

# Infant Mental Health: Opportunities for integrating Training & Research

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SOUTH AFRICAN SOCIETY  
OF PSYCHIATRISTS



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forward together  
sonke siya phambili  
saam vorentoe

# Setting the Scene

- 250 million children (43%) younger than 5 years in LMICs are estimated to be at elevated risk of not achieving their human potential because of exposures to early adversity
- There are many identifiable risk factors, some disproportionately present in Africa, that contribute to this loss of human potential.
- Opportunities for adequate screening, early recognition and intervention for both infants and caregivers are limited, under-resourced and often poorly supported either by lack of evidence or lack of resource commitment to implement.



# The Reality

- Context-related limitations continue to constrain our global and international understanding of infant and child development
- Africa is home to multiple cultures, with distinct organizations of caregiving relationships underlying the development of attachment.
- Africa remains an understudied continent regarding perinatal infant, and child relational risks.
- The continent's cultural diversity may hold important truths necessary for understanding the complex relationship between children and their attachment figures.



# The problem of resources, care, training

- Despite clear evidence that investment in the early life is imperative, mental health services for children and their caregivers worldwide remain under-prioritised, under-funded, and inaccessible to most populations, Africa is no exception
- UNICEF projects the expansion of Africa's child population to increase to a billion by 2030 - with a disproportionately small availability of healthcare personnel to service the demand
- Innovative and creative thinking is required to re-imagine the potential of universal access to healthcare on the continent.
- ***The question is – who will train the professionals and what do we do when there are no health professionals available to provide the service in fragmented health systems within resource depleted healthcare ?***
- We need to be able to re-imagine and re-invent the role of higher education and training and health care provision

# Infant & CAMH a rapidly expanding service need

The expansion of CAMH services in Africa relies on the provision of education and an effective training infrastructure.

In stark contrast to international standards of care, the African continent has offered no professional post-graduate degrees focussing on multi-disciplinary CAMHS upskilling and education.

There is a great need to develop interdisciplinary graduate programs to prepare a diverse prospective workforce for specialized intervention and clinical practice in early life and youth mental health

Offerings to date have only emerged from the Global North and are largely unable to respond to the need in Africa.



Why is it so hard to establish or integrate infant, child and maternal MH into general services?

## Intervention is expensive

- CAMH intervention and services require integration into already burdened and under-resourced services
- It involves systems that surround the child - an interplay of caregivers, family systems and structural contributors
- Most aspects for eg IMH depends on Maternal & Paternal MH – the latter clouded by stigma and barriers to accessing services itself.
- Skills are nuanced, and even basic level services require expert level reflective supervision
- It competes with “greater” health priorities like infectious diseases (HIV, TB) – that is considered “core and more life saving” gaining political priority

# Data Drives Decisions

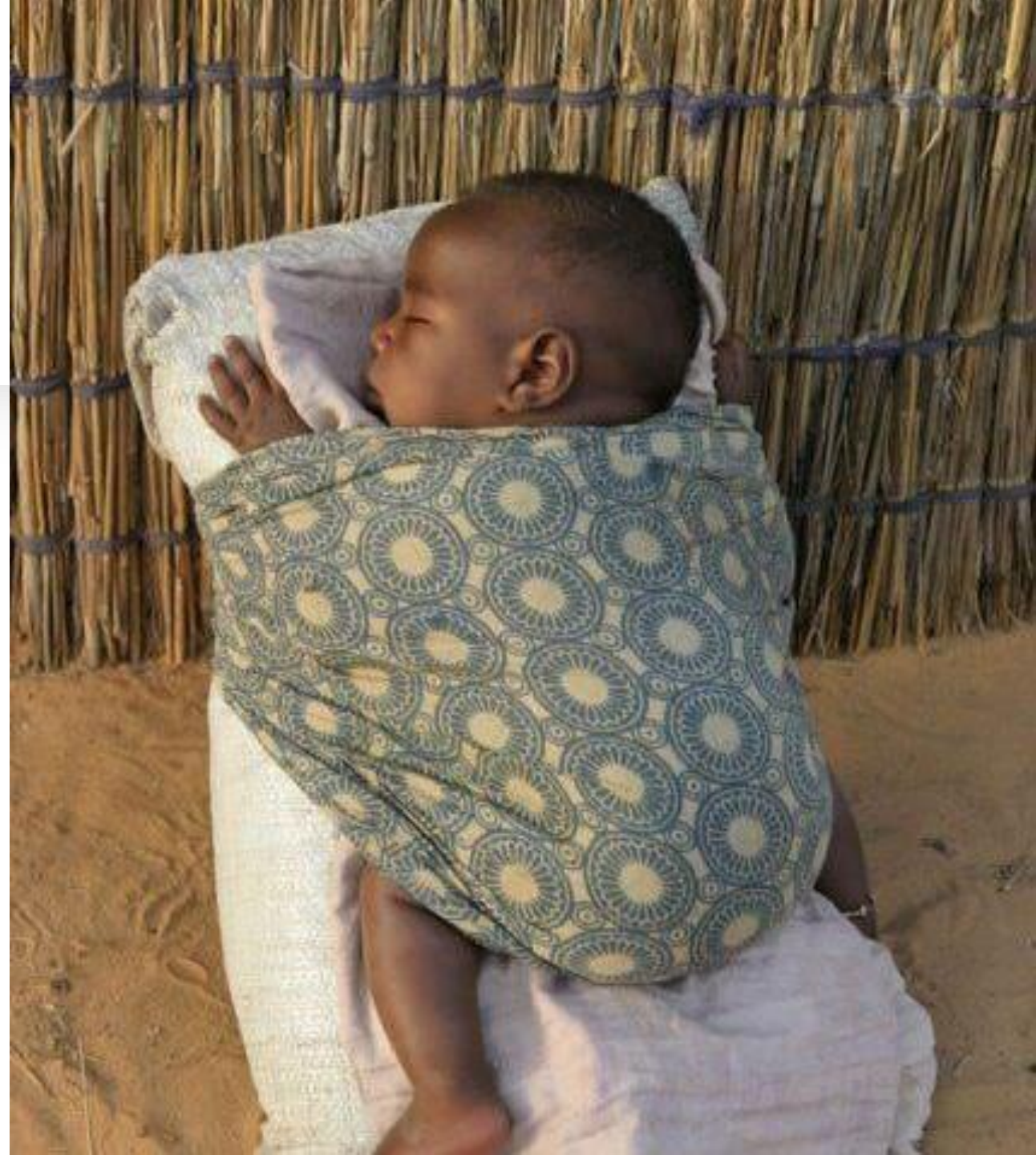
- There is limited if any data that specifically addresses perinatal and child mental health and its unique requirements on the continent
- Research shows that mental health , including services for children, is not a priority on the public health policy agenda in Africa as a whole (Lund, 2018).
- Child mental health lacks legitimacy in the eyes of policy makers (Bird et al., 2011), which is likely partly due to a lack of knowledge and the erroneous belief that early intervention begins at pre-school or with ECDs.
- Psychosocial interventions, such as psychological services for caregivers and infants, fall outside the realm of narrowly defined biomedical interventions and are thus deemed 'less scientific' and competitive for research funding

# Mental health affects nurturing care

***“There is no such thing as just a baby. A baby cannot exist alone, but is essentially part of a relationship”***

***D.W. Winnicott, 1966***

- Infant mental health is strongly connected to the quality of caregiving relationships
- Mental health challenges in the perinatal period continues to be overshadowed by complex systemic issues in the health system
- This can be addressed in small ways by general and mental health care professionals encouraging an awareness of the impact of PMH on early IMH, as well as early dyadic screening and intervention.



# But to do this...

We need

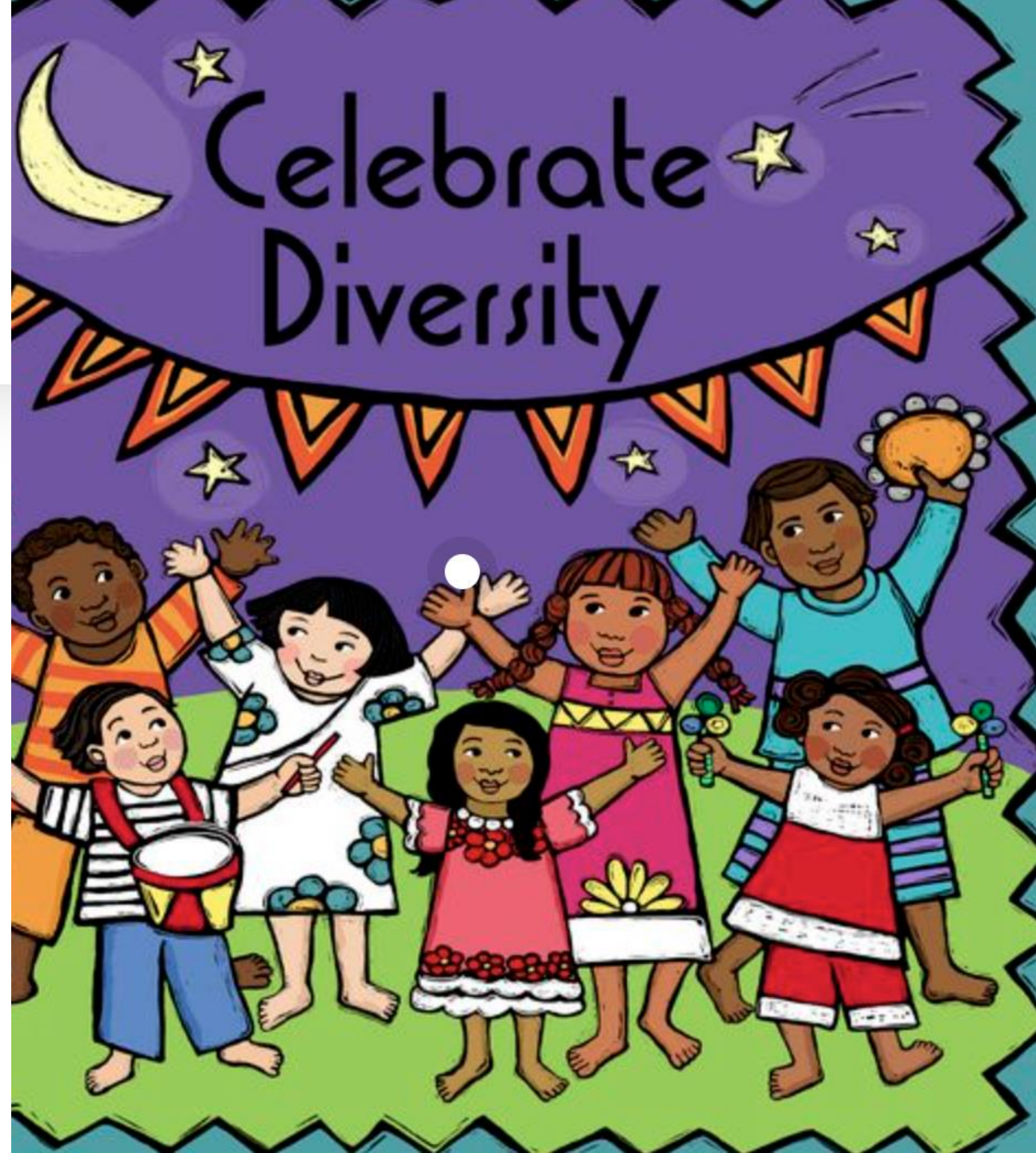
- to be able to screen effectively, using appropriate tools
- to know how to screen, and when
- health care workers trained to identify mental health issues and to manage these in primary care settings
- to identify and manage red flags early
- resources to support the interventions

***There cannot be an expectation for perinatal, infant and child MH to only be managed by experts in the field – given the limited resources, we will be failing to reach the majority of our population***

***We need to meet patients where they are – and often that is in primary care services, well baby clinics, antenatal spaces and GP practices.***

# The Challenge in the practice

- Goes beyond limitations in human and material resources.
- While we aim to provide care that aligns to evidence based best practice, we are forced to critically question the very “evidence” of these practices.
  - Who decided what was contextually relevant and in what setting?
  - Are all children and caregivers essentially the same?
  - What is a nuclear family, anyway, in a community or culture that collectively rears children?
  - What tools do we use to assess and respond to mental health challenges?
  - Where were these tools developed, and how culturally relevant are they, really, in a limited resource and ethnically diverse setting?



The good scientist and academic would say: the best way to prove or disprove the norm is to investigate, research and replicate



# What about the evidence that does exist?

- The fact is that most parent–child intervention programmes, supported ideas are developed in North American and Western European settings
- ***The question is who is represented in Gold Standard Treatment Algorithms?***
- Most algorithms and guidelines originate from settings of predominantly white, privileged and homogenous samples of women and children.
- And when researchers say “evidence based guidelines are adapted and validated” – do they mean just that they have been translated into a different language?
- Or are they actually appropriate to test a situation in a different setting from the West?



# Lack of diversity and representation

There is ongoing academic discussion around :

- inherent HIC publication biases,
- lack of diversity and representation in editorial boards and reviewers
- unfair playing field of publication in child development research

Draper Catherine et al, 2022

## Publishing child development research from around the world: An unfair playing field resulting in most of the world's child population under-represented in research

Catherine E. Draper<sup>1</sup>  | Lisa M. Barnett<sup>2</sup> | Caylee J. Cook<sup>1</sup> | Jorge A. Cuartas<sup>3,4</sup>  | Steven J. Howard<sup>5</sup> | Dana C. McCoy<sup>3</sup> | Rebecca Merkley<sup>6</sup> | Andres Molano<sup>7</sup> | Carolina Maldonado-Carreño<sup>8</sup> | Jelena Obradović<sup>9</sup> | Gaia Scerif<sup>10</sup> | Nadia C. Valentini<sup>11</sup> | Fotini Venetsanou<sup>12</sup> | Aisha K. Yousafzai<sup>13</sup>

<sup>1</sup>SAMRC Developmental Pathways for Health Research Unit, Faculty of Health Sciences

### Abstract


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### ORIGINAL ARTICLE



## “Poor brain development” in the global South? Challenging the science of early childhood interventions

Gabriel Scheidecker<sup>1</sup>  | Nandita Chaudhary<sup>2</sup> | Heidi Keller<sup>3</sup> | Francesca Mezzenzana<sup>4</sup> | David F. Lancy<sup>5</sup>

- In 2003, Tomlinson & Swartz reported that a mere 5% of all IMH research from major journals originated from parts of the world other than Europe, America or Australasia Tomlinson, M., & Swartz, 2003
  - A decade later, a review of progress in diversifying publications indicated that, despite this awareness of gross imbalance,
  - **only 2.3% of articles published in 11 years** included data from LMICS,
- where 90% of the world's infants live!**



## TEACHING AND LEARNING

### REVIEW

Infant Mental Health Research in Africa: a call for action for research in the next 10 years

Mark Tomlinson<sup>1\*</sup> and Barak Morgan<sup>2</sup>

<sup>1</sup>Department of Psychology, Stellenbosch University, Cape Town, Matieland, Stellenbosch, South Africa

<sup>2</sup>Global Risk Governance Program, Department of Public Law, University of Cape Town, Cape Town, South Africa

- Many of the principles of existing models of intervention, training and teaching are useful and applicable across different settings, but appreciation of the local African context is still needed.
- In South Africa contextual factors include social inequalities, on-going legacies of racism and high rates of maternal mental illness and interpersonal violence.
- Cultural variations in ideas about child-bearing and -rearing, and diverse family forms, further makes this field difficult to navigate with a single acceptable approach.



# Addressing the need in SA

- The shortage of trained clinicians who can assess and manage infants and caregivers is a major barrier to providing adequate services in LMIC – in SA and on the African Continent
- Resolving the gaps in human resources entails the use of “non-specialists” to deliver mental health and other interventions
- This model of “**task shifting**” in the delivery of health care (e.g., using nurses, community health workers, allied professionals) has been successful in LMIC, including in populations that are considered to be especially difficult to treat.

# Infant Mental Health in Africa: Developing a Master's programme that addresses the need for Afrocentric training

Astrid Berg, Red Cross War Memorial Children's Hospital, University of Cape Town, South Africa;  
Department of Psychiatry, Stellenbosch University, South Africa

Anusha Lachman, Department of Psychiatry, Stellenbosch University, South Africa

The program aims to deliver a Southern African centered curriculum that productively reshapes the IMH field with a curriculum that accommodates the diversity

STELLENBOSCH UNIVERSITY  
FACULTY OF MEDICINE AND HEALTH SCIENCES

## MPHIL IN INFANT MENTAL HEALTH

CALL FOR APPLICATIONS 2021

### DEGREE DESCRIPTION

- Two years part-time;
- Non-professional Master's degree;
- Weekly infant observation;
- Clinical practicum;
- Four theory modules;
- A research assignment.

\*\*Harry Crossley bursaries are available to previously disadvantaged individuals.



### DEGREE REQUIREMENTS

- Registration with either HPCSA, SACSSP, AHPCSA, SANC or equivalent regulatory body
- A minimum of two years clinical experience (excluding internships/community service);
- **Must currently work with infants, toddlers and families;**
- Attendance at weekly supervision and bi-monthly infant clinics in the Cape Town metro (distance learning is subject to accredited reciprocal training centres)
- Where no reciprocal training centers exist, an online IMH short course will be offered as an alternative to the degree

### APPLICATION PROCESS

Course Convenors: Prof Astrid Berg and Dr Anusha Lachman.

Eligible candidates to email the following documents by 30 June 2020 to [zimi@iafrica.com](mailto:zimi@iafrica.com) and [anusha@sun.ac.za](mailto:anusha@sun.ac.za):

- Proof of registration with regulatory body; and
- Two-page CV

Shortlisting will include responses to questionnaire and a reflection.

Interviews will occur in August 2020, with final selection completed by September 2020.

# Diverse Classroom comes with Diverse challenges

- Language and racial differences
- Cultural diversity: community and personal identity
- Professional: OT, Nursing, Psychiatry, SW, Psychology
- Academic baseline differences
  - Basic degree backgrounds: health science versus humanities
  - Student potential: age influencing learning & teaching methods
- Measuring outcomes:
  - unchartered field
  - previous experience versus novel subject exposure
  - health science versus social/psychological expertise

# Reflections on these challenges

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Course content needs to reflect multicultural sensitivities

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Evaluation of candidates needs to take into account the unique differences of the students.

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At the end of the modules, teachers need to consider what is content competency rather than English colonial language competency

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Can we think about this in a more inclusive way?

## INFANT MENTAL HEALTH SHORTCOURSE

CALL FOR APPLICATIONS 2023

### COURSE DESCRIPTION

The course focuses on the mental health of infants aged 0-3 years old and their caregivers in limited resource, culturally diverse and LMIC settings

- Five weeks
- Fully online
- Four theory modules
- Ten hours self study
- Certificate of competence
- CPD points

### ELIGIBILITY

Anyone interested in the mental health of infants & their relationships with caregivers during the first 1000 days

FACILITATORS  
IMH Faculty at Dept of Psychiatry

DATES  
7 August 2023 – 11 September 2023

COST  
2000 ZAR

ENQUIRIES  
[anusha@sun.ac.za](mailto:anusha@sun.ac.za) or [aneesat@sun.ac.za](mailto:aneesat@sun.ac.za)

Click [here](#) to apply



## Perspectives

### The art of medicine

Infant mental health in southern Africa: nurturing a field



## Opportunities to accelerate progress in infant mental health



Our early experiences as infants can shape how our brains develop. Infant mental health involves infants' psychological wellbeing and development, which encompasses their emotional, social, and cognitive and environment. This includes developing the capacity to experience, to regulate and express emotions, to form close and secure relationships, and to explore and learn from their environment.<sup>1,2</sup> Infant mental health is distinct from adult mental health in that it emphasises the importance of early experiences and socioemotional and relational interactions in shaping a child's wellbeing.<sup>3</sup> When infants thrive, they show secure attachment

of support for sensitive caregiving, with reciprocal learning opportunities for children and their caregivers, alongside ensuring nutrition and safety. However, concerns persist regarding its reflection of systemic power imbalances in global health.<sup>7</sup> Evidence used for infant mental health policy, screening, and intervention often originates from high-income countries, and there is neither robust scientific evidence nor anecdotal support to justify this ill-fitting, one-size-fits-all approach.<sup>8</sup> We need to consider context-specific and cultural ideals and realities, such as diverse family and caregiving structures, beliefs, and values, alongside all existing evidence to support the provision of equitable



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# There is no one size fits all

Addressing this challenge through reflection on the fit between established models and local contexts, calibrating where necessary and possible, or developing alternatives where not.

Do we want to create IMH experts? Or do we want different experts to think in an IMH friendly way and integrate into their everyday practice?



# Concluding thoughts

- There is much to learn about framings of care, family and infant mental health by engaging these questions specifically in Africa
- We emphasize that locally-developed training programs, and locally evidenced interventions are best placed to capture and include cultural nuances in its practical and theoretical teachings.
- A global social medicine approach emphasizes that knowledge flows are multidirectional and foregrounds a global commitment to “**learning to learn**” from others through an openness and desire to do better collaboratively.

**Thank you**

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