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From the Desk of the President of WAIMH

By Campbell Paul, Melbourne, Australia

President of WAIMH, Associate Professor, Royal Children's Hospital Melbourne, University of Melbourne, Murdoch Children's Research Centre

Dear friends and colleagues,

I feel very privileged to have been able to spend a WAIMH week in Dublin, the city of literature, a city of people who shared so much of their culture, their struggles and a powerful sense of family and community. Before the Congress had even begun, the hospitality was flowing. Several of us were treated to generous hospitality at the Crumlin Children's Hospital by the Hospital's passionate infant mental health professional network. Everyone there works to ensure that the voice of the infant will be heard whether in the hospital or the broader community.

On my way to Dublin, I attended the European Child and Adolescent Psychiatry Congress (ESCAP), in Copenhagen. It too is a very friendly and historic city, and it was wonderful to spend time with our colleagues who are seeing troubled older children, adolescents, and their families. Our colleagues were also focused on the experience of children and families in the context of war and natural disasters, including the plight of many refugees from Ukraine and other countries within and bordering Europe. There was an important symposium looking at the future of infant, child and adolescent psychiatry. This symposium raised the question of how to spread resources in innovative, generous, and different ways to try and reach the immense number of children needing help in other parts of the world.

The Congress in Dublin was an amazing event and a truly international event. There were around 1500 registrants, from 48 countries around the world,



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representing all continents. I felt that there was a constant buzz of excitement around the Dublin Convention Centre which was a wonderful containing and sharing space. We met our colleagues in person, many of whom we had not seen for a long time. Moving from a small meeting room to the larger halls to the plenary session and into the amazing space overlooking the Liffey River, it was very much like old times... and new times meeting new friends from many countries. I certainly learnt very much from each presenter, from the small Brief Oral Presentation (BOP) sessions and the posters sessions, right through to the Symposia, Workshops, and Plenary sessions.

One crucial theme that emerged for me over the whole course of the Congress was how important it is for us to commit more effort to work alongside vulnerable communities around the world who have minimal resources with which to confront serious mental health problems. We have a challenge for future congresses and meetings to enable colleagues from less well-resourced countries to join us in equal numbers with equal voice. The traumatic impact of colonisation and racism was a theme that wove itself through the fabric of the Congress.

The Pre-Congress Institute "Embracing Diversity Informed Practice in Infant Mental Health across the Globe" set the scene for us to think deeply about caring for all communities of infants, families, and professionals, while building respect, compassion, and creativity. It's very clear that with climate change there will be an increase in terrifying natural disasters and WAIMH is working towards more effective collaboration with colleagues and agencies who are active in such traumatic situations. There are many groups around the world, including oppressed and colonised communities, who have suffered the disasters of war, trauma and racism.

Before and during the Congress a Global Crisis Working Group has been set up to build cooperative networks to support our colleagues.

People often say how friendly, passionate, and supportive the WAIMH Congresses are. An example of this collegiality was the symposium, "Mentoring in Infant Mental Health", commemorating a WAIMH pioneer Robert Emde. With the generous support of the Two Lilies Foundation and Jane West, David Oppenheim invited three pairs of IMH mentors and mentees, clinicians and researchers, to talk about the experience of learning and growing together across borders and over time. I believe this symposium represented the legacy of Bob Emde in helping bridge huge resource and knowledge gaps across the world, leading us to the essence of the aims of WAIMH. But we have much to do.

Our next Congress will be coming earlier than usual as we will meet again in one year in Tampere, Finland for an Interim WAIMH Congress. It will be from 5 to 7 June 2024, in the Finnish summer. There was a long interval between the Congress in Rome in 2018, then connecting largely virtually in Brisbane in 2021, until we met in person in 2023 Dublin. Next year we will resume our pattern of a WAIMH Congress occurring in the even years. You will be very welcome in Tampere, where we will have invited speakers, with an open call for Poster presentations.

In Perspectives, you will read more about the important issues in infant mental health, how we may be able to help globally, the activities of WAIMH and how you can contribute. Thanks to the very creative editor Maree Foley, Geneva, and to Salisha Maharaj our assistant editor from Cape Town, and our Tampere team. Please send your contributions and read all about it!

I really look forward to catching up with you all again in 2024 in Finland, the homeland of our very hard-working WAIMH Executive and Office team. See you soon...! Nähdään pian!

Campbell Paul



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH



Irish Association
for Infant
Mental Health

WAIMH
15-19 July 2023
Dublin . Ireland

**Early Relationships Matter: Advancing Practice,
Policy and Research In Infant Mental Health**



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WAIMH Executive Director Corner

Dear colleagues and friends,

As I am writing this the fall semester at our University has started and our Medical Building Arvo is filled with young people eager to get back to their studies. Seeing the crowded hallways reminded me of the WAIMH Dublin Congress in July, as the Dublin Convention Centre was just as packed with Congress delegates. The ambience at the Dublin Congress was equally joyful and the eagerness of the delegates to hear, learn and participate in discussion was really tangible. It was such a joy to see colleagues and friends from all over the world after so many years, and the only damper was that – once again – there was so much happening and there were so many people to see that the days just flew by. Our Irish hosts and the city of Dublin really showed us their hospitality, even though the weather was not always the best. The Program Committee led by Elisabeth Hoehn had managed to create a truly diverse and high-quality program where many of the big, global issues concerning Infant Mental Health were addressed in various sessions. From the WAIMH Office's point of view collaboration with the Local Organizing Committee, Program Committee and the Professional Conference Organizer InConference was a real pleasure from the beginning to the very end, and all the people who had worked so hard through the years to make the Dublin Congress such a success also deserve our heartfelt thanks here.

In some ways both the World Congress and the two meetings of the WAIMH Board of Directors made me feel that WAIMH as an organization is changing in many ways. In Rome in 2018 I gave a short talk at the opening ceremony with the title from Bob Dylan's song... "For the times, they are a-changing..." The times have indeed changed, and not always for the better. However, as my Karelian grandmother used to say: "ei mittää nii pahhaa, ettei jottai hyvää", meaning that even when something bad happens, something good can come out of it – a very typical example of the Karelian mindset. During the Congress and in the Board meeting the question was raised of how we in WAIMH can respond to need in various crisis areas in the world, and I believe that some very good and concrete ideas for actions were put forward in the symposium "The role of WAIMH in global crises situation". Another very topical theme at the Congress and for WAIMH are the principles of Equality,

Diversity and Inclusion (EDI), with the need for us at WAIMH, too, to think about what the principles mean to us and how we can help ensure fair treatment and opportunity for all and do our share to eradicate prejudice and discrimination on the basis of an individual's or group's protected characteristics. One of the big questions is how we can better help countries and cultures with poorer resources get their voices heard and themselves represented in WAIMH. And last but not least, a very welcome question posed to WAIMH was whether we should develop a code of ethics that would provide more guidance to clinicians working within Infant Mental Health.

WAIMH has a lot of work to do in the future, and we need to think how we must change and grow in order for us to rise to the challenge. However, I have great confidence in all of us working in Infant Mental Health and in WAIMH. We are "baby people" and together we can truly make a difference. Next year from 5 to 7 June, 2024 we will hold an Interim World Congress of WAIMH in Tampere, Finland in order to get us back to even years with the World Congresses. The speakers will all be by invitation, but we will send out a call-for-posters, and you are all warmly welcome to come to Tampere as delegates! Please go to www.waimh.org to see our little video on the Congress venue and the city of Tampere and join us in further discussions on how we can better help babies and their families.

With warm wishes to you all,

Kaija



From the Editors

By Maree Foley, Editor-in-Chief,
Switzerland,

Salisha Maharaj, Assistant Editor, South
Africa,

and Jane Barlow, Associate Editor, UK



Welcome to this August 2023 edition of WAIMH *Perspectives in Infant Mental Health*. This issue begins with a special focus on reports from the recent 18th WAIMH Congress, held in Dublin, Ireland, where WAIMH was hosted by the Irish Association for Infant Mental Health. Reports from Campbell Paul (WAIMH President) and Kaija Puura (WAIMH Executive Director) are then followed by a WAIMH Congress 2023 Report: President's Symposium with Campbell Paul, Cath Chamberlain, and Astrid Berg by Maree Foley and a WAIMH Congress Presidential Symposium Discussion by Astrid Berg. What follows, are two brief congress reflections from two of our editors, Patricia O'Rourke (Associate Editor) and Salisha Maharaj (Perspectives Assistant Editor).

The focus of the issue then turns to a window into infant mental health in Zimbabwe. This paper is the result of an interview by Salisha Maharaj (Perspectives Assistant Editor) with colleagues in South Africa, Junior (June) Manala and Rachel Makoni, who are actively engaged in promoting and developing, and bringing forth the current expertise in infant mental in Zimbabwe.

Next, the issue draws attention to a national strategy on child and adolescent mental health from the State of Palestine: *The State of Palestine Child and Adolescent Mental Health National Strategy 2023-2028*. This strategy has been shared with us by Nadia Dabbagh (Royal College of Psychiatrists, UK). Salisha Maharaj provides a comprehensive introduction and overview of the report.

Minna Sorsa (WAIMH Senior Administrator and Production Editor) provides a report on a recent WAIMH collaboration to establish a World Infant, Child and Adolescent Mental Health Day (WICAMHD) highlighting an inaugural webinar that was held on 28 April 2023: *Stand against infant, child and adolescent trauma*.

The issue then features the Ann Morgan Writing Prize, 2022; A prize presented by the Australian Associate of Infant Mental Health (AAIMH). The 2022 recipient was Carolyn Leach-Paholski. Her winning poem is republished here with the permission of AAIMH and Carolyn.

Next, the WAIMH office staff, led by Minna Sorsa with Neea-Leena Aalto continue to do an amazing job in the office. They provide an update on the WAIMH Office news. This is followed by a reminder about the recently published WAIMH e-book. Further details can be found at this link: [WAIMH eBooks Topical Resource Guide, Volume 1 - World Association for Infant Mental Health](#)

We also draw your attention to the WAIMH Perspectives vacancy intern editor role. The eligibility criteria for this is role includes persons who are: A current WAIMH member, or a WAIMH Affiliate member, and/or, an actively engaged IMH professional, who is also currently engaged in an IMH training programme, and/or, has been a recipient colleague of the WAIMH Sponsor a Delegate program. The full advertisement and contact details are provided.

The issue closes with some Perspectives in Infant Mental Health flyer that includes author submission guidelines.

As a reminder, Perspectives papers can be accessed online, with past issues dating back to 1993 currently available by following this link: <https://perspectives.waimh.org/perspectives-archive/>. Also, past articles are available online in text format, which in turn can be shared: <https://perspectives.waimh.org/>.

Finally as editors, we thank each person for their interesting and thoughtful contributions. We welcome submissions from the field that challenge the way we think about infants, families, culture, and community, and offer fresh perspectives on

policy, research, and practice. As always, we invite comments in response to what is published in WAIMH Perspectives in Infant Mental Health.

Editors

- Maree Foley (Switzerland)
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Assistant Editor
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Production Editor
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- Jane Barlow (UK)
- Joy Osofsky (USA)

Reflection on the WAIMH Congress 2023

By Patricia O'Rourke, Associate Editor,
Australia

Across the Globe was a six-hour interactive workshop immediately before the opening session of the Congress. Based on principles of diversity, equity and inclusion, the four presentations from South Africa, Canada, Australia and Ireland focused participants' attention on the need for critical self-awareness when working within diverse multicultural communities.

The ongoing encouragement from our facilitators to locate ourselves first and foremost in our work reminds us that 'how we are is as important as what we do'; that 'intentionality, accountability and responsibility' are inseparable and the notion that infant mental health work is fundamentally 'social justice work' are gems I'm left to reflect on, as are these simple questions: who am I? why am I here? and what am I to do?

It was a wonderful start to the Congress: so much warmth – so wonderful to feel surrounded by so many different ethnicities and nationalities – and to know everyone there is focused on the best way forward for the babies in their lives.

Pre-Congress Institute: Embracing Diversity Informed Practice in Infant Mental Health across the Globe

Speakers

Dr Colette Murray, Technological University Dublin

Dr Elisabeth Hoehn, Queensland Centre for Perinatal and Infant Mental Health

Salisha Maharaj, Tygerberg Hospital

Dr Juané Voges, Stellenbosch University

Dr Chaya Kulkarni, Infant Mental Health Promotion, Sickkids

Facilitators

Dr Kandace Thomas, Memphis, United States

Dr Lynette Aytch, Washington, USA



Photo: Kandace Thomas, Catherine Maguire, Elisabeth Hoehn, Audrey Lonergan, Colette Murray, Salisha Maharaj, and Lynette Aytch. Credit: WAIMH

Reflection on the WAIMH Congress 2023

By Salisha Maharaj, Assistant Editor, South Africa

There is a growing awareness that "well-established", extensively researched and published healthy parenting practices only represent a small fraction of the global variation in good-enough caregiving. As a congress attendee, it was clear that regions which house the largest sources of funding will continue to generate the largest body of knowledge, promoting a particular "gold standard" of key ideas that have come to define the field of infant mental health intervention, policy, practise and research.

A key theme of the WAIMH 2023 congress proceedings included an attempt at shifting the focus from primarily Western, Educated, Industrialised, Rich and Democratic (WEIRD) idealization of infancy to include diverse racial, cultural and collectivist perspectives into mainstream sources of knowledge. A symposium entitled "Parenting in Cultural Context" included five presentations from across the globe challenging "gold-standard" approaches to infant mental health theory and practice and provided evidence for variations which benefit infants and their caregivers.

Dr Tracy Vozar (Children's National Hospital/GWU) shared a presentation entitled "Nosotros Jugamos: a cultural and language sensitive caregiver-led parent-child group" which showcased a facilitated play, support and evidence-based programme with mental health components for caregivers and young children. The programme has been adapted from WePlayDenver but is held exclusively in Spanish and targets the needs of Spanish-speaking caregivers. Culture-specific core values and stressors are accounted for by this model, reducing acculturative stress of the LatinX community in Colorado, US, promoting

mental well-being and supporting caregiving practises and normative child development.

Dr Nicki Dawson (Ububele Educational and Psychotherapy Trust) presented her research on “An Exploration of Maternal Sensitivity, Culture and Context in a South African Township”. Her study aimed to research the applicability of the construct of maternal sensitivity in a South African context using both qualitative interviews and interactional video material. The findings revealed that divergences with more recent Western-developed operationalization of maternal sensitivity were found in the areas of warmth, verbal responsiveness and facilitated learning.

The third presentation included work from Dr Yujin Lee (University of York) whose presentation entitled “Cultural Differences and determinants of Parental Reflective Functioning between the UK and South Korea” sought to highlight culturally different determinants of parental reflective functioning. Her findings concluded that although mothers’ genuine interest about their infants’ minds would be universal, mothers’ focus on their parental mentalizing and their determinants are culturally dependent on parenting beliefs. Her research highlighted the emphasis on “oneness” between mother and child. Prof Fiona Ross (University of Cape Town) presented on a current research project “A second order witness: observing infant observers in South Africa” in which an anthropologist attends weekly online Tavistock-informed infant observation seminars for two years. The presentation highlighted the need for careful reflection on the experience of being an observer in the context of which family shape and function are complicated by histories of racism, dispossession, illness, inequality, mobility and local models of personhood. Concerns have been raised about the objectifying capacity of the model, thereby challenging its relevance and applicability in its current shape and form in the South African context.

The final presentation of the symposium by Dr Deborah Young (Empowering Communities Globally) highlighted “Support systems for well-being of young children and families: The case of Palestine” in which cultural adaptations of the Crowell and Feldman procedural caregiver-child relationships assessment tool were used to provide

interventions to families. Young’s work suggests that the mental well-being of parent and child is closely related to the unpredictability of the impact of contextual factors and therefore adaptations in tools are essential for the relevance of its use.

The symposium concluded with stimulating discussion from the audience who engaged with larger

ethical questions around the access to knowledge which captures the wider world view of parenting practises and the applicability and relevance of models that are imposed without the necessary cultural and contextual adaptations. The need for further reflection on a decolonized approach to healthy infant mental health outcomes featured as a core theme of the discussion.



Photo: Dr Nicki Dawson presenting snippets of her paper “Contextual Ghosts in the Nursery: Systemic Influences on Sensitive Maternal Responsiveness in a Low to Middle Income Country”. Credit: Salisha Maharaj



Photo: Presenters from the ‘Parenting in Cultural Context’ symposium from left Dr Tracy Vozar (Children’s National Hospital/GWU), Dr Yujin Lee (University of York), Dr Deborah Young (Empowering Communities Globally), Prof Fiona Ross (University of Cape Town), and Dr Nicki Dawson (Ububele Educational and Psychotherapy Trust). Credit: Salisha Maharaj

WAIMH Perspectives intern editor vacancy

The WAIMH Perspectives IMH team have an opening for the role of intern editor.

Criteria

This role is for a WAIMH member, or WAIMH Affiliate member, and/or, an actively engaged IMH professional, who is also,

- a) Currently engaged in an IMH training programme, and/or,
- b) Been a recipient colleague of the WAIMH Sponsor a Delegate program.

Tasks

The role is part-time, unpaid, and involves a few hours a month. Tasks include, sourcing current IMH-related material with some administrative tasks. There are also opportunities to contribute and publish one's own writing and research updates to Perspectives IMH.

Background

The idea for offering internships arose from understanding the process of community engagement within the overarching editorial process, and in conjunction, appreciating the journey on route to becoming engaged as a professional with WAIMH.

First, the editorial process involves both technical expertise and relationship building. That is, in addition to sourcing, preparing, and publishing papers, one of the outcomes of the editorial process is engagement with the WAIMH membership as well as allied professionals.

Second, the professional journey of joining the extended WAIMH community is made somewhat easier with global technology. However, this ease is not a substitute for supported relationship building and connection. Many of us arrive at WAIMH as established professionals who are on a pathway to bridge our existing professional base with the interdisciplinary base of IMH.

Finally, the over-arching goal is to leverage Perspectives IMH as a base from which to provide opportunities to engage with the wider IMH community beyond one's local area and to also connect with new members about what they are seeing and noticing in our field.

We aim to grow this initiative so that interns at any one time represent different regions across the globe.

Application Process

Potential candidates are invited to email their application to the Editor-in-Chief, with the following information:

1. Name
2. Email
3. Country
4. IMH Training Program you have and or attending
5. Sponsor a Delegate: Year and congress attended (if applicable)
6. WAIMH member: yes or no
7. Name of WAIMH Affiliate: (if applicable)
8. A 1 or 2-paragraph brief about what you would bring to this role.
9. 1 paragraph about the areas of IMH that are of most interest to you.
10. Please also provide a one or two-page CV

Please direct any queries to the Editor-in-Chief, Maree Foley: perspectives@waimh.org

The due date for applications:

3 October 2023



18th WAIMH Congress Dublin 2023 Presidential Symposium: Advocating for infants in a complex world with competing priorities: ensuring that the infant's voice is heard and honoured: A reflection

By Maree Foley, Editor-in-Chief WAIMH Perspectives IMH, Switzerland

The 18th WAIMH Congress Dublin 2023 Presidential Symposium was titled: *Advocating for infants in a complex world with competing priorities: ensuring that the infant's voice is heard and honoured.* The key speakers were Prof Campbell Paul, WAIMH President, Naarm, University of Melbourne and Prof Cath Chamberlain, Naarm, The University of Melbourne. Prof Astrid Berg, WAIMH President-Elect, University of Cape Town and Stellenbosch University, was the Discussant.

The reflection below relates to the presentations by Campbell Paul and Cath Chamberlain. Following these two presentations, the allotted time for the symposium was complete. Astrid generously offered to share her presentation with delegates and the wider WAIMH community in Perspectives. Astrid's discussant paper for this symposium immediately follows this reflection.

It is a challenge to convey the material shared in this symposium as it was received via my in-the-moment experiences during the symposium. There was a continuous vibrant shared ambiance at the Congress. In conjunction, there were many speakers who were sharing salient narratives. Collectively, this was met by a quiet active exchange within my internal landscape; akin to an experience of navigating "the now moment and the moment of meeting" (Stern, 2004, xviii). The best way I can capture this symposium is via the metaphor of journey; journey across time, past, present, staying connected with the pitstops along the way; the joyous and painful pitstops all worthy, treasured, re-membered, on the collective way forward.

At the outset, the symposium began with a presentation by Campbell Paul, WAIMH President. Campbell took us all on a journey, passing through many key tenets gifted to us by some of the



Photo: Prof Campbell Paul, WAIMH President, WAIMH Congress Dublin 2023. Credit: WAIMH/Minna Sorsa

foundational researchers and clinicians in the field of infant mental health.

For example, Winnicott and playfulness and mirroring, Bob Emde and the moral self of infancy, Trevarthen on the primary intersubjective capacities of babies, play and shared discovery, Reddy on how babies know minds and intentional play, Mireault and Reddy on playfulness and clowning

with babies, Nagy and colleagues on neonatal imitation capacities, The Boston Change Process Study Group on intersubjectivity and moments of meeting, and Ann Morgan promoting babies as equal partners in the interaction. Each tenet, one by one, reflected a portal to facilitate seeing the baby as an active participant, in day-to-day family life and in therapy.

Why could it be so hard to see the baby?

- Where is the voice of the infant?
- The infant as a thoughtful, responsive, and intentional person
- Meeting the baby in therapeutic work
- What can we learn from our work with babies and parents?
- How can societies neglect the rights of infants?
- Advocating for the infant and their family
- Learning from First Nations peoples

19/07/2023 WAIMH 2023 CP Pres

Titian . Virgin Sucking Christ
National Gallery London

3

Credit: Prof Campbell Paul, WAIMH President, WAIMH Congress Dublin, 2023.

The Baby Brings Hope, but there is a paradox:



- the baby is a person, bringing forth our hopes for the future but at the same time BUT we also find it difficult to accept **the baby has a mind (Gopnick)**
- there is **resistance** to attributing to infants the possibility of **mental health** problem..maybe even of **consciousness** as we think of it
- *infant mental health has a responsibility to share with our health care colleagues an understanding of the baby's emotional vulnerabilities and capacities*
- recent decades have seen a huge increase in the number of programs to intervene with infants and parents
- *For example infant-parent psychotherapies with the baby at the centre*
- clinical vignettes can illustrate family mental health interventions with the infant at the centre
- **Need also to translate from specialised infant mental health to universally accessible services**

19/07/2023

WAIMH 2023 CP Pres



Credit: Prof Campbell Paul, WAIMH President, WAIMH Congress Dublin, 2023.

Within the context of this rich tapestry of practice science and wisdom, Campbell invited us to journey with him, re-minding us all that the baby, too often remains out of sight and mind as a participant, and, that we can also be out of sight to the baby. He invited us to grapple with an uncomfortable consideration: To fathom how we cannot not see the baby as a primary participant in all interactions, problem-solving and shared decision-making. And to fathom, how we can unintentionally be out of the sight of the baby.

Campbell asked us, "Why could it be so hard to see the baby". In conjunction, he reflected when the baby looks at us, they need to see themselves there, present. He said, "We need to make sure we are not an empty mirror" (Campbell Paul, WAIMH Congress Dublin, 2023). In conjunction, these practice principles, at best, create the conditions within which the baby, when they are readying and needing to see and communicate with us, is able to find us. That is, to find us there in a timely way and experience themselves in relationships that support growth, development, and shared happiness in relationships.

To bridge theory with practice wisdom, Campbell shared vignettes of babies as recipients and contributors to intergenerational healing in moment-to-moment interactions with their caregivers and families. He showed how "baby Jessica becomes the therapist for the mother" (Campbell Paul, WAIMH Congress Dublin, 2023). Campbell showed how baby Jessica was not in a role reversal here where she was burdened. Her therapeutic offerings to her mother arose out of her being

in her developmental skin in moments of shared attention and joy with her mother, within which her mother experienced this as a moment of belonging; her to baby Jessica and baby Jessica to her.

Similarly, in the therapeutic setting, Campbell showed babies as both recipients and contributors to the therapeutic alliance. These babies with their parents, and the therapist, illustrated the lived experience of "moments of meeting". Moments of meeting, is a construct that captures an intersubjective shared experience of knowing each other (see the work of The Boston Change Process Study Group and Daniel Stern (2004) in his book, *The present moment in psychotherapy and everyday life*.

Campbell reminded us of the work of Serge Lebovici, in Paris, where the therapist at best, develops the capacity

to deeply listen and understand the intentions hopes and fears of both the baby and the parents. Furthermore, this was exemplified in the relationship-building function of the NBO (Newborn Behavioral Observations) (Nugent and colleagues).

Following Campbell's presentation on bringing the baby into view and conversation within the therapeutic alliance, Professor Catherine Chamberlain continued this theme in conjunction with that of the Pre-Congress Institute: Embracing diversity-informed practice in infant mental health. This pre-congress featured community-based and diversity-informed infant mental health expertise across regions.

Professor Catherine Chamberlain is a Palawa woman of the Trawlwoolway clan (Tasmania), a registered midwife and public health researcher. She is currently a professor of Indigenous Health and NHMRC Career Development Fellow at the Centre for Health Equity, and Director of Onemda Aboriginal and Torres Strait Islander Health and Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne. She also holds the position of Editor-in-Chief of the *First Nations Health and Wellbeing: The Lowitja Journal*.

In her presentation, "Honoring the wisdom of the baby: replanting the birthing tree", she shared with us, the work of her and her team, as experts in First Knowledges concerning Aboriginal and Torres Strait Islanders, intergenerational trauma and intergenerational nurturing and recovery.

Some ways of seeing the baby, listening to the baby's voice: examples



- **Newborn Behavioural Observation**
- **ADBB**
- **Systematic Clinical Engagement and Observation**
- **Infant Observation**



Bellini 1500 Madonna of the Meadow Nat Gallery London

19/07/2023

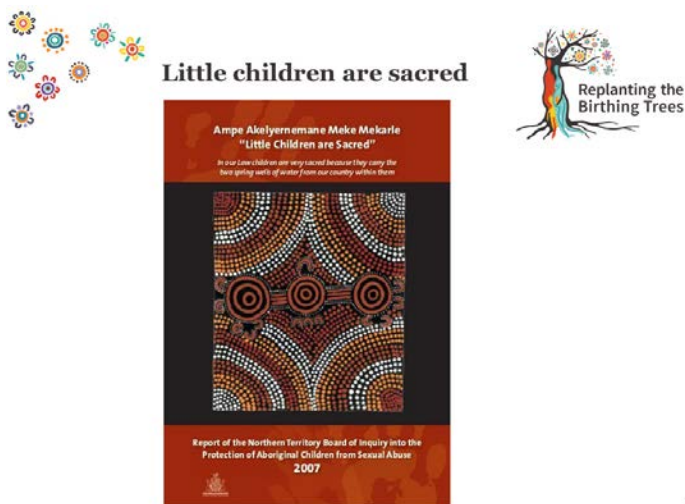
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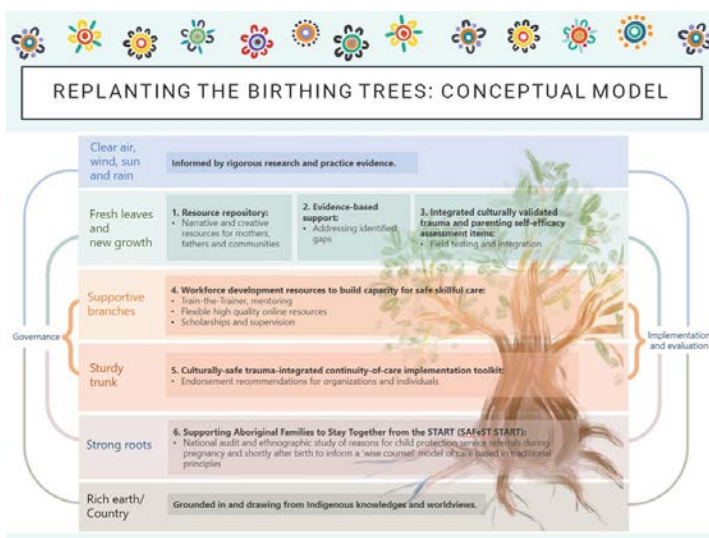
Credit: Prof Campbell Paul, WAIMH President, WAIMH Congress Dublin, 2023.



Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.



Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.



Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.

She began her presentation by stating that, “infant mental health is a public health issue for Aboriginal and Torres Islanders in Australia”. In response to this, Cath and her team are actively engaged in addressing this public health issue, one family at a time, across generations. This work is anchored in creating healing perinatal experiences and opportunities for parents experiencing complex trauma to address and improve health equity among Aboriginal and Torres Strait Islanders.

To this end, Cath shared the work of her and her team on two inter-related multi-disciplinary projects:

1. Healing the Past by Nurturing the Future – with a focus on the perinatal period, and
2. Replanting the Birthing Trees. A project which “aims to transform cycles of intergenerational trauma to intergenerational cycles of nurturing and recovery”.

Underpinning these two projects is an ongoing process of elevating and reclaiming first knowledges by reclaiming ancestral wisdom as knowledge, knowledge to guide the healing, nurturing and recovery process. This is momentous, in the face of the effects of abusive, isolating and dismembering colonization. For Cath and her team, this knowledge and wisdom is revealed in the birthing on country (Marriott & Chamberlain, 2019).

First knowledge birthing ancestral wisdom includes:

- Everyone in the system interacting with the baby was accountable to someone.
- There is no word for disability.
- There have always been more than two genders.

Furthermore, Cath underlined the expert foundational stones of inter-generational knowing such as:

- The state of well-being is valued and continued over time through inter-generational ancestral relationality values.
- Cultural practices help to connect the past, present and future.
- Tarama is a disruption to our connection.

This knowledge and wisdom are manifested in sacred birthing practices that foster connection by aligning with

all of the babies senses. This includes being sung into birth, being placed at birth onto warm ashes, being presented with a person and their unique sound in an ordered way, and being introduced to special tastes, smells and animal totems.

Reclaiming this knowledge and expertise is essential to making inroads into new public health outcomes. Cath talked about the social determinants of health and the compounding effects of intergenerational and complex trauma on health equities (Marmot et al., 2012). Public health inequity is rooted in intergenerational colonization and violence, and systemic racism, leading to toxic stress, complex trauma and intergenerational trauma. This is evidenced in the stolen generations of children who were intentionally removed from their families, communities, and identity of belonging. Across generations, these Aboriginal and Torres Strait Islander children were and remain over-represented in care and protection services and death statistics caused by suicide.

Compacted Trauma (Aunty Debra Bennet, Lead Aboriginal and Torres Strait Islander Engagement and Cultural Advisor, Australia).

As an extension of the construct of complex trauma, Cath spoke of “Compacted Trauma”, a term developed by Aunty Debra Bennet, to capture the experience of and the intergenerational impact of the extreme trauma that is layered over already complex trauma. Dr Chamberlain, described this further as follows:

‘Compacted trauma’ is a term used by Aunty Debra Bennet in Australia to describe the effect when, someone who is already experiencing complex trauma associated with ‘interpersonal threats that they can’t escape’, has a baby removed shortly after birth by the state. Babies can be removed without the mother being told this is planned, Aboriginal staff are sometimes asked not to tell parents this is planned. It is such an intimate time and there is no escape from the state – a complete sense of powerlessness. We don’t know what to call this extreme trauma, but Aunty Deb Bennett describes it as ‘compacted’ trauma.

PREGNANCY AND BIRTH: A UNIQUE LIFE-COURSE OPPORTUNITY FOR TRANSFORMING CYCLES OF TRAUMA TO CYCLES OF NURTURING AND RECOVERY

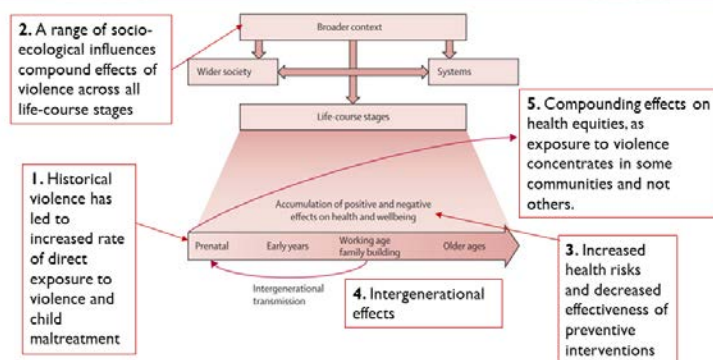
- 1. Convergence of risk** for experiencing complex trauma related distress during perinatal care and attachment needs of baby.
- 2. Potential to disrupt the cycle of trauma** through loving relationships that promote healing (‘earned security’).
- 3. Frequent scheduled contacts** with service providers for the first time since childhood for most people.



Chamberlain C, Gee G, Hatfield S, Campbell S, Brennan S, et al. (2019) Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. PLOS ONE. 2019;14(3): e0213440. <https://doi.org/10.1371/journal.pone.0213440>

Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.

COMPOUNDING INTERGENERATIONAL EFFECTS OF COMPLEX TRAUMA ON HEALTH EQUITIES



Broad themes included in WHO European review of social determinants of health to improve health equities (Marmot et al. 2012). Image Source: <http://oxfordmedicine.com/view/10.1093/med/9780195377903.001.0001/med-9780195377903-chapter-13>

Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.

DADIRRI (DEEP LISTENING), YARNING AND STORYTELLING

Dadirri recognises the deep spring that is in all of us. We call on it and it calls to us. This is the gift that Australia is thirsting for. When I experience Dadirri, I am made whole again. I can sit on the river bank. Walk through the trees. Even if someone close to me has passed away I can find peace in this silent awareness. There is no need for words.

https://youtu.be/Pahz_WBSSdA

Credit: Prof Cath Chamberlain, WAIMH Congress Dublin, 2023.

Dadirri, Story Telling, Yarning:

Cath also presented the practice of Dadirri (deep listening), story-telling or yarning as a collaborative practice in the perinatal and birthing space. In addition, Geia et al. (2013) also highlight yarning as a research method that facilitates collaborative research that benefits its participants and contributes to bridging the gap in health outcomes between the Aboriginal and Torres Strait Islanders and mainstream Australia.

Cath finished her presentation with "The Uluru Statement from the Heart". This statement is an invitation to the Australian people to walk with Aboriginal and Torres Strait Islanders to grow a better future for all. This invitation, from those who have suffered so much as a consequence of colonization, speaks also to a wider invitation for all members of WAIMH to walk in partnership with first knowledges and western knowledge concerning the antenatal and perinatal periods with infants and their families.

Cath eloquently invited us to hold the baby in view with local intergenerational expertise, standing equal, with integrative ambidexterity, alongside knowledge and expertise that we typically privilege within the field of infant mental health. She expertly invited us to also grow our capacities for professional integrative ambidexterity, growing towards increasingly inclusive perinatal and birthing knowledges.

Further information

Email: hpnf-project@UNIMELB.EDU.AU

Website: [Onemda: Aboriginal and Torres Strait Islander Health and Wellbeing \(unimelb.edu.au\)](https://onemda.org.au)

[Welcome \(unimelb.edu.au\)](https://unimelb.edu.au)

Online training: [Healing the Past by Nurturing the Future - Emerging Minds](https://www.unimelb.edu.au/learning-and-development/online-training/healing-the-past-by-nurturing-the-future-emerging-minds)

For further reference see

Growing up Yolngu website: [Growing up Yolngu](https://www.growingup Yolngu.com.au)

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Uluru statement from the heart



*"Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. **Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future. These dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness. We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.**"*



Source: <https://ulurustatement.org/the-statement/view-the-statement/>

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Credit: Uluru statement from the heart. <https://ulurustatement.org/the-statement/view-the-statement/>

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WAIMH Congress 2023 Presidential Symposium Discussion

By Astrid Berg, WAIMH President-Elect, South Africa

The Congress is nearing its end.

We started off with the vibrant melodies and rhythm of traditional Irish music and dance. As Campbell said then – this is what makes us want to dance and move like we did as young children.

Kevin Nugent's plenary address was then a beautiful transition from the preverbal to the verbal. The "one great buzzing confusion" became articulated by him as we were led into imagining the inner world of the baby.

The placing of the subjectivity of the infant at the centre of our enquiry is something that is at the core of IMH and at the core of Campbell's way of working.

However, we also need to dissect, to break into parts different aspects of early development in order to gain a better understanding of early relationships – we need to tease out pathways, and have yellow triangles and blue rectangles so that we can grasp infinite mechanisms that constitute our brain activity. This is at one end of the spectrum.

However, there is also the other end – the whole, the imagination, the inner life – that is of equal importance. This is what indigenous practices can teach us and bring us back to. Cath Chamberlain has shown us through beautiful images what this means; the big round as opposed to the silos. In the holistic approach of the indigenous world views everything is connected and there is a constant interplay between various elements or forces. This is contrasted to the objective scientific methodology where we divide, separate, and split up the elements in order to examine each one separately. These opposites need to be held and grappled with and they need to 'talk' to each other.

But, as Dr Brenda Harden told us, committees, and governments like brain slides, and so the research is useful to show that early experiences REALLY do matter.

So, if we know all of this – also from a purely objective scientific perspective



Photo: Prof Cath Chamberlain and WAIMH President-Elect Astrid Berg at the Presidential Symposium, WAIMH Congress Dublin 2023. Credit: WAIMH/Minna Sorsa

of the neurosciences – why is so little happening in the world that shows that the message of the importance of the early years has sunk in, and has been integrated into global consciousness?

I would like to focus on a few points that might throw some light on why society does not heed the call for action "It's enough already"?

What is the resistance?

1. Infants and young children are not lobby groups – they cannot talk, they cannot tell us directly of their needs and they do not vote....so, they have no power on a collective, political level.
2. They also do not contribute to society financially – on the contrary, they draw on societies' finances – but what we forget is that they are the future of society's financial well-being. And that to invest in them now, costs a lot less than what a troubled adolescent or adult would cost society.

But, aside from these macro-systemic realities, there are other challenges.

3. The fact that infants have sentience is daunting and that this sentience may impact brain development is

even more daunting. It places an enormous responsibility on the adult world.

4. How do infants get the help they need?

While discussion and acknowledgement of mental health, in general, is becoming less stigmatized, infant mental health remains a rather nebulous concept.

Infants show their distress in non-verbal, somatic ways – through crying, not sleeping, not eating, not thriving....

If parents are not aware that these signs may be symptoms of distress, it is up to the paediatrician, the community health worker, and the nurse, to pick this up.

5. Setting up specialized IMH Services is expensive. Keeping the baby in mind is difficult when there are so many other stressors in the environment.

What can be done?

However, there are also simple, less complex ways to focus on those early months and years.

In most countries, perinatal services exist, and infants are documented and are immunized. This could be the point

of entry by asking simple questions about the mother's mental health, her anxieties or not about the baby, and observing the infant's interactions with the mother and others. These very small, but focused observations could mean a lot to the mother and could also be red flags for the health worker to perhaps follow this baby up a bit sooner....in that way build the relationship. So, it need not be specialized or expensive, awareness and simple actions can be built into ordinary, regular practice.

This means creating awareness of infants' mental health in the wider professional community. That it becomes the terrain of multiple disciplines – dieticians, social workers,

speech therapists, occupational therapists, community health workers etc.

It is these multiple disciplines that would benefit from upskilling – once one learns to observe the infant and understands the non-verbal gestures, the rest follows. It is an accessible field, it is a field where relationships are at the centre.

As human beings, this comes to us naturally. It's what holds us together as a human group.

But the Eros that we have all felt during this congress, has been usurped by the power complex of some world leaders and has led to untold suffering

and devastation – the suffering of the infants and young children being muffled by the sounds of warring factions and ongoing discrimination of indigenous peoples, as Cath Chamberlain described. Our world is also hurtling from one natural catastrophe to the next so our only secure base is being threatened.

What can we do? We can all play our part – doing what we can, bit by bit, we can support each other, we can talk to each other – like we have- and continue to do so with our virtual connections, and help each other by being with each other until the next Congress.



WAIMH Awards 2023



WAIMH offers awards in recognition of individuals from across the world who have made very important contributions to the infant mental health community in the course of their careers. As an interdisciplinary organization, WAIMH invites nominations from the fields of health, mental health, early care and education, early intervention, hospitals, colleges and universities, and legislatures, to name just a few.

Recently, eight WAIMH members were honored with the following awards:

1. The WAIMH Award recipient 2023: Dr Maree Foley
2. The Sonya Bemporad Award recipient 2023: Dr Chaya Kulkarni
3. The Serge Lebovici Award recipient 2023: Dr Tessa Baradon
4. The René Spitz Award recipient 2023: Dr Kaija Puura
5. The New Investigator Award recipient 2023: Dr Nicole Racine
6. The WAIMH Honorary President Award recipient 2023: Prof Antoine Guedeney
7. The WAIMH Honorary President Award recipient 2023: Dr Miri Keren
8. The WAIMH Regional Vice President Award recipient 2023: Dr Hisako Watanabe

Each awardee was presented their award at the WAIMH 2023 World Congress that was held in Dublin, Ireland from 15th-19th July 2023. On behalf of WAIMH, we congratulate the recipients of these awards!

The WAIMH Award recipient 2023: Dr Maree Foley



The WAIMH Award is given in recognition of significant contributions to the World Association for Infant Mental Health, either directly or through one of the WAIMH Affiliate Associations.

Dr Maree Foley is a New Zealand trained social worker, registered child and adolescent psychotherapist, and organizational science researcher. She has practiced in the field of infant mental health for over twenty-five years in the public and private sector, and civil societies. She is currently employed as a Child, Family and Organisational Consultant, in Geneva, Switzerland and is the Editor-in-Chief of WAIMH Perspectives in Infant Mental Health. She is the Past Chair of the WAIMH Affiliates Council and the Past president of the Infant Mental Health Association of Aotearoa New Zealand (IMHAANZ).

Dr Foley has been a very instrumental figure at WAIMH for many years, using her professional background and her personality to promote Infant Mental Health training and policy in the community. More specifically, she has worked hard at creating contacts with the Children Rights Committee in Geneva with the goal of making the voice of Infants' Rights heard and written.

In parallel, Maree has, since 2019, put a huge amount of time and effort as the Editor-in Chief of The Perspectives, the official bulletin of WAIMH, and has up graded it very significantly. Also, in the last two years, she took a major role in writing and editing the WAIMH Ebook, that is a compilation of the main papers that have been published in The Signal and then in Perspectives since 1993.

The Sonya Bemporad Award recipient 2023: Dr Chaya Kulkarni



The Sonya Bemporad Award is given in recognition of significant contributions to the advancement of social and public policies that contribute to the mental health and overall benefit of infants, toddlers, and their families.

Dr. Chaya Kulkarni is a true advocate for advancing social and public policies and practices to improve the lives and well-being of infants, children, families, and communities. She has a clear and determined purpose - to create greater well-being for children, and to do so by pushing the boundaries of knowledge translation and bringing interdisciplinary groups together to solve real world problems. She embodies WAIMH's mission - to promote research on infant mental health through international and interdisciplinary cooperation, and devoted work, and is thus an excellent role model for the WAIMH community.

Dr. Kulkarni is the longstanding director of Infant and Early Mental Health Promotion (IEMHP) a program of the Hospital for Sick Children in Toronto, Canada. IEMHP works with practitioners to strengthen knowledge and practice about infant and early mental health. Through her visionary leadership, IEMHP has trained thousands of practitioners from across Canada and around the world in the science and best practices that support infant and early mental health. She has cultivated relationships with local, national, and international infant and early mental health experts, leaders, organizations, communities, and governing bodies. She has implemented and advanced policies and practices that contribute to benefiting infants and children, as well as their families and communities,

which in turn, showcases her versatility as a child and family advocate, and her impressive dedication to improving the lives of infants globally.

The Serge Lebovici Award recipient 2023: Dr Tessa Baradon



The Serge Lebovici Award is given in recognition of significant contributions to the international development of Infant Mental Health.

Tessa Baradon came from the field of Public Health to child psychoanalysis and psychotherapy. She has worked in the public and private sectors as a child and adolescent therapist and has been responsible for the development, implementation and evaluation of services for parents and infants in the NHS and the Anna Freud National Centre for Children and Families. Tessa Baradon writes and lectures on child therapy/psychoanalysis and parent infant psychotherapy. She is a Member of the Association of Child Psychotherapists and the Association of Child Psychoanalysis.

Dr Tessa Baradon has played a central role in the establishment of a now thriving parent-infant psychotherapy training and service offering. In the early 2000s, the Ububele Educational & Psychotherapy Trust sought guidance from the Anna Freud Centre about the potential establishment of Parent-Infant Psychotherapy services in South Africa, as a response to the emotional trauma of Apartheid. Since then, Tessa has generously provided countless hours of training, supervision and mentorship to the Ububele Educational and Psychotherapy Trust, a non-profit organisation located in Johannesburg, constituted with the aim of training South African psychotherapists. Tessa's two-decade long commitment

to the organisation has resulted in the establishment of an esteemed Introductory course in Parent-Infant Psychotherapy (attended by over 200 practitioners) and a basket of infant mental health services provided to over 2000 beneficiaries a year. The psychotherapeutic work done at Ububele is recognized nationally and internationally through its publications, academic internships and presentations at various congresses.

Tessa has played a similar role in the development of training programmes in many other contexts as well including Iceland, Greece, Israel, Russia, Belarus and importantly, in Ukraine. When full scale war began, Tessa continued her support of therapists providing services in the Ukraine through the provision of regularly supervision. This support continues today.

The René Spitz Award recipient 2023: Dr Kaija Puura



The René Spitz Award is given in recognition of significant lifetime contributions to clinical and/or experimental research on topics related to Infant Mental Health.

Dr Kaija Puura started her research career with general studies of symptomatology, focusing on early evidence of internalizing and externalizing behavior in young children as well as methodological issues important to assessing differences and similarities in parental perceptions of their children's behavior. For her early work she received the WAIMH New Investigator Award in 2002. More recently and consistent with her overall research pathway she has engaged in collaborative work to explore how Virtual Reality may open windows into the social and emotional

world of young and older children and adolescents, with both normative interest and interest in prevention and intervention.

Dr. Puura is widely recognized internationally for her research and clinical science. She has published nearly 250 scholarly papers, nearly 100 of which are in peer reviewed journals. In parallel with Rene Spitz, Dr. Puura also is heavily engaged in family based clinical interventions, as well as teaching and training of graduate-professional students interested in infancy and family psychiatry, infant mental health, and how systems perspectives provide a basis for comprehensive interventions. Her impact also is culture- and continent-spanning, taking into account local culture and customs while simultaneously identifying the species-specific commonalities that apply to all homo sapiens.

In addition to her exceptional research and clinical-scientific contributions, Kaija has also found time to serve in the World Association for Infant Mental Health first as the Associate Executive Director in 2008-2018 and since 2018 as its Executive Director, as well as serving as Vice President of International Association of Child and Adolescent Psychiatry, and President of the Finnish Child Psychiatry Association.

The New Investigator Award recipient 2023: Dr Nicole Racine



The purpose of the WAIMH New Investigator Award is to recognize and encourage promising new investigators in Infant Mental Health.

Dr Nicole Racine is an early career scholar who has already made substantial contributions to the field of infant mental health by leading innovative research programs and

through her commitment to translating research to practice. Dr Racine received her PhD in Clinical-Developmental Psychology in August 2016 and started a position as an Assistant Professor in the School of Psychology at the University of Ottawa, Canada, in July 2022. She is a registered psychologist with clinical expertise in early childhood, parent-child relationships, and child trauma treatment. She currently holds a Research Chair in Child and Youth Mental Health at the Children's Hospital of Eastern Ontario in Ottawa, Canada. Her program of research examines the impact of early childhood adversity on maternal-infant mental health with implications for programs and policy.

Over the last six years, Dr Racine has developed an innovative program of research that examines the impact of early childhood adversity on mental health and wellbeing, risk and resilience processes, and what prevention and intervention strategies break cycles of risk across generations. She is leading cutting-edge research funded by the Canadian Institutes of Health Research, the federal funding body for health research in Canada, on the evaluation and implementation of early intervention programs for pregnant and parenting women with infants exposed to high levels of adversity. This project will be the first to evaluate the developmental outcomes of infants exposed to early adversity in Canada following engagement in an early intervention program as well as understand barriers and facilitators to scaling the intervention. Canada lags behind other wealthy nations with regards to investments, policies, and practices that support infant mental health. This research is a first step in closing the gap for young children exposed to adversity in Canada.

Additionally, Dr Racine has an extensive publication and funding record and has demonstrated considerable leadership in knowledge engagement and advocacy. She also works closely with community partners to answer pressing research questions at the interface of science and practice and works to address complex issues of relevance to families. This combination of leadership, innovative and leading-edge research, translation of research to practice and her commitment to advocacy for infants and their families, makes Dr Racine a worthy recipient of the WAIMH New Investigator Award.

The WAIMH Honorary President Award recipient 2023: Prof Antoine Guedeney



The Board of WAIMH has great pleasure in awarding the position of WAIMH Honorary President to Emeritus Professor Antoine Guedeney.

The WAIMH Honorary President Award is conferred in honour of a distinguished person who has made an outstanding lifetime contribution to the interdisciplinary field of Infant Mental Health, and in recognition of their contributions to the World Association for Infant Mental Health.

Antoine has indeed contributed enormously to clinical services, research, teaching, training and development in the field of infant and perinatal mental health in France, and throughout Europe, South America, Australia and beyond. He has been a powerful mentor to innumerable colleagues in all fields associated with the care of infants and parents. Antoine trained at La Salpêtrière Hospital in Paris and was Head of the Child Guidance Service at the Institut de Puériculture when he developed the ADBB, an innovative method of observing and responding to withdrawal behaviour in infants. He has been the recipient of grants for many major research projects and trained and collaborated with many people around the world. He received funding from the College de France for a major longitudinal study for the prevention and early intervention of attachment difficulties for vulnerable families, the CADEP, along with many other major infant and parent mental health and attachment research projects.

He is a strong leader in the field of academic infant and child psychiatry, recently retired from the position of

Professor of Child Psychiatry, University of Paris, at Hôpital Bichat-Claude Bernard, Paris. Antoine translated the Zero to Three Diagnostic Classification of Mental Health Disorders into French.

Antoine has been a member of the International and Francophone Marce Societies, fostering links and connections with WAIMH, the World Psychiatric Association and many other organisations.

Antoine was the Executive Officer of WAIPAD for many years working closely with Prof Serge Lebovici and other pioneering colleagues. He was President of WAIMH from 2008 to 2012 and Past President from 2012 to 2016. Antoine has been involved in many WAIMH international congresses, as chair of Congress and of Organising and Scientific Program Committees. He facilitated strong links with colleagues throughout Europe, South America and Asia.

Antoine received the WAIMH René Spitz award in 2018 in recognition of his contributions to clinical and research development. His contributions to the activities of WAIMH, and the WAIMH Board have been immense. Antoine has been a strong and essential part of the fabric and life of WAIMH over decades and we are extremely pleased to have him as an Honorary President of WAIMH.

The WAIMH Honorary President Award recipient 2023: Dr Miri Keren



The Board of WAIMH has great pleasure in awarding the position of WAIMH Honorary President to Asst Prof Miri Keren.

This award is conferred in honour of a distinguished person who has made an outstanding lifetime contribution to the interdisciplinary field of Infant

Mental Health, and in recognition of contributions to the World Association for Infant Mental Health.

Miri Keren has given exceptional service over many years to infants, young children and their families and the professionals who care for them. She is currently Assistant Clinical Professor at the Sackler Medical School at Tel Aviv University, Israel.

Miri has been very active in infant mental health, devoting herself to providing care for infants and young children who have experienced trauma, medical illness and hospitalization. She established and is the Director of the Geha Community Infant Mental Health Clinic. Miri is an Honorary President of the Israel WAIMH Affiliate.

Miri contributed to the dissemination of learning in the field of infant mental health in many ways. As a teacher and trainer, she has encouraged the development of infant mental health in the Middle East and internationally, giving courses in countries such as China, Spain, the United States.

She is Chair of the World Psychiatric Association Section of Perinatal Mental Health, active with the Marce Society, and a member of the Zero to Three Task Force. Miri plays a vibrant role in bridging the field of infant mental health with adult and perinatal mental health and other family health professions. Her communications have been prolific, and she played a key role in the development of DC 0 to 5 Diagnostic Classification. Miri was the editor of the WAIMH official bulletin, The Signal, and has co-edited a number of books including the new WAIMH Handbook of Infant and Early Childhood Mental Health.

Miri was President of the Board of WAIMH from 2012 to 2016 and has been extremely active as Past President until 2020. However, her commitment to WAIMH has continued and she has been instrumental in drawing up the position paper on the Rights of Infants which was presented to and accepted by the United Nations Committee on the Rights of the Child, and another position paper on the Right of Infants in Wartime.

A highlight of her presidency was the WAIMH conference in Prague in 2016 which she hosted with colleagues from the Palestinian Association for Infant Mental Health. This was a significant

step forward in supporting peace in the Israel-Palestine region.

The Board of WAIMH is extremely thankful to Miri Keren for her sustained commitment to the increased public awareness and development of infant mental health in many regions around the world.

The WAIMH Regional Vice President Award recipient 2023: Dr Hisako Watanabe



The WAIMH Board has great pleasure in awarding Dr Hisako Watanabe the position of WAIMH Regional Vice President, in recognition of the outstanding contributions which Dr Watanabe has made to infant mental health throughout the Asian region, and beyond. The Board affirms our strong support for Dr Watanabe for her ongoing commitment to advancing the welfare of infants, young children and their families.

With sustained vigour and enthusiasm, Dr Watanabe has brought together people from many diverse professional backgrounds in mental health, infant-parent psychotherapies, child development and early childhood services who are all caring for and working with infants and families. She trained at the Tavistock Clinic in London and has taught with Stella Acquarone in London, in Santa Fe with Maria Sidoli and in China, Bangladesh, Europe, America, Australasia many other places.

Dr Watanabe has been involved in the activities of WAIMH since 1986 when she participated in the Stockholm 3rd World Congress of WAIPAD, the organisation which later joined with the International Association for Infant Mental Health to become WAIMH. Since then, she has been a constant and active participant in all subsequent world infant mental health congresses.

In 1994 Dr Watanabe hosted a major Regional Meeting of WAIMH inviting many and diverse Japanese professions, including psychoanalysis, paediatrics, neonatology and child health and welfare to a conference in Tokyo. She founded a national forum for the study of infant and neonatal development, the Four Winds Forum, which has held annual conferences in Japan since 1997. Four Winds is a vibrant organisation with many regional leaders and supporters. Dr Watanabe has reached out across the world to invite key infant mental health presenters from many countries to Japan for these annual conferences, building an amazing and creative network of reciprocity. She was instrumental in the formation of the Japanese Association for Infant Mental Health in 2014, which later amalgamated with Four Winds organisation in December 2021, bringing together professionals from across Japan and across disciplines.

Dr Watanabe was the key host for the spectacularly successful 11th WAIMH Congress in 2008 in her home city of Yokohama. She has been an invited speaker at trainings and conferences in many countries through Europe, North America, Australia, and Asia.

Dr Watanabe is a world leader in collaborating with professionals and people affected by major natural disasters such as the 2011 Great Tohoku (North-Eastern) earthquake, tsunami and subsequent catastrophic destruction of the Fukushima and neighbouring districts as a result of the damage to the nuclear reactor. Dr Watanabe has continued close working with affected communities in Japan, and has demonstrated how much we can learn about supporting vulnerable infants and families through respect for cultural diversity, and the deep wisdom which exists within communities. Dr Watanabe has supported people who were survivors of wartime trauma through Japan to speak out in support each other and, with her profound cultural sensitivity, enabled the formation of healing bridges in the process. Dr Watanabe has worked alongside colleagues in China, and in Bangladesh supported Dr Erum Mariam, Executive Director of the BAC Institute in her work with the Humanitarian Play Lab (HPL) in the Rohingya Refugee Camp in Bangladesh.

The WAIMH Board and community is extremely proud of, and thankful to Dr Watanabe for her strong determination

to achieve the best for troubled, traumatised, and disrupted infants and their families throughout Asia and the world.

Stardust: Growing the field of infant mental health in Zimbabwe

By Salisha Maharaj, South Africa,
June Manala, South Africa,
and Rachel Makoni, South Africa

Perspectives assistant editor Salisha Maharaj sat down for an interview with June Manala and Rachel Makoni to hear more about the work they are doing in Zimbabwe through a project called *Stardust*. Founded in 2007 by Judy Davies, the Stardust project has continued its legacy in providing contextually relevant support and professional development to organisations and individuals working with infants and their caregivers across various public and NGO sectors.



Getting to know Rachel and June

Salisha Maharaj: Please tell me about yourselves and the work that you are involved in.

Rachel Makoni: *I am registered as an educational psychologist and have been working in this field since 2016. I started my profession as a teacher. If I think about my formative years, whatever I was going to do with my life was going to be something around changing and improving children's lives ... sometimes you'll have a client come in at 12 years old or 10 years old and you have a parent and take a history and you realize oh this story began a lot earlier... and that got me thinking about the level of intervention. So being a psychologist seeing children and adolescents and then hearing the early stories is what grew my curiosity about their beginnings, and that is what brought me to the work of infant mental health.*

June Manala: *I want to start with the fact that I was raised by my grandmother and a great-grandmother surrounded by a network of three generations of elders and cousins ... So you can imagine that one of the things that would be on my mind was my parents and other relationships. I am married with four children and have grandchildren, three of which are infants.*

My career began as a teacher of Geography, a subject I like very much but not the teaching profession. Two years later, I joined the school

psychological services of the Ministry of Education in Zimbabwe. Among other tasks, I translated for the then Principal Educational Psychologist as people would come in from all over the province with their children with special education needs, looking for school placement ... It often struck me that parents were relieved and happy once their children were assisted. I wanted to be part of that as a psychologist. At that time, post-independent Zimbabwe made school psychological services accessible to black schools. Then I decided to be an Educational Psychologist, thus commenced studying psychology at The University of South Africa, UNISA. And then, um, my route took me here to South Africa for postgraduate studies. I interned and worked for a Psychoanalytic oriented parent and child counselling organization where we offered play therapy, family, and individual psychotherapy, as well as in-servicing schools and communities. I remember the Parent Intake interview tended to focus on early beginnings experiences such as pregnancy, birth, emotions, attachment etc., to understand presenting concerns.

Gradually I came to realise that most of the pain that was in the room was about relationships that didn't go well, across cultural groups. And then obviously working with young children and adolescents, as you hear more and more that there are services available for younger children, you go down to early

years, to train in it. That is when I came to parent-infant work training through Ububele African Psychotherapy Training Trust which became a professional home for me and other colleagues.

Being founding members of the PIP Reading Group, the natural path was to form The Gauteng Association for Infant Mental Health and I was its interim Chairperson.

In one of these conferences, I remember meeting Judy Davies a fellow Zimbabwean in 2013. We both hold a special investment in babies and Infancy, she invited me to join her to develop Stardust work.

Stardust... finding a place to house infancy and building relationships to support infant mental health work in Zimbabwe.

Salisha: The next natural question then is how was Stardust formed and what does it entail?

June: *There is a funder Mr Perren ... Judy [Davies] had previously set up some under Fives clinics in the NHS and has quite a network of connections and she's a connector in my experience, herself, and so was offered funding. Perhaps Judy and the funder will one day tell their story ... This was in 2005, thinking about the needs of infants in*

crisis and helpful ways of responding to the needs during Zimbabwe's major socio-economic changes. She did the groundwork for finding places to house infancy at the time and it was not easy. Eventually, she was received at two counselling and training institutions, as well as a helpline organisation in both Harare and Bulawayo - the two big cities in Zimbabwe. In Bulawayo, she held presentations for medical staff about the importance of the Infancy period as a foundation for infant mental health and that led to one organisation setting up a counsellor in the pre and postnatal departments. Two flagship texts were used to ground the work, for example, Graham Music (1) and Sue Gerhart's (2) books, you know, it's a lot about all this neuroscience of attachment and so forth. I will pause here, and Rachel can come in.

Rachel: So having seen children who are a little bit older and sort of wondered about the beginnings of their lives and you know, how interventions could possibly be a lot earlier and got me into the Masters at Stellenbosch [Mphil in Infant Mental Health]. And, you know, I was quite interested in really going full out into that sort of type of work. And then I met June a few years ago, and she told me about the work in Zimbabwe and Stardust. She told me about the project her and Judy were doing at the time, and I mean it is something in my heart ... Sure thing, being able to do things back home.

There are a lot of rich practices of mental health and babies and beginnings, but there are also gaps ... as a country, we have been through a lot, and so we have almost every 10 years, there are these huge waves of challenges. So in 1990, for example, it would have been the HIV AIDS pandemic. In 2000, it was an economic crisis and in 2010 and 2020, more economic and political challenges. And then there are things like waves of people, either mums and dads, parents dying, and what are the babies left with? How are they left to think and be in the world? And then maybe the next wave is mum's and dad's leaving the country and leaving their children with grandparents and extended families. And what does that mean? Or at the moment, parents having to go back to Zimbabwe and the adjustment challenges for all the children, so all of this was like a part of a [red] flag. I guess the rationale for doing the work in Zimbabwe, is that there's a big need. And you know, being someone who grew up in Bulawayo, I remember a story about how there would be one suicide in about 3 or 4 years, and now there's like suicide all the time. So mental health has really taken

a heavy toll on people's functioning. So I became a part of the work when Judy was ending her time with Stardust and yeah, June and I have been doing the work together since.

Salisha: What does that involve? What does it look like if we had to think of what Stardust is?

June: First of all, Judy started off with a psychoanalytic frame to anchor the work. **One of the things we believe in when we go there is we are not imposing things on people. We believe in the democracy of the minds of the people that we meet. So, we go there, and we support people who are doing the work as it is practically impossible to work directly with the children, mothers, and their babies.** So, we go to the institutions where the lay counsellors and lately staff from children's homes that are doing incredible work.

So we begin that by planning in advance. So, for instance, at the beginning of the year, we send people a 'save the date' for their diaries. Because we work in Johannesburg mostly during the school term, when the schools close, we go to Stardust for a week, twice a year. **We go there to support the people who are doing the supporting work.** The offerings include theory seminars, clinical supervision, group and individual self-care sessions for staff, creating awareness by always holding the infants and infancy in mind. The babies and infancy thread runs through all the work we do.

Salisha: Do you find that it's well-received? You come in and provide the space to support them in their work with infants and their caregivers ...

Rachel: Yeah ... So once we've done the save the date we do a needs analysis and the needs analysis is basically saying "**You have an organization that has a child telephonic helpline... what would you like us to come and do with you in our training in September**". And they would tell us, at the moment we're faced with challenges, such a lot of adjustment ... Children are moving back to Zimbabwe from South Africa because these special exemption permits have expired and there's a lot of challenges in the schools ... there's a lot of substance use and whatever they tell us is, you know, the problem then we would then take that in and then sort of use that as our blueprint for preparing workshops, seminars, readings ... So each organisation will give us what they need and then we would work around what their needs are ... obviously within an attachment

and infant mental health framework and healthy development as sort of our background ... or theoretical foundation.

Salisha: I just want to say I think it's just such a wonderful approach because it sounds very organic and less of a case of coming in as experts and people with a lot of experience in this field and of course you do have this knowledge and the expertise but how you approach it is to offer yourselves to support the work already happening ...

June: I would agree to that, and so in some way, we also bring something of ourselves in terms of how we will then organise the delivery of what is being requested. So for instance, **one of the reasons I think that the model has worked is that it's not a once-off thing. You know it's been running for 16 years and it's my ninth year now.** So, when we go there we begin with meeting the heads of the organisations and listening to them and we sort of get the lay of the land and what's in people's minds ... **And when we walk into the training room, we begin with a group process modelled on analytic group work that is nondirective, people speak about what is on their minds.** That seems to set the tone for the work that comes when we go into presentations of seminar material that they would have also read, and present in groups. For example, we did a presentation at one organisation on how you assist the children who experienced various trauma through divorce, economic hardship, parent economic immigration ... **And then we have clinical supervision and then we do individual work, you know, because self-care is very important. At the end, we sit down with management to close and discuss what we need to be thinking about for the next visit.**

Salisha: You have a very unique experience of the context in which the work is being done, and secondly, it's the unique way that relationships have been built over the years that allows the work to continue. To be part of a project and I don't know if you can even call it a project, but this kind of supportive hand-holding for 16 years, that's incredible! What are some of the challenges you experience in doing this work and also can you share some of the things that have allowed the work to continue for so long? What are the driving forces?

Rachel: Yeah, I'm thinking technology is the challenge. So you know, we have these beautiful videos that we bring and not be able to share them because of

technology. It's easy for people, you know, you'll bring hard copies, or we'll send them the reading material beforehand ... But something like a video we often have these beautiful excerpts that we want to show. So, for example, we want to show a video of trauma in the brain and we have network challenges or not having projectors and those sorts of challenges.

The other challenge is the people that we are training are living Zimbabweans and if for example, they have water shortages in their homes, you can see that they are preoccupied with their own challenges. So sometimes you can see that the training itself is working with somebody who's sitting in a position of having their mind on for example a family member that's in hospital, they are trying to think about how am I going to get all the medical supplies that are needed to cater for my loved one in hospital ... So having people with preoccupied minds can be a challenge.

So in terms of the facilities, I think we've got good relationships. So, we've had certain organisations, 3 main organisations, that we've worked over time. They will provide the venue and the two institutions have employees. So, the participants are not difficult to find their employees are lay counsellors. Sometimes there's a challenge with the public health system and getting into the real spaces where our training and our workshops might empower staff who are working with babies and young children. So, a challenge has been the red tape.

Salisha: What have been the things that you have found helpful in driving the project and sustaining it for as long as it has? What do you think has been key in being able to do that?

June: I think there is one consistent factor – it's the funding. It's because people receive our support, they don't pay because it's a funded project. So we get there and we work, but not just that we prepare. I think there is also a hunger for intellectual and emotional nourishment. Holding the Psychoanalytic Frame of consistent boundaries, in terms of time and structure. You know, if we see an organisation on Monday, we tend to stay with that, the format of the programme and timing. Any change is negotiated. **People can share the experiences of their daily lives and it's not all didactic, it's care. What is learnt has relevance and is applicable in the day-to-day work of the people. Maybe that's what it is.**

Contextualising infancy in Zimbabwe: What does the baby see looking back at them?

Salisha: What matters to you the most in terms of infant mental health in this context, in the work that you do in Zimbabwe?

June: For me personally, infant mental health, knowing what we know, especially in the 1st 1000 days, how that is the basis for human development outcomes across the lifespan. It's almost like finding the Holy Grail, and I know I'm idealising and so I think where we see ourselves going is obviously aiming to reduce parental stress, which is increased by, the socio-economic stresses. One anticipates expanding the work we've already been asked to expand the work in some way, **but five years down the line, I would want to see every teacher's college, every nursing and medical school, teach about relational trauma and what it does for parent-infant relationships, the formative relationships and later.** You know, why love matters in terms of physical health, mental health, good citizenship, empathy, compassion in the world ... we live in a very traumatised world, mostly run by people who are traumatised and if we can begin to change the generation of babies by attending to the attachment needs, such as being delighted in our future citizens who can change the world for themselves ... But for me, that is the long term, that's the long-term goal.

Rachel: So, when I was thinking about that, **I was thinking about what we set up intergenerational patterns of health. In some places, they are very healthy practices. Africa has a lot in terms of a wealth of very thoughtful, reflective ways of being with babies and developing mental health.** And so when I think about this work, I really want, first of all, not to just go to my home town in Zimbabwe to do the work... There are very remote parts of the country ... I really would like for us to grow further into Zimbabwe with this type of way of working and thinking and groups thinking as individuals, helping the people that work with dyads of babies and caregivers, and then spreading the work across Africa. I mean, I envision going to Ethiopia or Kenya, you know, and hearing what is a healthy way, what is good for babies and how do we then take these good enough practises and give lots of you know cheers to it and you know magnify those voices but

also supplement in other ways, because of people's experiences over the years intergenerationally that certain things need to be changed or killed completely changed completely. So that's my vision. My vision is to sort of have this type of work grow.

Salisha: I think caring for babies and supporting caregivers is really an implicit African concept that has been around and sacred for a very long time. In some ways, it feels unfortunate that we don't see enough of a lens for those things that I think have so much value. So it's not just about dealing with ill health, but also, fostering things that are healthy and important to hold on to.

June: I am a parent, I've got four grown-up children, three sons and my daughter, and I do have grandchildren. The reason I'm mentioning that is I had an opportunity to visit my youngest grandchildren, they are less than a year old. In that country they are pro-infant mental health and parental leave is one year there. You can see the effect of having both parents available for the first three months and one parent going back to work and the other one continuing with the babies. I'm thinking here about us here in South Africa, Zimbabwe and in other countries. How long is maternity leave? I've seen domestic workers who give birth and leave their infants with their grandparents, and they come and look after their employer's babies. And the impact of parental stress and its contribution to insecure attachment is well documented in the Sroufe Minnesota Longitudinal (5) study that highlights, among other things, how supporting parents makes a positive difference in caregiving relationships and subsequent outcomes.

Salisha: Do you know what maternity leave is like in Zimbabwe? What does the law say?

June: Not sure currently, it was three months, 75% salary, way back soon after independence* (6).

Salisha: This speaks to the structures of the country, the laws ... and if they set up structures in the beginning to be pro-Infant Mental Health. This is a wonderful opportunity for your grandchildren and for the others who might be living in other parts of the world, don't have the same opportunities with their parents because of laws in that country around leave from employment...

I am wondering, can you share with me your sense of what it's like to be a baby in Zimbabwe ... What are some of the things that are risks or protective for babies in Zimbabwe having worked alongside people who work with babies and caregivers...

June: *Okay, I think the first thing is naturally, if you are pregnant, your family will support you. The grandmother and other people will support you and they are aware of the fragility and vulnerability of a pregnant woman and concern for the mother-baby dyad. I remember way back that whenever a pregnant woman travelled outside the home, they would have to go with another adult ... just to support ... It was unspoken, it was just implicit. The other practice is that after giving birth when you are an "umdzazane" or newly birthed mom - this special post-natal cultural practice period allows for the dyad to get to know each other under the gaze of a dedicated elder. It seems like there will always be someone there to assist you. It could be an aunt or a cousin or someone. I also think the healthcare system ... the nurses, do their best. Even though there is so much trauma from systemic stress that impinges on the caregiving systems. I think that the buffer is the extended family system.*

Salisha: Do you find that as urbanization has taken place and people move away from family structures, this is still likely to happen?

June: *Yes, I think the patterns of urbanisation are the same in Zimbabwe as in other countries, but Zimbabwe is a much smaller country and population-wise than South Africa. I think people often have good relationships with their neighbours and extended families in small communities. And people who look out for each other. However, Rachel also mentioned economic cross-border and international migrations and how that fragments family connections.*

Rachel: *I tried to picture - what does a baby look up at in Zimbabwe? There is no such thing as a baby, there's always a baby in a relationship (DWW Winnicott) ... So there's always somebody there. I think that one of the biggest differences is that there are always eyes on a baby and caregiving eyes, not just any eyes, it could be like how you see the neighbour or a granny or a member of the extended family. So they are still very strong family systems in place. What I think the baby might also look at is the eyes of someone who might be quite stressed about psychosocial and financial issues, issues of loss and trauma. I think we've spoken*

about some of those things, around unemployment, around not having what they need, electricity and water and the basics, basic services regularly or consistently or in a predictable fashion. So how do they then provide caregiving in that sort of consistent and reliable way...

Salisha: Looks like economic hardship still seems to be very relevant in terms of how the mental health of caregivers is affected. I recently reread Nicki Dawson's (3) paper on the contextual ghosts in the nursery, and she wrote that there are ghosts in the nursery as we know and understand traditionally in a psychoanalytic framework - generations of the past that can impact and influence caregiving and attachment ... But in our settings, it is the systemic ghost, the current ghosts that impact the mental health of caregivers. And she described them as ghosts of financial insecurity, ghosts of loss and ghosts of safety ... That actually in some ways, outweighed the intergenerational trauma stuff much of the Western world practice is often focused on while working towards good attachments. So, I thought it was very relevant to what you are both saying ... that there is this wonderful support system but when the basic resources are not holding these caregivers when their minds are so preoccupied about survival, the infant takes the strain.

"Thula, thula baby" (7)... Finding implicit ways of connecting and taking pleasure

Salisha: Going back to the needs, June before you were saying something about toys?

June: *It is hard to play and find pleasure when caregivers are preoccupied with matters of survival. Clinics are natural gatherings and ports of entry for caregivers and babies wherein pleasurable connecting interactions are encouraged and amplified. The idea of setting up a play space and toys in clinics comes to mind.*

Salisha: Perhaps you are asking in what ways could parents and their babies take pleasure in each other? I think this idea of parents playing with their children is a very Western concept. You know this idea that a father needs to sit on the floor and play with their child or a mother you know in a lot of African communities, Indian communities, children play with each other. Parents

don't play with children. You know, there's this idea that children play and parents direct them in terms of play, so I'm wondering if there are other organic ways in which parents are taking pleasure in young children. Have you noticed that can be strengthened or that it is missing? Is it through singing? Is it through storytelling? Is through massage or touch. I'm curious about that ...

Rachel: *I mean toys in a clinic is a really concrete way of putting it. But the concept with the theory behind it is to find moments of enjoyment with your child. Finding enjoyment with their children and that's something that I think is a bit newer to us, I think. Growing up, you did find enjoyment with your siblings or other children, so this idea of parental involvement is a little bit new, but there is the theory behind it to support that (4) ... in finding your mother's eyes or a caregiver's gaze on you. So, if that's facilitated through a conversation in a clinic about enjoyment, finding pleasure, and being able to observe pleasure on the other's face.*

June: *I think what you and Rachel are saying is that the solution is in finding something that is more organic ... You are saying embedded things that are already there in the Community which maybe the communities are not using because of stress. And if we can help to reignite storytelling, games and moments of connecting and encouraging that, yeah.*

Salisha: What you said reminded me of something from my childhood ... I grew up in a small rural town in the Eastern Cape in Umtata. My mum and dad were working so I remember our nanny, a Xhosa woman, she would play this game with me using stones ... like there's a circle that you draw and then and then you have to throw the stones up and then you have to move the stones quickly before catching the one you threw up ... and we were in the dirt outside and I would go to school and play this game with my friends I had the privilege of other toys, dolls, and teddy bears; not a lot but some toys, I grew up pretty poor ... But actually, when her and I connected, we connected through this ... it was an interactive experience, there was singing involved. I wish I could remember all of it, but the memory stays with me implicitly ... So then sometimes I feel, you know, in some ways, yes, we know the importance of play. We know the importance of finding our infant ... But

in this very traditional Western way of sitting down and building blocks and moving toy cars or balls ... sometimes I think we also have to look beyond that for our context. What is being taught to us as the gold standard of connecting? We need to find implicit ways in which we already connect with our children ... I know how to cook Indian food, but I cannot tell you a recipe because the way I learnt to cook was by standing next to my mother ... It's implicit.

June: *Yeah, I get you, and I agree with what both of you are saying ... If we can just facilitate what is already there as well because people may have forgotten sometimes, ways of just singing to babies singing "Thula, Thula, Thula", baby clapping and clapping rhythm, and so on. And we know that game Salisha. We know, yes, yes, we know the game because it teaches us so many skills.*

Looking ahead: mechanisms of support

Salisha: What are some of the things that can support the work you are doing? What is needed to keep the work going and to enhance this type of work?

June: *I think we can always use more, more manpower...and we can access more areas if we are a team. We can grow the project quite fast that way I think.*

Salisha: Does Zimbabwe have a local infant mental health organization?

June: *No ... but the organisations we work with have outstanding resourceful people who are already converted so to speak into infant mental health. There may be also fragmented things elsewhere in the country that can be encouraged to form an association.*

Rachel: *No, they don't ... Yeah. So I think to add to what June was saying is that it's just June and I at the moment with this infant mental health lens coming in from South Africa and I do think that on the ground there may be others that have the sort of orientation of working and it's about maybe somehow trying to then come together and collaborate. So, like if we could have a Zimbabwe Infant Mental Health Association and then I'm thinking like, we could reach a lot of remote areas like Kariba, we've got Nyanga at opposite ends of the country ... I think when people are from the place, you sort of have a certain way that you understand the context that's completely different from shipping in people from outside or you know, there's a way of even the way that we do the work and the way that we*

understand each other in a certain way that's very difficult to teach or give to somebody else. And so, I would think it's around equipping people on the ground, so if we could have some type of financial resources to say we need to go and have meetings with the people in authority in each province ... And so, we pass sort of the baton on to people who can hold that infant mental health lens ... And so, the word spreads a little bit. So initially I think what it would involve is a lot of me and June doing the passing on and the sharing of information but we can grow it a little bit more so that they're more bodies on the ground.

Contacting June and Rachel

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6. *Currently, Section 18 of the Labour Act of Zimbabwe states maternity leave is granted for a period of 98 days on full pay to a woman employee who has served for at least one year and limits the number of periods of such leave to three by any one employer. Source: International Labour Organization.

7. "Thula Baba" A South African Zulu lullaby meaning "Hush hush baby". "Thula Baba" is sometimes called "Thula Thul". It's sometimes sung about the "father" or "little man" (using "baba" and "ubaba"), sometimes "mama" (using "mama" or "umama"). In some versions, you'll hear "thula ntwana", which means, "hush little child" ("prince" or "princess"). Source: <https://www.mamalisa.com/?t=es&p=3183>



Photo: June Manala



Photo: Rachel Makoni

The State of Palestine Ministry of Health Child and Adolescent National Health Strategy 2023-2028. An introduction by Salisha Maharaj (South Africa)

By Salisha Maharaj, Assistant Editor, South Africa

Lending a voice to Infants in Crises

WAIMH continues its effort in bringing awareness to the plight of infants and professionals who work with them and their families in states of humanitarian and environmental crises. An infant has no political will, and only through the voice of adults who can move outside of agendas of those who hold power, can the cries of infants be heard who face the darkness of humanity. The WAIMH community chooses to be such a voice for infants around the world.

The Child and Adolescent Mental Health National Health Strategy 2023-2028 document is a collaborative partnership with the UK-charity Medical Aid for Palestinians (MAP) and The Royal College of Psychiatrists, UK, developed for the Palestine Ministry of Health.

"Today's child in Palestine bears the burden of decades of violence, conflict and hardships that have accumulated during their lives and those of their parents and grandparents. Childhood is not a given for Palestinian children, but instead something that must be determined, retrieved, and understood within a complex web of implications mandated by the dynamics of power that are in play" (Pg. 4).

Palestinian Children at the Cold face of a Humanitarian Crisis

The majority of Palestinians, live in the State of Palestine, West Bank and in the Gaza Strip. A large number of these people are refugees: with an estimated 27 percent in the West Bank and 72 percent in Gaza. In addition, 1.7 million Palestinians live within the State



of Israel. Following the Oslo accords, the Palestinian National Authority (PNA) was established in 1994 as the recognized governing authority of Palestine. The ongoing occupation and the stalemate in peace negotiations between the PNA and Israel place a heavy toll on the lives, health and security of Palestinians who face ongoing military attacks, restrictions and forced migration.

According to the State of Palestine National Health Strategy document:

- **2242** Palestinian children have been killed by Israeli military forces between the years 2000 and 2022.
- In Gaza, over **1,000** Palestinian children have died as a result of six major military offensives since 2005.
- In the West Bank, **781** Palestinian children were killed by Israeli military and police forces, settlers, and private security guards between 2011 and 2020.
- In 2021, **76** children were killed by live ammunition with 15 child deaths in the West Bank and 61 child deaths in the Gaza Strip comprising of 26 children aged 0 to 8 years, 17 children aged 9 to 12 years, 20 children aged 13 to 15 years and 15 children aged 16 to 17 years. Seven children were killed by rockets misfired by Palestinian armed groups in the Gaza Strip.

- In September 2022 **180** child prisoners, representing 3.9% of the total number of detainees. There is a rising trend of younger children being put under house arrest. These children are prevented from attending school, seeing friends or engaging in activities impacting on the mental health of the family as a whole.
- In 2022, **58** Palestinian schools in the West Bank, including East Jerusalem, are under demolition or 'stop work' orders by the Israeli authorities impacting on hundreds of children's access to education.

The Need for a National Strategy

During periods of humanitarian and environmental crises many local and international efforts are put in place to address the mental health needs of children living in most affected areas. Although these efforts benefit those who most need assistance, they are often in response to imminent mental health risk. The National Health Strategy incorporates a multi-level framework developed by the United Nations Children's Fund (UNICEF) that sets key priorities for child and adolescent mental health so that funders, institutions, organizations and community members can align their activities in a coordinated and

efficient way. This moves mental health from a crisis response to a protective mental health and wellness approach throughout a child's developmental journey.

The strategy has four pillars and ten initiatives:

1. Rights, Regulation and Standards:
 - supports advocacy to protect children's fundamental rights
 - the review of regulation and legislation to ensure safe practice by professionals working with children
 - institutional accreditation to raise standards of clinical care
2. Promotion and Prevention: Promotes positive mental health and well-being through three initiatives from birth to adulthood:
 - "Securing the Early Years" initiative for under five-year-olds focuses on giving every child the best start in life through developing secure emotional attachments and preventing or reducing toxic stress.

-"Protecting Childhood" initiative for five- to 12-year-olds creates spaces for children to play, learn and grow with 'whole school' approaches to well-being, outdoor play and encouraging families to reduce screen time and increase reading for pleasure.

-"Building for the Future" initiative for 13- to 18-year-olds empowers youth through developing skills for life and citizenship be they socio-emotional, literacy, numeracy and/ or technical skills obtained through vocational, apprenticeship and mentorship programmes to prepare them for adulthood.

3. Clinical Services and Capacity Building:
 - Building services and professionals' capacity so as to have sufficient capacity to meet demand and provide integrated, effective and efficient child and family-centred clinical services

4. Community Integration and Contribution:
 - Supports activities that enhance social integration through reducing stigma, and developing a sense of belonging, so children and adolescents engage in and contribute to the community.

Action Plans and Targets

State of Palestine, Ministry of Health Child and Adolescent Mental Health National Health Strategy document also includes a set of specified actions, identifies key stakeholders involved in operationalising targets and timelines for achievement. This makes the document not only an important theoretical framework for achieving mental health and well-being of all Palestinian children but also sets out specific plans to achieve strategic priorities. Incorporated into the document are goals for monitoring, evaluation, sustainability, and research for continuous assessment of the outcomes of the strategy.

State of Palestine Ministry of Health Child and Adolescent Mental Health, National Health Strategy 2023-2028

1. A summary of the strategy development process can be found here: [Developing a National Strategy for Child and Adolescent Mental Health in Palestine | BJPsych Open | Cambridge Core](#)

Full reference: Dabbagh, N., Jaber, S., Raboczki, A., Tina, E., & Al-Uzri, M. (2023). Developing a National Strategy for Child and Adolescent Mental Health in Palestine. *BJPsych Open*, 9(S1), S84-S85. doi:10.1192/bjo.2023.264

2. The complete document can be accessed [here](#).

Acknowledgment and correspondence

WAIMH would like to thank Dr Nadia Dabbagh (Royal College of Psychiatrists, UK) who so generously shared the complete document with *Perspectives in Infant Mental Health* and has been instrumental in supporting infants in crises.



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WICAMHD Webinar Report: Stand Against Infant, Child & Adolescent Trauma

By Minna Sorsa, WAIMH Senior Administrator and Production Editor, Finland

Introduction

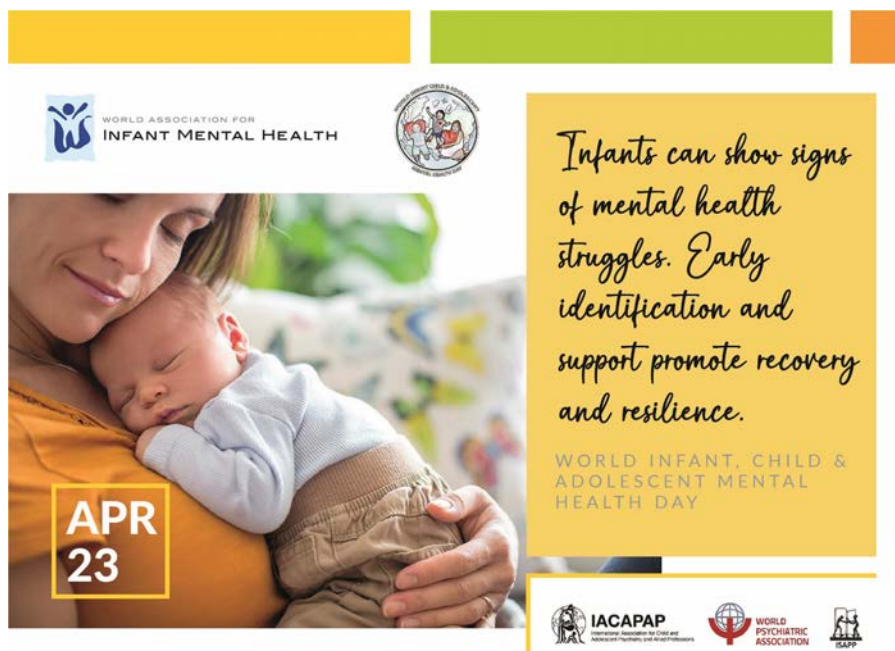
WAIMH collaborated with several other global associations on child mental health and initiated the World Infant, Child and Adolescent Mental Health Day (WICAMHD). The aims are to recognize the global importance of infant, child, and adolescent mental health, and to advocate for the promotion of mental health and prevention of mental illness in infants, children and adolescents worldwide. See here: [World Infant, Child and Adolescent Mental Health Day - Events - IACAPAP](#)

The webinar, on 28th April 2023 started with opening remarks by **IACAPAP President Professor Luis Augusto Rhode and Dr Daniel Fung**. Dr Fung provided thoughts about the importance of trauma with presenting items causing mental ill health globally.

War in Ukraine

Dennis Ougrin, working as a consultant Child and Adolescent Psychiatrist (MBBS, MRCPsych, PGDip (Oxon), PGCAPHE, PhD), described the cultural background of Ukraine and the challenges caused by the Russian invasion. There have been challenges in access to treatment, and barriers to care include stigma, fear, costs, and unwillingness to access treatment. There has been an increased number of suicides in Ukraine after the 2014 Crimean occupation by Russia. The Ukrainian healthcare system has developed inpatient psychiatric care (which covers 89% of the costs of mental health services) and community treatment is thus less developed. In addition, child psychiatry has been underfunded.

Since the war started, a massive movement of people has arisen, and Russia has been targeting health care and mental health facilities. For example, in Kyiv and Eastern Ukraine. By 28th April 2023, 461 children have been killed (according to the UN), but the real amount is significantly higher. The Pan-European Mental Health Coalition has



initiated trauma work and digital mental health work, and they utilize RUCKSACK, a therapeutic book, for describing children moving from Ukraine to the UK. The book was illustrated by a person from Zaporizhja. Ukraine also utilizes some resources such as a "Magical Gold Key" intervention, and materials developed by the Children & War Foundation, during the Balkan War. 524 persons have been trained to deliver groups in Ukraine. Mainly girls have participated in these so far.

Earthquake in Turkey

Fusun Çetin Çuhadaroğlu, MD and Professor of Child and Adolescent Psychiatry at Hacettepe University Faculty of Medicine (Ankara, Turkey), expressed worries about the earthquakes and aftershocks in Turkey

in the spring of 2023. He was worried about the traumatization of children and adolescents on multiple levels. The effects are unimaginable after more than 45,000 were killed, with 1.25 million homeless, and 20,000 disabled persons with injuries, including many children and adolescents, with physical and mental health problems. Five million children living in the five provinces are affected by the earthquake; the amount of children orphaned is enormous. Children lost family members, their health (limbs), lost their reason for living. The local region structure and the local economy have been destroyed. There were hundreds of unidentified children aged 0-2, who were handed to families through DNA tests, with many other children taken into care. Children may have lost their names, body parts, as

23 April is declared World Infant, Child and Adolescent Mental Health Day (WICAMHD) by 4 organizations:

- International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
- International Society for Adolescent Psychiatry and Psychology (ISAPP)
- World Association for Infant Mental Health (WAIMH)
- World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP)

well as their family members, relatives, homes, toys, possessions, schools, and friends,

The Turkish Association for Child and Adolescent Psychiatry provided support with 150 members volunteering during the 1st week, with professionals working online 24/7, with an online system for immediate mental health support and distributing a brochure "Handling children in disasters". The Ministry of Health organized logistics, including travelling and safety for the teams. The professionals within mental health also arranged seminars for professionals.

The psychological reactions of infants in trauma are excessive irritability, difficulty calming down, crying more, and changing their eating and sleeping habits. The smallest children are affected mainly by the reaction of their parents or other adults around them. Toddlers may suffer from regressive behavior, weeping more, excessive clinging and the fear of being alone, a sensitivity to loud noises, irritability, hyperactivity, eating and sleeping problems, and new fears.

HOW TO HELP THE CHILDREN:

- Create for young children the feeling of safety, security, being free from harm, and not being left alone when they are distressed
- To be available, when children want to speak or ask questions
- Taking into account the child's age, the emotional and developmental age –understanding of the child, using such words
- Let children express feelings, with play and art, let them explore, and resolve anxieties by playing and drawing

New framing is necessary within families and communities, by using the child's own words, since many kinds of misinformation and misconceptions may have developed. The families need education to provide explanations with basic accurate information, need help to avoid providing young children with too many details and minimize their exposure to media coverage. The adults and other caring adults will need support, as many are highly traumatized which can make it extra challenging for them to also support their children.

Child abuse in the United States

Michelle Miller, a Social Worker, Director PhD, LCSW, LCPC in Mental Health Programs, National Children's Alliance (NCA) (United States) spoke about Child Victims of Trauma.

There are 5 child fatalities daily in the United States, with 34 million having experienced at least one type of childhood trauma, nearly 50% of children.

Evidence-Based Mental Health Responses have been developed in NCA chapters located in every state to ensure the right time and right dose of intervention for children and families. They have been training professionals and have created a coordinated and multidisciplinary approach to child abuse. They estimate that 75% of children can benefit from the interventions.

Way forward

In the Panel discussion **Assoc Prof Campbell Paul**, President of the World Association for Infant Mental Health (WAIMH) suggested ensuring listening to the infant, the infants' way of speaking without words, as infants are vulnerable to experience trauma, and this may not be recognized. Infants are best helped alongside their perinatal caregiver.

Campbell Paul expressed the need for collaborating, with UNICEF and WHO, to tackle the immensity of the problems worldwide, with more refugees, more displacement than ever, and the need of making resources available to professionals who do not have specified mental health training.

Dr Norbert Skokauskas, President of the World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP) suggested to emphasize resilience and post-traumatic growth.

Dr Luis Augusto Rhode suggested developing an international centre, which can intervene, and the need to create the conditions to deliver evidence-based interventions in times of violence and trauma.

#WICAMHD #WICAMHD2023
#childtrauma #adolescenttrauma
#infanttrauma #IACAPAP #WAIMH #IMH

AAIMH 2022 Ann Morgan Prize poem

This poem is re-published in WAIMH Perspectives in Infant Mental Health with permission from Carolyn Leach-Paholsky and AAIMH.

2022 Ann Morgan Prize winning entry

Carolyn Leach-Paholski

Carolyn Leach-Paholski is an Australian poet, fiction and non-fiction writer living on Wurundjeri country, in Naarm, Melbourne. Her first book, The Grasshopper Shoe, was shortlisted for a Commonwealth Writers' Prize and she has had work adapted for radio, anthologized and in translation. A features writer for Slow magazine, her essays have also been published in Yarobil, Studio Potter, Art Link, and Taproot magazines. In her spare time she volunteers alongside her husband and son, at Heide Museum of Modern Art.



Photo: Carolyn Leach-Paholski

Laughing at Li Po's Cat

Before my bed
there is bright moonlight
so that it seems like frost on the ground.

Li Po Quiet Night Thoughts Tang
Dynasty

1.
You are busy today tossing vowels in
the air
as though you could catch them again
in your smile
and your smile was a sort of cradle.

But you are also ready to laugh at the
moon

tipped towards yourself in a cup of
milk -

if you tip it too far you could make a
new galaxy

rearranging the constellations with your
fingers.

And tonight you will wake your mother
at 4am to look at the Dog Star,

just the two of you like haiku poets or
Chinese scholars -

the night sky a diagram you can already
read.

Now you are both awake enough to
hear the neighbour's cat come in

and you tell her that he is studying
astronomy too,

you have heard him reading Li Po's
poem aloud

and beating time with his tail.

Your sleepy Mama just yawns and
smiles

but you have seen him shake off the
dust of a long dead star from his paws

before cleaning his whiskers

and you know that he longs to swallow
Sirius too.

Meanwhile this month you have grown
another inch

and clap your hands as though to catch
the very moment you grew -

finger to finger, palm to palm

in an ancient gesture you just invented.

2.

Today you have seen yourself reflected
in Daddy's eye

and he tells you that the word for pupil
comes from the Greek word pupa or
doll -

the little doll seen in another's eye.

You nod - serious now, at the smaller
you

inside the smaller self and on and on in
tinier increments

down to an atom mirrored back at itself
and you nod at that self too.

When you are bigger your Daddy will
show you a pupa of a different sort -

the chrysalis of a Monarch he is
hatching in a shoebox

as he remembers that a butterfly once
chose you over any other,

setting down for a rest on your nose
and delighted, you laughed.

You will smile at him and nod

watching his clever mouth mosaic the
words:

Swallowtail, Fritillary, Yellow Admiral,
Tortoiseshell...

Perhaps you will grow up to study
butterflies.

And perhaps you will plant a garden
entirely with Milkweed

calling the Monarchs out of the air and
your Daddy too

to await their arrival as he once waited
for yours -

not quite grasping the gifts you would
bring.

* The Monarch Butterfly *Danaus
plexippus* was named for King William III
Prince of Orange

News from the WAIMH Central Office

By Neea Aalto, Administrative Assistant and Minna Sorsa, Senior Administrator, Finland

Dear WAIMH members,

The wonderful 18th WAIMH World Congress is now behind us. Thank you again to all WAIMH members and Affiliate members who we had the chance to meet and discuss with during the congress, e.g. at the WAIMH Affiliate Council and WAIMH Membership meetings.

If you have any photos from the Congress that you would like to share with the WAIMH Office for use on WAIMH social media, the WAIMH website and Perspectives IMH, you can send them via email to memberships@waimh.org. Please note that the rights to the photos will belong to WAIMH, but if you wish to have the name of the photographer added to the photos, please just let us know.

Now it is time to turn our attention towards the coming autumn in Finland. Along with arrangements for the Tampere Interim World Congress (to be held 5-7 June 2024), our aim in the WAIMH Office is, amongst other things, to update the WAIMH membership webpage and explore more ways in which our members and Affiliate Presidents can network and communicate with each other through the membership page more seamlessly.

While we look into this, have you already had a look at the different resources that are available online at the WAIMH website? Here are some examples:

- **Past WAIMH webinar recordings**

All past WAIMH webinar recordings are available to members in the [Past webinar archive](#).

- **Infants in Crises webpage**

The newly published [WAIMH Infants in Crises webpage](#) provides information and resources that are predominately open-source and free access, and that focus on the needs of infants and their families amidst global crises.

- **COVID-19 webpage**

The WAIMH website also has a specific [COVID-19 page](#) that includes [General](#)



Photo: Juané Voges, Anna Huber, Sahilu Baye Alemu and Satya Raj at the WAIMH Affiliate Pre-Congress institute, Dublin 2023. Credit: WAIMH/Minna Sorsa

[Resources for Professionals](#) as well as [Special Medical Information](#) regarding pregnancy, infants and young children.

- **WAIMH eBook Vol 1**

This WAIMH eBook, *Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993-2021: WAIMH eBooks Topical Resource Guide, Volume 1*, provides a nearly three-decade-long window from which to view theories, interventions, and treatment practices within the specialized and interdisciplinary field of infant mental health. It does this by highlighting a selection of papers published by WAIMH, in *The Signal* and *Perspectives in Infant Mental Health*, from 1993-2021.

WAIMH members can download this eBook for free through the [WAIMH Store](#), and for others the cost is 10 USD.

- **Other resources, e.g. Training, Publications and WAIMH Statements**

Additional resources can be found on the [WAIMH Resources webpage](#), e.g. about current training opportunities for WAIMH members, IMH related publications and organizations, and WAIMH Statements.

Finally, we wish to remind you that the WAIMH membership year is 1 January-31 December, irrespective

of when the membership payment is made. Membership [renewals](#) and [applications](#) are easily completed online. Additionally, WAIMH members can subscribe to the online *Infant Mental Health Journal* at a greatly reduced rate through the [WAIMH Store](#).

You, the members, are important and valuable to us. Please do not hesitate to contact us with any feedback or questions you may have regarding WAIMH and membership!

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