intervention design?

For decades now, the field of infant mental health has conceptualized human development as transacted within dynamic systems made up not only of the infant's family, but also of the broader social, economic, political and physical spheres in which they are situated. Bronfenbrenner's ecological model and Sameroff's transactional model are often invoked, but their implications for infant mental health practices still hold much untapped potential, leaving many questions for us to explore:

• What do infant mental health professionals need to know about the institutions and environments and other constituents of the systems in which infants and families develop?

• What interactions can or should infant mental health professionals – and their professional organizations- engage in with the members of the dynamic systems beyond the family in which infants develop?

• Would such interactions dilute the work or overwhelm mental health professionals? Can their goals be achieved for all infants any other way?

In the United States, a shocking 20% of children are currently living in poverty. Despite expanded healthcare coverage, most of those who need infant mental health services do not have access to them. Yet in many developing countries, efforts to improve infants' survival rates still often take precedence over efforts to ensure their healthy development, inviting us to think more deeply:

• What is the role for infant mental health services in contexts like these?

• What would it take for infant survival and development to be integrated, and what would this look like in different contexts, cultures and communities?

• How can infant mental health services be scaled proportionally to the needs?

• What role can mental health prevention and promotion play in these settings?

• What role should infant mental health and WAIMH play in scaling prevention and promotion strategies?

Joshua Sparrow, Director of Planning, Strategy and Program Development at the Brazelton Touchpoints Center (Boston Children's Hospital/Harvard Medical School), conceived of this column and has enthusiastically agreed to coordinate it. The Editors are calling for concept papers, research articles, adaptations of articles, and literature reviews that address questions such as these and that pose other pressing ones. We look forward to your reflections and hope that vigorous dialogue in this reflective space will ensue.

The following are general guidelines for Perspectives:

• APA, sixth edition, for style

• 12 point font

• Double spaced

• 250 words per page

• Articles of varying length are welcome, however, length should not exceed 20 pages Word-format

• Send pictures and tables in separate files, with a resolution of at least 72 pixels/ inch

• Manuscripts are accepted throughout the year.

• Articles much shorter than 20 pages are also welcome for submission.

The World in WAIMH: A Reflective Space on Context, Culture and Community

By Joshua Sparrow, USA

The first article to be published in The World in WAIMH was selected to complement the publication in this issue of WAIMH's Declaration of Infant Rights. As with the United Nations Declaration of the Rights of the Child, Infant Rights raise at least three dynamic tensions to be considered:

• First is the tension between child survival and child development first;

• Second is the balance between the promulgation of universal rights, and the right to self-determination of individual communities, cultures and families;

• Third is the balance between the rights of infants and children, and the rights of parents and other adult caregivers. The latter is complicated by the fact that although the wellbeing of infants and children clearly depends on that of their family, international bodies, national governments, and nongovernmental organizations often find it easier to garner support for infant and children needs when these are divorced from those of their parents.

Could it be that at the global level, policymakers experience tensions similar to the ones that we face as we endeavor to simultaneously keep both infant and parent in mind, and to shift our focus from each individual to the relationships through which they exist with and for each other?

Author contact information:

Joshua Sparrow, MD

Harvard Medical School, Boston , USA

e-mail: joshua.sparrow@childrens.harvard.edu