciplinary teams, led by specialised mental health professionals, able to provide families with a tailored package of support to strengthen and repair early relationships.

Ahead of Infant Mental Health Awareness Week 2021, we undertook research with NHS children and young people's mental health professionals from across the UK to understand more about the provision of services in their area for children of different ages, and whether their training and professional development had equipped them to work with infants, as well as older children and young people.



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1. The NHS Long Term Plan for England (2019) states "We will extend current service models to create a comprehensive offer for 0–25-year-olds that reaches across mental health services for children, young people and adults" (pg. 51)



## Methodology

An online survey of 14 questions was created using Microsoft Forms, and the link circulated through a range of channels including email and social media in spring 2021. A full copy of the survey can be found [here](#). The survey was for professionals working in NHS infant, children and/or young people's mental health services, or voluntary sector children's mental health services commissioned by the NHS.

We are grateful for partners including the Royal College of Psychiatrists, Association of Child Psychotherapists, British Psychological Society and Children and Young People's Mental Health Coalition, among others, for sharing the survey link.

Our goal was to seek the views of a broad range of infant, children and young people's mental health professionals from across the UK. The Parent-Infant Foundation focuses on the mental health, emotional wellbeing and development of babies and toddlers from pregnancy to age 2. We tried to reach a representative sample of practitioners through how the survey was framed and by working with partners to reach beyond our usual audiences. However, there is likely to be a bias in the data, with an over-representation of professionals who have an interest in the mental health of younger children and work in areas where there are services for these children.



# Respondents

309 professionals completed some or all of the survey. We screened out those who were clearly not within the intended sample (such as teachers, health visitors, family nurses and private practitioners). This left 283 mental health professionals whose answers were included in the analysis.

In describing their profession, respondents named 29 different professional groups (with some individuals naming more than one profession). The most common professional groups are shown in Chart 1 below.

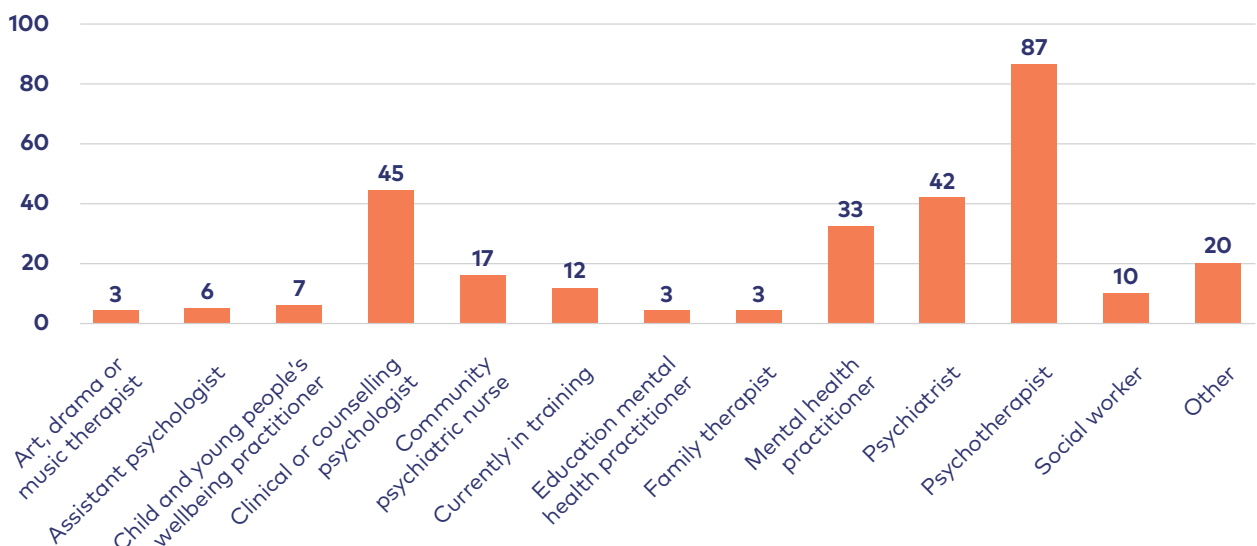
Respondents came from across the UK but were not evenly spread. The vast majority of respondents (244, or 86%) came from England. Small numbers of respondents in the devolved nations of the UK meant that we were not able to disaggregate data by UK nation.

**Table 1. Answers to the question "Where do you work?"**

Country (and region if in England)	Number of respondents	Percentage of respondents
Across more than one nation	2	1%
<b>Northern Ireland</b>	<b>14</b>	<b>5%</b>
<b>Scotland</b>	<b>15</b>	<b>5%</b>
<b>Wales</b>	<b>8</b>	<b>3%</b>
<b>England (total)</b>	<b>243</b>	<b>86%</b>
East Midlands	5	2%
East	7	2%
London	41	14%
North East	9	3%
North West	52	18%
South East	22	8%
South West	54	19%
West Midlands	30	11%
Yorkshire and Humber	23	8%

(n=283)

**Chart 1. Answers to the question "What is Your Profession?"**

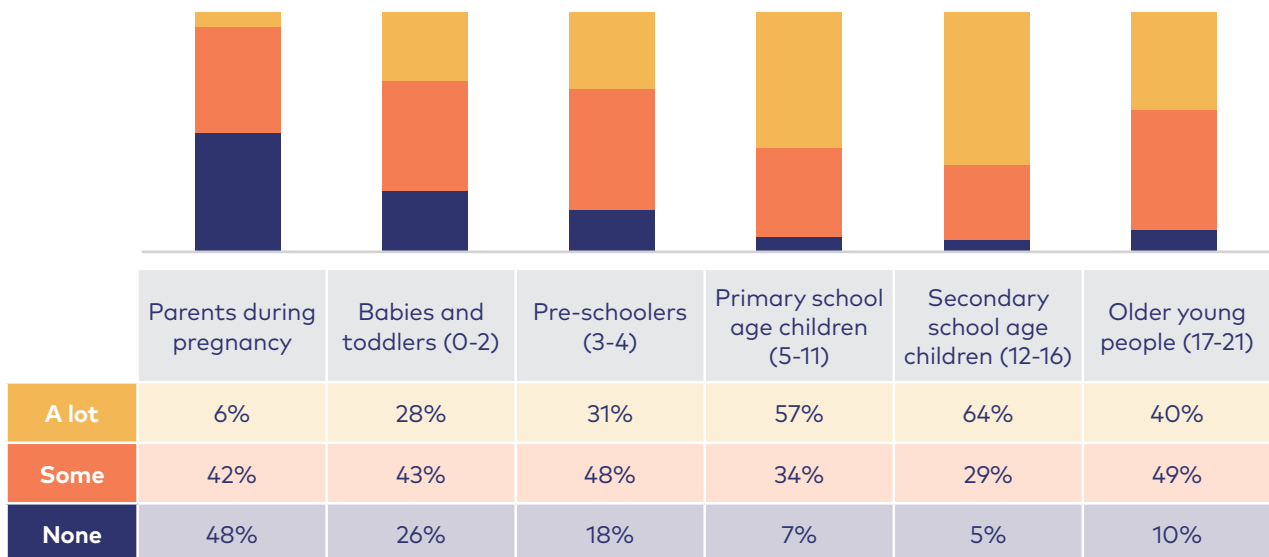


# Training, skills and confidence

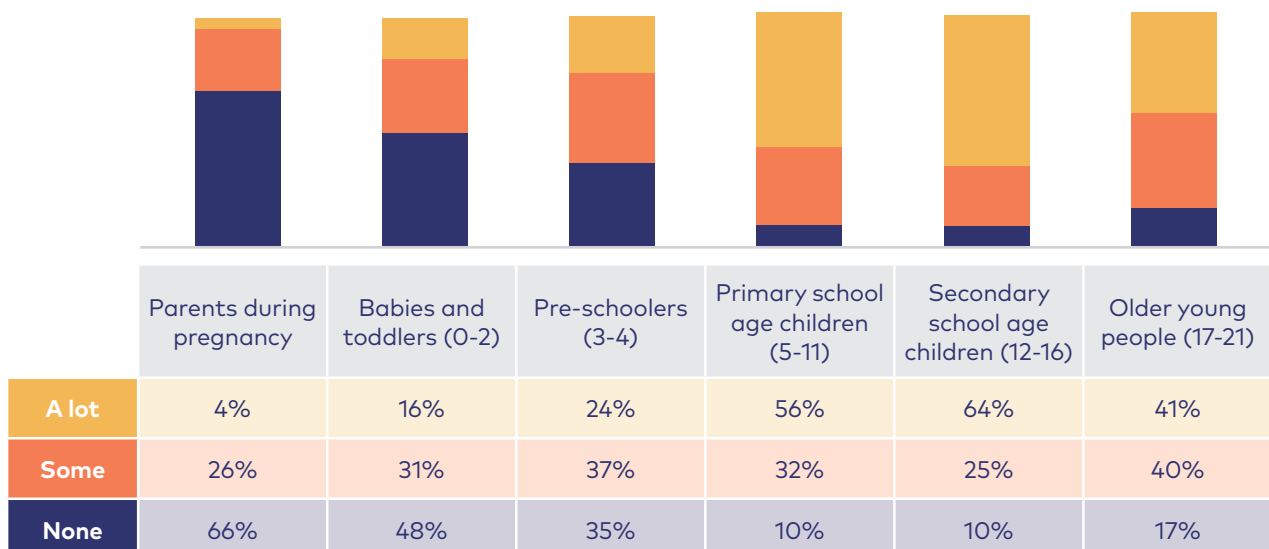
## Pre-qualification training

We asked participants if they had covered the needs of children from specific age groups in their training and professional development. Their answers revealed a clear focus on school-age children within pre-qualification training, as shown in charts 2 and 3.

**Chart 2. Answers to the question "During pre-qualification training, did you receive teaching which was specifically focussed on the needs of the following groups?" (n=283)**



**Chart 3: Answers to the question "During your pre-qualification training did you receive supervised experience of working with the following groups?" (n=283)**







Out of 283 respondents, **137 (48%)** had never had teaching on working with parents in pregnancy and **74 (26%)** had never had training in working with 0–2-year-olds. **188 (66%)** had not had supervised experience of working with parents during pregnancy, and **136 (48%)** had not had supervised experience of working with 0-2-year-olds.

We investigated whether this varied by profession, comparing the four most common professional groups in the survey: psychologists, mental health practitioners, psychiatrists, and psychotherapists<sup>2</sup>. This revealed enormous differences in whether or not professionals reported that they had been taught about working with babies during their pre-qualification training. **63%** of psychotherapists said they had received "a lot" of training on the needs of babies and toddlers, compared to **15% or less** of the other professionals. **50%** of mental health practitioners working in children and young people's services said they received no training relating to the 0-2 age group.

**Table 2. Answers to the question: "During your pre-qualification training did you receive teaching which was specifically focussed on the needs of babies and toddlers (aged 0-2)?"**

	Clinical or counselling psychologist (n=42)	Mental health practitioner (n=26)	Psychiatrist (n=41)	Psychotherapist (n=75)
None	31%	50%	27%	4%
Some	57%	35%	59%	32%
A lot	12%	12%	15%	63%

**"... It is very difficult to get people to recognise that infants and toddlers can have very serious emotional difficulties."**



2. We excluded those with dual qualifications from this analysis because it was not possible to tell which qualification route had given them the relevant skills and experience.

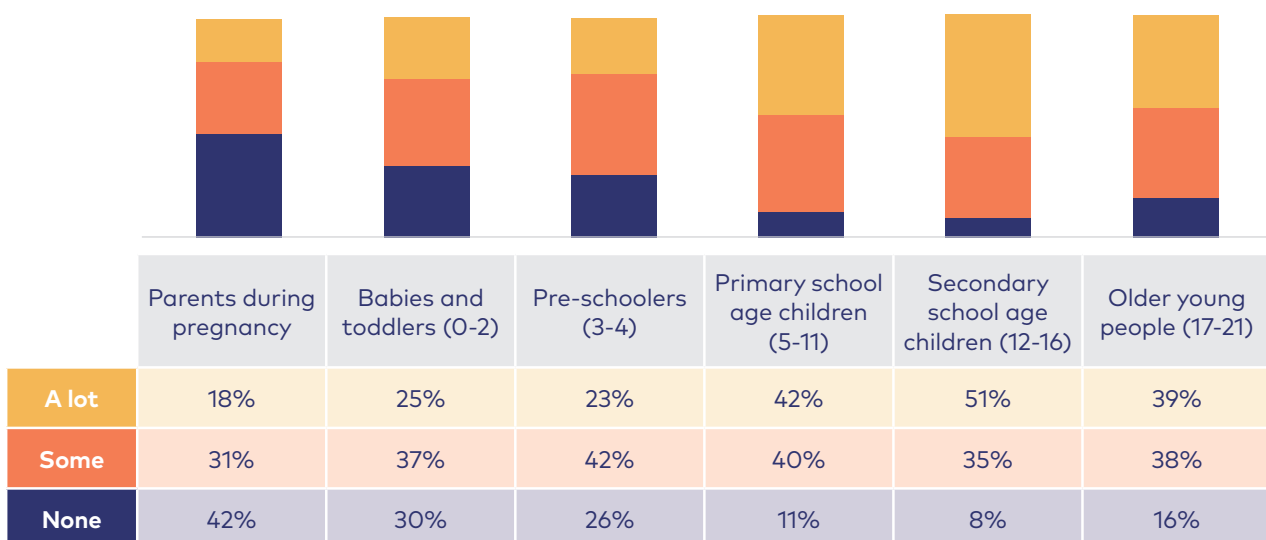




## Post-qualification training

We asked respondents about their professional development since qualification. This revealed a similar pattern of results, with many more having completed training relating to school-aged children compared to younger children. **233 (82%)** of respondents had done some, or a lot of training relating to children aged 5-11, but only **176 (62%)** had done training relating to babies and toddlers.

**Chart 4: Answers to the question: "In your professional development since qualification, have you participated in training to enable you to understand and work effectively with the following groups?" (n=283)**





## Confidence

Participants rated their confidence and skills working with young children by answering two questions:

- **How would you rate your understanding of infant mental health (the mental health of 0–2-year-olds)?**
- **How would you rate your confidence in working with parent-infant dyads (parents and babies/toddlers aged two and under)?**

On average, respondents rated their **understanding of infant mental health** as **3.27/5** and their **confidence in working with parent-infant dyads** as **2.98/5**.

**52 respondents (18%)** rated their understanding at 5/5 and **45 (16%)** rated their confidence at 5/5.

We looked at how ratings of understanding compared between the four most commonly represented professional groups in the survey. Psychologists and psychotherapists were more likely to rate their understanding as higher: **78%** of psychotherapists said their understanding of infant mental health was 4/5 or above, compared to only **27%** of mental health practitioners.



**Table 3. Answers to the question: "How would you rate your understanding of Infant Mental Health?" relating to four professional groups.**

Score out of 5	Clinical or counselling psychologist (n=42)	Mental health practitioner (n=26)	Psychiatrist (n=41)	Psychotherapist (n=75)
1	0%	31%	10%	1%
2	29%	15%	15%	5%
3	33%	27%	39%	15%
4	19%	27%	27%	41%
5	19%	0%	10%	37%

# Service provision

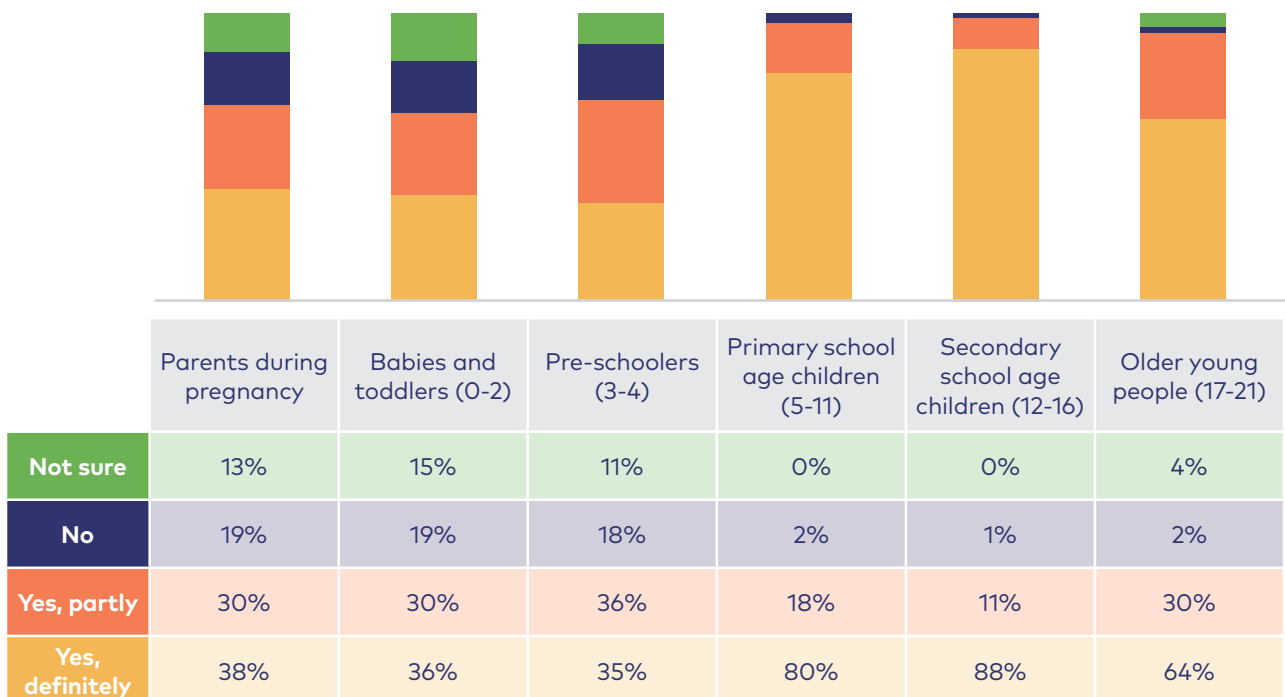
We asked respondents whether, within children and young people's mental health services in their area, there are mental health services that can work effectively with babies, children and young people of different ages.

Only one respondent said there were no services that could work effectively with any groups of children and young people. **139 (49%)** said there were partly, or definitely, services that could work effectively with all children.

Answers revealed greater confidence in the provision of services for school-aged children, compared to those in the early years. **225 (80%)** of respondents reported that there is definitely a service that can work effectively with primary school children and **250 (88%)** reported the same for secondary school-aged children. In contrast, only compared to **108 (36%)** said there is a service that can work effectively with babies and toddlers.

**"... it is sometimes said that "we are a 0-19 team" however unless children are from the looked after population then they are rarely seen. Unfortunately this means that difficulties become ingrained over time."**

**Chart 5: Answers to the question "Within children and young people's mental health services in your area, are there mental health services that can work effectively with babies, children and young people of the following ages?" (n=238)**





We asked, "What is the lowest age of referral accepted by your local NHS children and young people's mental health team?".

**105 respondents (37%)** said their local NHS children and young people's mental health service took referrals for babies under one.

However, many of these respondents added comments to say that whilst this was "theoretically" the case, babies were not seen in practice. A sample of these comments are quoted below, but there were many more making the same point. The answers to this question demonstrate that most NHS children and young people's services are not fully offering a 0-25 service.

**"I am concerned that it is the most neglected area in mental health."**

**Table 4. Answers to the question: "What is the lowest age of referral accepted by your local NHS children and young people's mental health team?" (n=283)**

Age	% saying this was the lowest age for referrals	% saying mental health team would take referrals this age or lower <sup>3</sup>
Pregnancy	9.2%	9.2%
0	37.1%	46.3%
1	1.4%	47.7%
2	4.6%	52.3%
3	4.6%	56.9%
4	6.7%	63.6%
5	18.7%	82.3%
6	1.4%	83.7%
7	1.8%	85.5%
8	1.8%	87.3%
9	0.7%	88.0%
11	0.4%	88.3%
12	0.4%	88.7%
Don't know	11.3%	

**"Officially from 0 but reality in practice is around 4 years."**

*"Strictly speaking it's 0-18 but we never seem to accept lower than 4."*

**"Criteria says 0 but in reality it is very rare to accept anyone under about 8 years."**

*"We are a 0-18 service but unlikely to accept before formal school age."*

*"Rare to see children under 7 even though service spec is 0-18."*

**"I think it is technically '0' but I have never seen pre-school children and rarely see primary age children."**

*"Officially it's a 0-18 service, but referrals rarely come in for under 5s and I have seen none for infants."*

3. This column shows the cumulative total: the percentage of respondents who replied that services would take a referral for this age or any younger age.



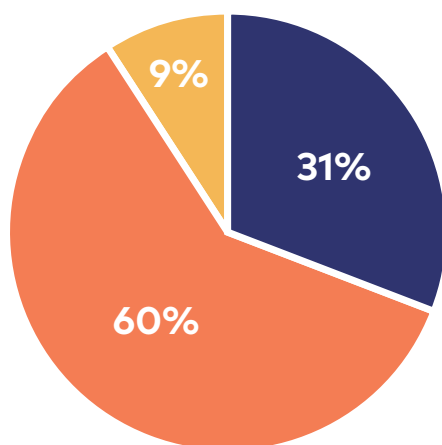


We also asked respondents if, within the children and young people's mental health services in their area (not including perinatal mental health<sup>4</sup>), there was a team with specialist skills and expertise to work with babies and toddlers and their parents. **84 respondents (30%)** said such a service exists, whilst **77 (27%)** answered that a service "partly" exists ("we have some specialist professionals who can work with babies and their families within our children and young people's mental health services"). Therefore, overall, **57%** of respondents thought there was some specialist expertise within their local children and young people's mental health services to meet the needs of babies and toddlers.

When asked if there was sufficient provision available from any local provider for babies and toddlers whose mental health was at risk (not limited to within NHS mental health services) 25 respondents (**9%**) felt there was "sufficient provision available for babies and toddlers whose mental health was at risk."

Therefore, although **57%** say that there is some expertise within the NHS to work with babies and children, only **9%** believed there was sufficient provision.

**Chart 6: Answers to the question:**  
**"Which of these statements best describes the availability of mental health services for babies and toddlers in your local area? (This could include services offered by any local provider)."** (n=283)



- There are no mental health services for babies and toddlers in my area.
- There is a service for babies and toddlers in my area, but it is not sufficient to meet the need in the local area.
- There is sufficient provision available in my local area for babies and toddlers whose mental health is at risk.



4. Whilst perinatal mental health services will see babies aged 0-2, these babies are seen because of their mother's mental health problems and only if these symptoms reach the threshold for specialist care. For this research we were interested in finding out about services for young children that are not conditional upon their parents' mental health diagnosis.



## Final comments

In a free text box at the end of the survey, respondents were given the opportunity to add any further comments. 128 respondents provided a comment in this section. These comments fell into three similar themes. Examples are given below:

### The gaps in provision for babies and toddlers

"Overlooked and badly provided"

**"There is a huge gap in provision between the perinatal service and CAMHS service in my area..."**

"I am concerned that it is the most neglected area in mental health"

**"This is an area of particular interest, but it is difficult to make the space with other clinical demands. I would like to be able to incorporate this work more effectively."**

"I have moved ... and have noticed a significant reduction in services available in comparison... I specialised in infant mental health and have a lot of experience in this area, but have not been able to make use of it in my team. Although CAMHS is a 0-18 funded provision, I am currently the only member of my team carrying out work with a mother and baby (just 1 patient currently). There is a very low amount of mental health provision used for working with babies and toddlers throughout CAMHS, and I have been unique in carrying out this work in most teams I have been in. This does not match at all the need of babies, toddlers and their families, which if allocated more, could greatly cut down on the number and severity of referrals later in the child's life."

### The lack of understanding of the importance of this provision

"...It is very difficult to get people to recognise that infants and toddlers can have serious emotional difficulties. "

**"This is such an important area but little understood. Often the focus is on the parent..."**

"There is a lot to be learnt amongst ALL agencies to understand the needs of children and the damage that can be done to the neurobiology and the consequences for later in life. ... This has been known for a long time yet still there is no time, staffing or funding for this made locally."

**"CAMHS commissioners and managers need to be told that Child & Adolescent Psychotherapists have the skills to help young children and their parents early; the longer they wait for specialist CAMHS the more entrenched the difficulties and the harder it is to effect change. Clinicians know this, but commissioner and managers of CAMHS don't seem to understand this."**

"I believe the PIMH [parent-infant mental health] work and local early attachment services form an important part of prevention strategies for our local systems. However I do feel we have a long way to go as to develop this investment, understand our impact and value our outcomes"



### A recognition of the value of work with young children

"There is a huge lack of provision for under 5s and their parents. There is a small team who work with pregnant mothers up to their baby turning 1 year. There is no provision between this age and 5 years. There is an attitude that children of this age shouldn't need mental health support. It is a tragedy that children cannot access services when they are young enough to make a huge difference to their lives. It can so often be too late when the majority present from puberty onwards. With support for parents of very young children the numbers presenting at adolescence would no doubt decrease."

**"It is something that is said "we are a 0-19 team" however unless the children are from the looked after population then they are very rarely seen. Unfortunately, this means that difficulties become ingrained [over] time."**

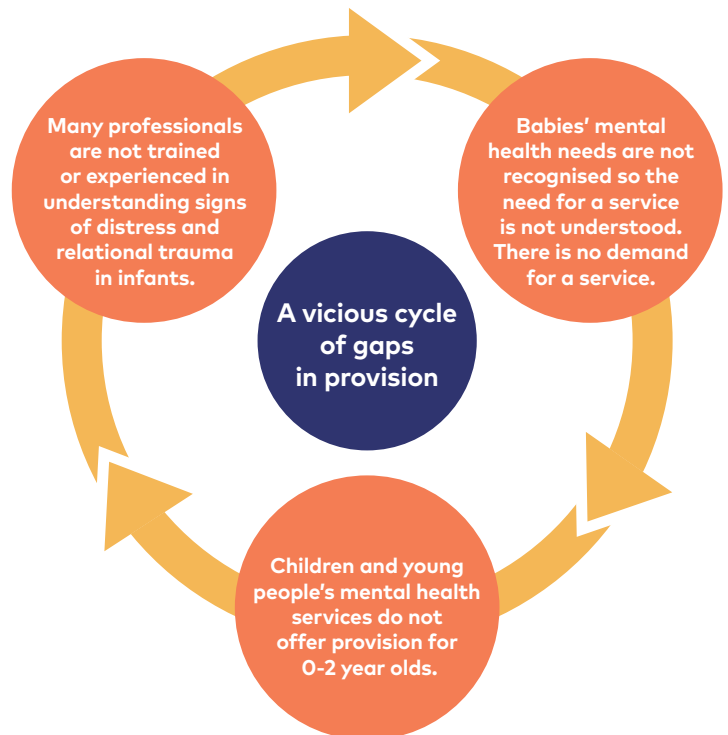
"I am hoping to expand the PIMH service in my area for which I am clinical lead The service was established in July 2020 and we are full to capacity The feedback we have received from families and professionals to date has been humbling and has conveyed how the input received has changed the trajectory of parent and infant."



# Conclusions

The results from this survey show that there is still a lot of work to be done to secure mental health services across the UK that can provide appropriate support to all children, irrespective of their age.

The findings here clearly demonstrate that many children and young people's mental health services are still not working with the youngest children, and many professionals within these services lack the skills and confidence to deliver parent-infant work effectively. This is likely to create a vicious cycle: without the skills and understanding of infant mental health, professionals are less likely to elicit referrals or to recognise and accept referrals for babies experiencing early relational difficulties or poor emotional health. Without the provision, trainees are not being exposed to the work that would enable them to expand their understanding of infant mental health and their confidence in supporting babies and their parents. A concerted effort is required to change this status quo. Areas that are developing infant mental health services – including the 39 areas of the UK with a specialised parent-infant relationship team - are showing how that can be done.



**To ensure that ALL children across the UK can access appropriate mental health provision, if and when they need it, we need:**

- **Policy and investment from national governments to increase the provision of infant mental health services (ideally through the roll-out of parent-infant teams)**
- **A drive within the NHS to hold commissioners and providers to account for offering truly 0-25 children and young people's mental health services**
- **A workforce development strategy to ensure there are trained professionals with the specialised skills required to deliver these critical services.**





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