

Brief Commentary Forty Years with Infant Mental Health: Some Reflections for the Future. A lens from USA

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Hi Fitzgerald has identified six critical directions for the infant mental health field to continue building on the advances of the past 40 years. One of these directions is to expand research on the impact of men/fathers on early child development. As Hi articulates so well, recent decades have seen an increase in attention to the ways that fathers contribute to children's lives, health, and development. Men's own physical and emotional health and wellbeing, as well as the nature of their involvement with their children and their children's other caregivers, are influential.

As someone who studies men's experiences across the transition to fatherhood, and interventions to support and strengthen early father-child relationships, I share Hi's recognition that the impact of fathers on early development is an important area for continued investigation and understanding. In particular, this research should include and address diverse family constellations, and we must prioritize the incorporation of our findings into practice.

It is a tenet of our field that the parental capacity to nurture an infant or young child is dependent on the extent to which the parent is supported and nurtured, and this is true regardless of the parent's gender or marital status. As we seek to learn more about the role and contribution of fathers, we must attend to the wide range of cultural and social norms for fathers and fathering, and structural barriers to involvement faced by vulnerable and marginalized fathers. And as our understanding of these realities grows, we must reflect and act to expand inclusion of fathers in our work with infants, young children and families in ways that respond to the needs and circumstances of diverse fathers and families.

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By Catarina Furmark, clinical psychologist,
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- How to find ways to translate our
science and convey its practical
meaning to policy makers,
program developments and the
legal community.

Hiram Fitzgerald provides an excellent summary of the interdisciplinary field of infant mental health whilst challenging us to reflect on the future. The article offers many "ports of entry" and I have chosen to comment on its very last point – the need to translate existing science and convey its practical meaning to politicians and policymakers.

Even though existing science on the rapid, sensitive, and relationship-dependent brain- and behavioral development of infants indeed is no longer new, there is still a lack of recognition of its significance. The actual concept of mental disorders in infancy is widely unrecognized, as Lyons-Ruth and colleagues point out (2017). Increased knowledge on the impact of mental ill health in infancy and how to promote infant mental wellbeing has still not been matched by increased funding, prioritizing or impact on social policy despite the importance of this knowledge, and "the costs, financial and social, of its failure to do so" (Leach, 2017).

One can easily feel defeated by efforts to change policy, only to experience policy makers reluctance or inability to change – despite their often good intentions. However, we now more than ever need policies that reflect the knowledge we have about how to promote parental and infant mental well-being, support

sensitive parenting, increase resilience in families, reduce societal costs and reap the benefits to society when it acts accordingly. What we can do, is with ever renewed efforts, carry on. And, defeat does not automatically mean we have been unsuccessful (Jansson, 2007). When we make the effort to try and change policy, we can sensitize and educate people who may not have been aware of the issue of infant mental health. While this result may not be what we had initially hoped for, it may pave the way for later successes.

We must find the particular times, when the political and/or psychological climate is right for policy change. To be successful, we can adopt the strategy of the "eight P's" (Meredith & Dunham, 1999). We need to *plan* well, using a strategic planning process. We must *prepare*, including doing all the necessary research and becoming experts on existing policies. We need to cultivate *personal contacts* with policy makers, other change agents, and anyone else necessary. Not easy, as the turnover of staff means that the personal contact you had last year, is no longer working in that particular office. We need to take the *pulse* of the community, that is to find out what our families need, to know where to start in order to be successful. We do need a certain amount of *positivism*, framing policy changes and outcomes in a positive way. We need each other, we need *participation* of everyone affected by or concerned with the issue in planning and implementing policy change. We may use *publicity* for our effort in general and for our suggested policy changes in particular. We need to stay *persistent*, not to give up but to monitor and evaluate our actions and keep at it for as long as necessary.

Finding ways for changing policies are not always easy. They are time-consuming, they rarely seem to yield any tangible results, and any efforts need to be repeated over and over again. They can be draining. That is why we need our community. WAIMH as an organization, with its international scientific and clinical community, and its affiliates, has high credibility. There are efforts already as Hiram Fitzgerald mentions in his article; WAIMH's position paper on the rights of infants being one (WAIMH, 2016). This paper has been presented to the Swedish Board of Welfare and to the Department of Welfare in 2017 by members of the Nordic Affiliation. These efforts should continue and be ongoing. The members of WAIMH and affiliates are the appropriate leaders in campaigns for changes in policy. Keep calm and carry on!