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Northern Ireland Association of Infant Mental Health (AIMH NI) - Joint statement from members in response to COVID19

As the challenges of COVID-19 continue and diversify, so too do our societal responses. We are heartened by the incredible work being done at community level as well as by politicians, policy makers and professionals in tackling the immediate impacts of this pandemic.

As charities committed to protecting and promoting the wellbeing and development of the youngest children, we remain, however, concerned about the secondary and longer terms impacts of COVID-19 on babies during pregnancy and the first years of life. We need to see them explicitly referred to and provided for in strategy, policy and practice.

Today, we join together with our colleagues in the 1001 Days Movement to ask decision makers at national and local levels to give higher priority to the wellbeing of babies, toddlers and their families during and beyond the COVID-19 crisis.

Strong leadership and concerted, joined-up action is required to reduce any harm to babies, both now and into the future.

Babies can't wait

Whilst we accept that lockdown has been a necessary and constructive action to mitigate the transmission of COVID-19, the impact on babies being born during this time should be clearly understood. Babies rely totally on parents/primary carers for their nurture and care and the parental relationship is critical to their development. In many homes, those relationships are under strain. Stresses caused for example by parental anxiety, infant illness or developmental delay might, in normal circumstances, be buffered by support from wider family, social networks and professional services but all of these are physically absent from our homes at present. For families experiencing poverty, domestic violence, substance misuse or poor housing conditions, the risks to infants of harm and neglect are substantially increased. We must keep babies and their families in mind.

Perinatal and parental mental health

We know that maternal mental health problems already affect the lives of more than 10% of women, which can increase to 40% for mothers of premature babies, in the perinatal period, and are the leading cause of maternal death in the first year after a baby is born. We are also mindful that the mother infant dyad both impacts and influences perinatal mental health. Many perinatal mental health problems go undetected at the best of times. We worry that women are now suffering in silence, which will not only affect them but may have negative consequences for their families too. We cannot expect mothers, fathers and carers suffering from poor mental health to find their own

way to help. We know that people often hide their struggles for fear of stigma and judgment. We need to find localised solutions to identifying families not currently in receipt of support and build relationships to meet their needs.

Babies live and learn through relationships

We all live, learn and grow through relationships. Like babies, we are wired for connection. It is critically important, that services maintain relationships with families, provide support to parents and protect children but it is not sufficient to focus attention only on those families already known to be at risk before the crisis began. New and hidden vulnerabilities will be emerging in families who might normally have regular contact with nurseries, children's centres, toddler groups or family and friends.

Bonding and attachment issues will present for babies in neo-natal units and parents experiencing limited physical access to them. Dads are suffering most from current restrictions which allow only one parent to visit at a time Arrangements for 2-parent/carer time need to be agreed as soon as possible. If we understood the parent-infant relationship to be the client, this wouldn't be seen as just 'visiting time'.

Efforts by skilled professionals to adapt quickly to remote working and virtual support services are to be praised but we must also recognise that many families facing multiple disadvantage may also be digitally excluded, lacking smart phones, access to data or wifi, or the literacy and language skills to engage with services remotely. Virtual contacts also make it hard for professionals to assess babies' wellbeing and to read parental cues. We must maintain, where possible, and plan for a safe return to high quality, face-to-face support where this best meets the needs of babies and their families.

Support must not be withdrawn when families need it most

We are concerned that vital services that would normally help to support mothers and safeguard babies, such as health visiting, are experiencing workforce gaps, staff sickness and in some areas, redeployment. We are in danger of creating a "perfect storm" of increased risk and decreased support for families. Universal, targeted and specialist infant mental health services need adequate funding, as well as service and workforce development planning to meet emerging needs in the longer term.

The community and voluntary sectors organisations who support the localisation and tailoring of services for those who experience particular disadvantage or vulnerability are also struggling. The impact of COVID-19 on fundraising for organisations not in receipt of core funding could soon lead to a loss of expertise, relationships and reach to babies and their families most in need. We ask that attention be given to understanding the landscape of service delivery in Northern Ireland and to ensuring it remains fit for purpose.

Action now will have long term consequences.

How we act now will have a significant impact on our 'newborn' generation for decades to come. We did not all enter this situation equally and it will not affect us all equally. The impact of COVID-19 is likely to widen gaps in development between the poorest children and the rest. A concerted effort will therefore be needed by from all services to help children and families to recover from this situation.

The first 1001 days, from pregnancy, are a period of uniquely rapid development. Babies – including those still in utero – are therefore experiencing this crisis at a time when they are particularly

vulnerable and susceptible to the impact of their environment. Evidence from previous crises, such as the 9-11 disaster in New York, has shown that stress in pregnancy can affect babies' emotional development and later mental health. There is also a wealth of evidence that shows that parental wellbeing and the home environment in the first years of life have widespread effects on multiple domains of development.

With the right support, the risks of early adversity can be mitigated. We call on the Northern Ireland Executive to show national leadership in championing the needs of the youngest children, during the outbreak and beyond.

Hope and recovery

Despite the chaos and uncertainty in which babies, families and services find themselves, there are already green shoots of a life to which we might all aspire to return. Acts of kindness from neighbours, playtime with previously busy parents, garden-gate or door step visits from service staff who used to be strictly centred based. The announcement for the Minister for Education of additional funding for Sure Starts is testimony to their outstanding COVID-19 responsiveness. We have much to be proud of in how our families, workforces and decision makers are responding. The challenge now is to harness this compassion and creativity into a systemic response that truly gives every child the best start in life. That's what we've promised them in our draft programme for government and we can settle for nothing less.

We welcome the publication of a Mental Health Action Plan for Northern Ireland and the specific commitments on agreeing a service model for perinatal mental health services and structures to ensure that the needs of children are identified, considered and responded to in the strategic response to COVID-19. However, infant mental health is not specified within the action plan. With parents, come babies. The evidence tells us that the antenatal period and first three years provide a critical window of opportunity within which we can build the foundations for adult mental health through attention to the child-mother dyad. The 1001 Days manifesto, the NI Framework for Infant Mental Health and Infant Mental Health Strategies and Action Plans at Trust levels provide frameworks for realising both universal and specialist infant mental health services and workforce.

5 Key Asks

We are calling on the NI Executive to take action to protect babies:

Together, we call on the Executive to:

- Ensure that the physical and emotional needs of the youngest children, 0-3 years, are considered more explicitly and transparently by those making decisions about the response to COVID-19. Provide clarity on who, in high-level decision making forum, is representing the needs of children and families.
- Provide clear guidance for health and social care services, educational bodies and justice institutions on maintaining vital support for and direct contact with families. This guidance must encourage an informed and coordinated local approach in each area that draws on partnerships between statutory agencies, community and voluntary organisations (utilising any local volunteers effectively and appropriately) to ensure all families get the support they need.
- Review the re-deployment of any staff from community services, in particular health visiting, parent-infant and perinatal mental health teams - recognising that these services provide essential support to families at highest risk and are needed more than ever – reinstating them to their roles as soon as is reasonably possible

- Balance action to tackle COVID-19 in its immediate and acute term with action to reduce the long-term negative impacts on parents and the next generation.
- Ensure that the Northern Ireland strategy to end lockdown considers the needs of babies and their families, and the services that work with them, including swift and safe return to offering high-quality face to face services and additional supports to mitigate the impacts of social distancing, particularly on the most vulnerable families.