



# Infant & Early Childhood Mental Health Position Paper

A Prevention & Early Intervention Approach to Mental Health

Area Based Childhood Programme

October 2022

*'Through prevention and early intervention approaches, the national ABC Programme aims to work in partnership with families, practitioners, communities, and national stakeholders to deliver better outcomes for Children and Families living in areas where poverty is most deeply entrenched' (ABC Programme, 2020).* For 15 years, the Area Based Childhood (ABC) Programme and its predecessor, the Prevention and Early Intervention Programme (PEIP), have innovated, trialled and tested programmes, interventions, services, and supports to advance Prevention and Early Intervention (PEI) across Ireland in partnership with parents, local communities and interagency partners and services.

Many children and families face social inequalities in Ireland. Significant evidence highlights that children and adults from lower socio-economic backgrounds do not achieve the same outcomes as those from more affluent backgrounds. Growing Up In Ireland (Mc Namara et al., 2021) outlined that 9-year-olds were more likely to be 'at risk' of socioemotional difficulties if they were from lower-income families, had a parent with lower levels of education, and were from a one-parent family. Healthy Ireland (2015) found that *'a Probable Mental Health Problem was indicated by 13% of those living within the most deprived areas compared with 5% of those living within the least deprived areas'*. This is supported by international data (Reiss et al., 2019; WHO, 2014). This, along with outcomes across many dimensions, outlines a strong intergenerational impact for those living in areas where poverty is most entrenched as they experience disadvantage throughout their lives.

ABCs aim to mitigate the impact of this, thereby supporting the social justice, economic and policy arguments for change for those most impacted by poverty. The findings from the National Evaluation of the ABC Programme (Hickey et al., 2018) demonstrated positive changes across a range of domains for children and their parents, such as increases/improvements in: positive parent-child relationships; children's social and emotional well-being; parental stress; children's home learning environment; and school readiness for participating children.

Grounded in evolving evidence across many disciplines, ABCs know that:

- It is essential to support children, parents/caregivers, and their families from pregnancy or as early as possible.
- Brain development in the first five years, including pregnancy, is at a rate never seen again during development.
- Children don't grow up in isolation but in relationships with their parents/caregivers, families and communities.
- Early relationships matter and the quality, consistency and responsiveness of these relationships support a child's mental health both now and in the future.
- Supporting the capacity of parents/caregivers, families, and the caregiving environments of early childhood can lay the foundations for all development as children and families realise their full potential.
- Young children's emotional well-being is closely tied to the mental health of their parents and caregivers
- Reducing stress in children's lives and environments has a significant positive impact on their brain development and future outcomes.<sup>1</sup>

These facts form the core components of Infant Mental Health (IMH). They are the ingredients necessary to promote and enhance positive mental health and well-being for children, families and communities.

### **Infant Mental Health and Area Based Childhood Programmes**

IMH is defined as *'young children's capacity (from birth to 5 years) to experience, regulate, and express emotions, form close and secure interpersonal relationships, and explore the environment and learn within the context of family and cultural expectations.'*(Zero to Three, 2016).

A focus on IMH has progressively become a core practice for ABC Programmes. It continues to grow concurrently with the range of other evidence-based practices ABCs deliver to provide 'ecosystem' solutions to the challenges facing communities experiencing disadvantage. Taking an 'ecosystems' perspective, ABCs:

- Deliver services, programmes and interventions directly to children, parents/caregivers and families, promoting interventions that have a relational focus in line with an IMH approach (**service delivery**).
- Provide training, mentoring, and share knowledge and information with other interagency partners working with young children and their families (**capacity building**).

- Affect change in interagency practices, contribute new research to inform service change and influence policy developments (**systems change**).

The ABCs have developed an IMH Framework, including an IMH Organisational Culture (Figures 1 and 2), to align and embed IMH throughout ABC interventions.

**IMH Promotion, Prevention and (Early) Intervention: The bread and butter of the ABC Programme**

The IMH Framework for the ABC Programme outlines a continuum of IMH work across service delivery, capacity building and systems change, delivered at a promotion, prevention and early intervention levels.

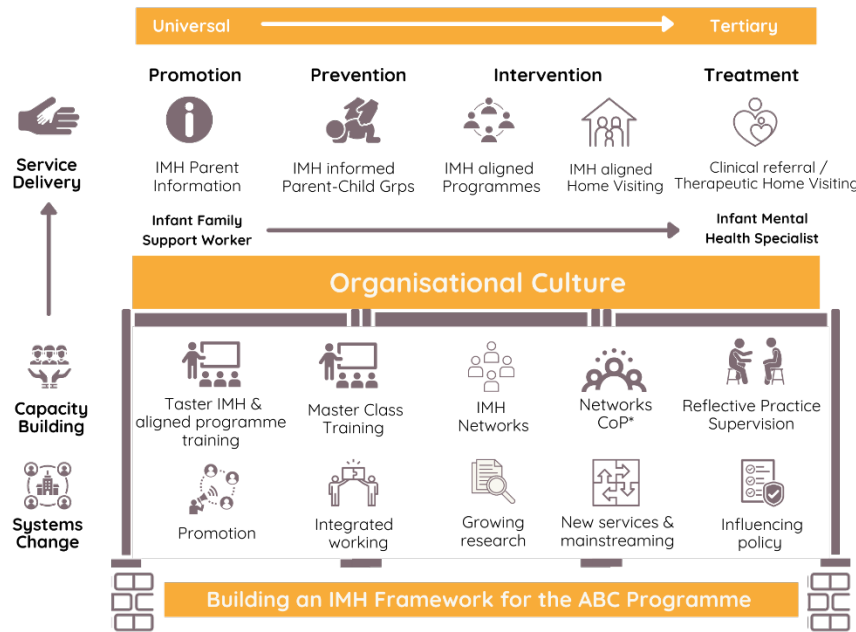


Figure 1 An IMH Framework for the ABC Programme



Figure 2 Organisational Culture of ABC IMH Framework

The strength of ABC Programmes is the wraparound universal-targeted access to IMH supports within local communities. Central to IMH is the development of trusted relationships between services/practitioners and parents. The IMH Framework and Organisational Culture guide ABCs to enable them to ‘scaffold’ the parent-infant relationship through progressive support.

Central to the IMH Framework is an Organisational Culture (Figure 2) to guide all IMH interventions. At the core of this is a strong focus on ongoing learning. ABCs support this culture of learning both within the National ABC Programme and externally through their hosting of IMH Networks. The detail of the IMH Framework, including the Organisational Culture, is outlined in the ABC Publication, ‘A Framework for Infant and Early Childhood Mental Health’.

### The IMH reach of ABCs to date – a snapshot

Despite the impact of COVID, in one-year ABCs delivered:

- a range of IMH information supports for parents from pregnancy to starting school, frequently developing resources in collaboration with interagency partners, e.g., Maternity Services.
- a significant number of accessible universal community-based supports, all with IMH messages, e.g. language development groups, parent-toddler groups, and infant massage groups.
- preventative programmes to parents, including peep antenatal, Mellow Bumps Parenting Groups etc.
- Circle of Security™ Parenting Programmes and IMH aligned home visiting.
- IMH aligned training programmes to practitioners, including The Growing Brain and Solihull.

ABC Programmes have been offering IMH Masterclass training since 2015. This 2-day training has been delivered in an area-based way bringing together interagency practitioners using a sustainable methodology. Youngballymun modified its delivery of the IMH Masterclass to offer this training to practitioners online in response to demand.

The ABC Programme also established and continues to support interdisciplinary IMH Networks across 12 areas (Figure 3). The IMH Network Model was first established in North Cork, often referred to as the ‘North Cork Model’ (Hayes et al., 2016). It provides peer reflection on IMH practice to advance practice-based knowledge amongst interagency partners. Reflective practice and reflective supervision are core to all professional practice, especially in IMH. All relationships, past and present or between practitioner and parent, can influence the intervention.

### Why are ABCs uniquely placed to advance outcomes for children using an IMH framework?

1. The ABCs have developed and integrated extensive IMH knowledge, interventions, and training within communities and interagency services that support young children and their families.
2. ABCs demonstrate strong collaboration. There has been considerable sharing of knowledge, resources and time across all ABCs. As a PEIP, Youngballymun collaborated with national partners to produce the first national IMH position paper (Mc Clorey et al., 2012). Young Knocknaheeny<sup>2</sup> ABC supported the development of IMH within the National Healthy Childhood Programme.
3. ABCs demonstrate a track record in partnership working through the engagement of local interagency partners in IMH Masterclass training and the formation of IMH Networks. ABC Programmes provide IMH actions through

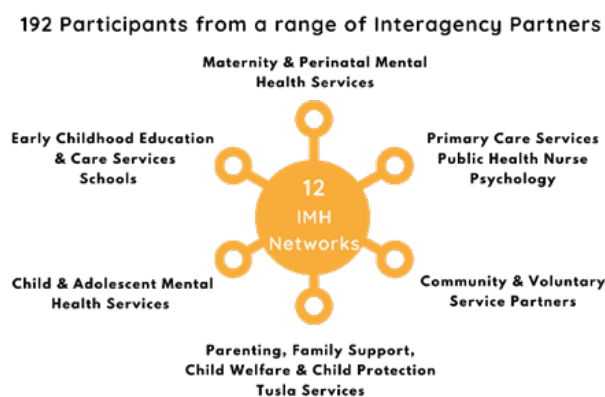


Figure 3 ABC supported IMH Networks

integrated work with Maternity, Perinatal Mental Health and Public Health Nurse Services, Primary Care, Disability; Child Protection and Early Childhood Education and Care Services. They frequently co-deliver a range of IMH and other parenting interventions – examples of which can be found in ‘A Framework for Infant and Early Childhood Mental Health’.

4. There has been considerable momentum behind the upskilling of ABC staff and their interagency partners. In addition, there has been a high level of innovation, resulting in exploring new aligned IMH programmes (e.g., the Solihull Approach) and developing responses in line with need (e.g., moving IMH Masterclass training online during Covid). ABCs are well equipped to work collaboratively with national partners to progress the availability of a range of IMH training to build capacity across all services supporting expectant parents, infants, young children and their families.
5. ABC Programmes have a geographic spread enabling them to share and support IMH practice.



Figure 4 Locations of ABC Programmes across Ireland

### The Social Justice, Economic & Policy Potential of ABC IMH Interventions

In 2012 the IMH policy paper, *Tús Maith, Leath na hOibre - A Good Start is Half the Work* (Mc Clorey et al., 2012), presented the social justice, economic and policy potential of IMH as a primary PEI approach. Since then, there has been considerable advancement of IMH in Irish policy and service developments.

- Irish Association of Infant Mental Health (I-AIMH) launched the IMH Competency Framework® in 2018.
- The importance of all children's infant and early childhood mental health is outlined in *First 5 – A Whole of Government Strategy for Babies, Young Children and their Families* (DCYA, 2018). *First 5* also recognises IMH Home Visiting along with a range of home visiting programmes delivered in Ireland.
- The National Healthy Childhood Programme has developed IMH online training modules for Health Service Executive (HSE) and aligned staff. It has also embedded key IMH messages throughout HSE resources for parents.
- Specialist Perinatal Mental Health Services established a ‘hub and spoke’ service delivery model. The first in-patient Perinatal Mental Health facility for mothers and babies was announced.

### Social Justice Case

Healthy Ireland (2015) outlined that a higher percentage of adults had a mental health concern if they lived in a disadvantaged area. The ‘My World Survey 2’ stressed the ‘inextricable link between relationships and youth mental health’ (Dooley et al., 2019). Investment in early childhood interventions that support the primary relationship between an infant and parent is not just an economic argument; it is also the right thing to do.

In 2020, over 210,000 children lived in households below the poverty line in Ireland. There are many factors impacting a child’s life at the macro-economic level. While not a core focus of ABC work, they are addressed through ABC research (Shumba et al., 2021) and advocacy. Integrated working is a fundamental principle of the *EU Recommendation - Investing in Children: Breaking the Cycle of Disadvantage* (European Commission, 2013).

With growing access to longitudinal data, there is increasing evidence to support early child development as a critical determinant for equity. The interaction between the development of brain structures and the primary caregiving environment of infants<sup>3</sup> is central to reducing inequality. It is vital to target both the individual and the community in addressing child health inequalities. ABCs do this through an ecosystem approach. Finally, it is essential to address barriers to accessing child health services (La Placa & Corlyon, 2014; Spencer et al., 2019)<sup>4</sup>. ABCs deliver accessible community-based support, as described in the IMH Framework. It proposes a gateway wraparound model of IMH support to parents instead of a once-off programmatic approach.

Irish policy builds on the EU Recommendation and advances the importance of ABC work in PEI. Better Outcomes Brighter Futures: A Whole of Government Strategy to Tackle Child Poverty (DCYA, 2017) outlines how the PEI learning from ABC work can be mainstreamed to ‘ensure the sustainable delivery of evidence-informed approaches to children’.

While the impact of COVID on childhood inequality cannot yet be fully estimated, we know that COVID has exacerbated the inequality gap for all, especially for children. The ESRI policy review on the implications of COVID on children and young people highlights the importance of parent-child relationships on child mental health. They note the negative impact of COVID on parent-child relationships and, subsequently, child and adolescent mental health.<sup>5</sup> The need for community-based IMH interventions and signposting to tertiary service is critical now more than ever as the mental health impact of COVID on infants and parents unfolds.

### **Economic Case**

Evidence supporting the cost-benefit of PEI continues to grow. Heckman (2007) outlined a 7-13% return on investment through high-quality early childhood interventions. New research outlines how a factor termed ‘brain health’ of a 3-year-old can predict which adults will require health, housing, welfare and wider state supports and identifies how targeted interventions can break this cycle. Sensory and emotional regulation are at the core of the infant-parent relationship and equips the child as a social being to interact, develop language, and a range of core skills – as Heckman says, ‘*skills beget skills*’. Wider research details the cost impact of conduct and antisocial behaviour.<sup>6</sup>

The cost impact of mental health has also been documented. Budget 2022 outlined a total allocation of €1.149 billion for mental health services in Ireland. However, the cost of mental illness is not only measured by the expenditure on mental health services but includes expenditure across a range of government departments. The UK National Health Services outlined that the excess costs for child and adolescent mental health conditions are ‘*estimated at between £11,030 and £59,130 annually per child*’ and other research stated the total impact of mental health problems was estimated to cost 5% of the UK GDP in 2019 (Mc Daid & Park, 2022).

### **Policy Context & Potential**

As noted earlier, there have been significant achievements in the representation of IMH across a range of government policies and strategies. The ABC Programme IMH Framework has the potential to address many policy priorities.<sup>7</sup>

<p><b>Creating a Better Future Together: The National Maternity Strategy 2016 - 2026 (Department of Health, 2016)</b> <b>Specialist Perinatal Mental Health Services: A Model of Care for Ireland (HSE, 2017) – (SPMHS)</b> <b>National Maternity Experience Survey (HSE, 2020)</b></p>
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- ABCs deliver a model of community-based parent-infant services across a continuum of need (component 9 SPMHS).
- The National Maternity Strategy and the SPMHS-MC advocate for ongoing professional development, reflective supervision, and a learning culture. ABCs track record in creating a learning culture through reflective supervision and interagency IMH Networks can inform actions in this sphere (see also *First 5* below). Resources are required to ensure capacity building and professional development at the IMH Specialist level to ensure there are a sufficient number of practitioners with the knowledge and skillset to provide reflective supervision.
- Emotional support and parent mental health are integral components of the ABC IMH Framework. The National Maternity Experience Survey reported that ‘*29% of women said that their GP or practice nurse/midwife did not spend enough time talking about their mental health at their postnatal check-up*’. They also felt they did not have the opportunity to ask questions about the labour/birth and noted reduced support for their mental health whilst in hospital. Community-based IMH supports at peer groups, or one-to-one home visits can provide essential support to Mothers post-hospital discharge. Mothers can be referred for additional services if required.

<p><b>Sharing the Vision: A Mental Health Policy for Everyone 2020-2030 (HSE, 2020)</b> <b>Stronger Together: The HSE National Mental Health Promotion Plan 2022-2027 (HSE, 2022)</b></p>
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‘Sharing the Vision’ recommends that the learning from the ABC Programme (and other similar PEI initiatives) should inform mainstream services<sup>8</sup>. The National Mental Health Promotion Plan recognises the importance of IMH and PEI as it outlines a range of actions under ‘Starting Well’. The ABC programme is well placed to work collaboratively with the National Healthy Childhood Programme (lead agency) and other national partners. It can:

- Build the capacity of early childhood professionals to strengthen infants’ social and emotional health.
- Work collaboratively with IMH national partners to advance systemic changes to build services and infrastructures to support social and emotional development in infancy and early childhood.

### **Waiting List Action Plan 2022 (HSE, 2022)**

Waiting lists for children accessing mental health services in Ireland continue to grow.<sup>9</sup> The Waiting List Action Plan outlines an expenditure of €20 million to reduce specific community care waiting lists (including Primary Care Child Psychology/counselling and CAMHS).

- ABCs have demonstrated integrated working with Primary Care Psychology which has reduced waiting lists by assessing need and referral to the most appropriate service.

### **First 5 – A Whole of Government Strategy for Babies, Young Children and their Families (DCYA, 2018)**

*First 5* places a strong emphasis on IMH through parenting information, parenting supports, and services to support the mental health of babies, young children, and their parents. The following can be progressed through mainstreaming of ABC IMH work:

- ABCs have developed a range of IMH information resources and supports frequently delivered to Parents in conjunction with Maternity, Perinatal Mental Health and Public Health Nurse Services (objective 6.1).
- Positive self-care, mental well-being and health information and support are provided to expectant and new parents through the ABC IMH Framework (objective 6.2).
- The ABC IMH Framework promotes access to mental health supports for infants and young children at a universal community level with integrated working and signposting to IMH interagency partners (objective 6.2).
- ABCs have the capacity at a community level to identify mental health problems among babies, young children, and their families and to signpost and refer parents to the appropriate support. Their engagement during pregnancy and in the early days of a child's life ensures parents can be supported to access services required at the earliest time, thereby implementing the 'No Wrong Door' approach (building block 2. A).
- IMH Networks promote ongoing professional development in IMH and support nearly 200 practitioners in reflective peer IMH Networks. Over 680 practitioners working with children and young people have received training in IMH (objective 6.1). This track record in the capacity building of early childhood professionals can inform *First 5's* Early Childhood Workforce Initiative (building block 3.B).
- ABCs have a strong record of using data to inform programmatic delivery. Actions 4.A and 4.B advocate for evaluation and data systems development. This theme is replicated in the '*National Model of Parenting Support Services*' (Theme E). Sustainable funding for efficient data collection and analysis is required to enable a move to a data-informed service delivery model.

### **National Model of Parenting Support Services (DECDIY, 2022)**

The four goals of the '*National Model of Parenting Support Services*' align with many arguments made within this position paper: increased awareness, increased access, increased inclusion, and supports that are needs-led and evidence-informed. The guiding principles of the Model align with those of the ABC IMH Framework.

- ABCs can deliver on the range of actions under Theme B – Empowering Parents as they provide a continuum of parenting supports collaborating with interagency partners.
- The development of guidelines to advance high-quality practice and standards are listed under Theme C. The IMH Framework could inform similar guidelines across the parenting sector.
- ABCs currently provide training and support in IMH within ECEC Services and Schools and have identified the need to support ECEC practitioners in partnership working with parents.
- Theme D outlines the need to promote information and signposting to all parents, destigmatising parenting supports and removing barriers to access services during pregnancy. Many ABCs already work with Maternity Services to deliver essential parenting information support at the antenatal education stage. '*A Framework for Infant and Early Childhood Mental Health*'<sup>10</sup> outlines some best-practice examples of how ABCs promote IMH parenting information.

### **Tusla Parenting Support Strategy 2022 – 2027 (Tusla, 2022)**

The six themes of the Tusla Parenting Support Strategy align with those of the ABC IMH Framework: specialised and tailored supports; public and practitioner awareness; parent and practitioner information; integration and collaboration; training; and evidence. The strategy outlines a continuum of support: promoting positive parenting, early intervention, intensive support, and long-term support. Tusla has identified key initiatives for 2022 – 2023 under the Parenting Strategy. The following align significantly with the ABC IMH Framework. They are to expand and

develop home visiting programmes, Preparing for Life and Community Families (0-2 Dublin Docklands), both of which are outlined in the IMH Framework. Additionally, it is proposed to expand IMH Networks. ABCs have developed considerable expertise over the last 7-10 years in establishing, sustaining, and developing IMH Networks and can play a significant role in progressing this initiative.

**Recommendations:** The following are recommended to secure accessible IMH supports for infants, young children and their families:

1. Grow and mainstream community-based parent-infant supports and services delivered by the ABC Programme, guided by a standardised IMH Framework<sup>11</sup>.
2. Advocate for therapeutic/tertiary level IMH supports across a range of interagency partners, including Maternity and Specialist Perinatal Mental Health Services, Primary Care Psychology Services and CAMHS.
3. Promote access to relational based parenting programme supports for parents of young children.
4. Support the advancement of practitioners to the IMH Specialist level to grow and advance IMH nationally.
5. Fund and provide reflective supervision to all ABC staff and IMH practitioners nationally.
6. Support and advance the continued roll-out of IMH Networks to provide peer-reflection to IMH practitioners.
7. Review the ABC IMH Capacity Building Strategy considering feedback from all IMH training and network participants. Provide sufficient training and support to facilitators of ABC IMH Networks.
8. Work with national partners to enhance the IMH training infrastructure ensuring access to a range of IMH training and continuous professional development.
9. Promote and support the commencement of the I-AMH Endorsement process for the Irish Competency Guidelines<sup>®</sup> to increase the availability of endorsed practitioners at all levels.
10. An agreed mechanism for demonstrating IMH outcomes is required across ABCs to measure impact and create programmatic learning opportunities in line with best practice in implementation science. Support policy priorities through the resourcing of a strengths-based data system. This should be co-produced with parents, enabling parent-held and service-level data to inform ongoing programmatic learning.
11. Work collaboratively with IMH partners to map out a sustainable national IMH structure of services and supports. This should traverse the HSE, Tusla and the Community and Voluntary Sector along a continuum of need to support infants and young children and their families from pregnancy to 5 years, in line with national policy priorities.
12. Expand and promote IMH by extending the range of potential partners, such as those with an advocacy role in mental health, social justice, parenting, child poverty and early education and care etc.
13. Develop an ABC National IMH Lead to develop and constantly review IMH practice across the ABC Programme, ensuring high-quality, evidence-informed practice; and collate on the ground best-practice and learning and share at a national level with the National ABC Manager.

## Summary

Advocating for IMH services can often feel like shouting into a vacuum. Those most affected by the absence of services don't yet have a voice. The impact of a lack of services on the lives of children and their families is experienced too late. When the need does emerge, an intensive service response is required rather than a preventative one.

This position paper outlines the breadth of ABC work in:

- the provision of community based accessible IMH information, support and interventions directly to parents and their young children,
- collectively building the capacity in conjunction with interagency partners to strengthen and embed IMH practice base skills to advance social and emotional development in infancy and early childhood
- promoting systems change to establish an IMH infrastructure with the capacity to deliver high-quality, accessible supports and services to make a difference in the lives of children most at risk of poverty.

Along with national IMH partners, ABCs have played a fundamental role in advancing the field of IMH in Ireland. They demonstrate a range of best-practice examples in IMH promotion, prevention and early intervention as outlined in '*A Framework for Infant & Early Childhood Mental Health*'. Together with the HSE, Tusla, I-AIMH, the Community and Voluntary Sector and IMH partners, the national ABC Programme looks forward to advancing IMH in Ireland to provide infants, young children and their families with secure and positive early relationships.



ABC Programme. (2020). *The National Area Based Childhood Programme, Vision, Mission Statement & Principles*. Dublin: Tusla; Department of Children, Equality, Disability, Integration & Youth.

Bhreachnach, É. (2018). Sensory Information, Sensory Integration and Strategic Functioning. *International Association for the Study of Attachment Plenary - 10th Anniversary* (pp. 1-16). Florence: É Bhreachnach.

Branjerdporn, G., Meredith, P., Strong, J., & Green, M. (2018). Sensory sensitivity and its relationship with adult attachment and parenting styles. *PLoS ONE* 14 (1), e0209555.

Caspi, A., Houts, R., Belsky, D., Harrington, H., Hogan, S., Ramrakha, S., . . . Moffit, T. (2016). Childhood forecasting of a small segment of the population with large economic burden. *Nature Human Behaviour*, doi:10.1038/s41562-016-0005.

Center on the Developing Child at Harvard University. (2021). *Three Principles to Improve Outcomes for Children and Families 2021 Update*. Harvard: Harvard University.

Darmody, M., Smyth, E., & Russell, H. (2020). *The Implications of the COVID-19 Pandemic for Policy in relation to Children and Young People. ESRI Survey and Statistical Report Series Number 94*. Dublin: ESRI.

DCEDIY. (2022). *Supporting Parents: A National Model of Parenting Support Services*. Dublin: DCEDIY.

DCYA. (2017). *Better Outcomes Brighter Futures: A Whole of Government Approach to Tackling Child Poverty*. Dublin: DCYA.

DCYA. (2018). *First 5 - A Whole of Government Strategy for Babies, Young Children and their Families 2019-2028*. Dublin: Government of Ireland.

Department of Health. (2016). *Creating a Better Future Together - National Maternity Strategy 2016 - 2026*. Dublin: Department of Health: Healthy Ireland: Patient Safety First.

Dooly, B., O'Coonor, C., Fitzgerald, A., & O'Reilly, A. (2019). *My World Survey 2 - The National Study of Youth Mental Health*. Dublin: UCD School of Psychology, Jigsaw.

Eurochild. (2020). *Growing up in lockdown: Europe's children in the age of COVID-19*. Brussels: Eurochild.

European Commission. (2013). *Commission recommendation. Investing in children: Breaking the cycle of disadvantage*. Brussels: EU.

Glovinsky, I., & Mahler, K. (2020, April 13). Interoception and Infant Mental Health: An Exquisite Fit. *The Infant Crier - Michigan Association of Infant Mental Health*.

Hayes, J., Maguire, C., Carolan, M., Donney, R., Fitzgerald, H., Cahill, B., & Kelly, S. (2016). *Infant mental health network groups: evaluation of an interdisciplinary model for integrating infant mental health principles into everyday clinical practice and service in the community*. Cork: HSE.

Healthy Ireland. (2015). *Healthy Ireland & IPSOS MRBI Survey 2015 Summary of Findings*. Dublin: Healthy Ireland.

Heckman, J. J., & Masterov, D. M. (2007). *The Productivity Argument for Investing in Young Children. NBER Working Papers 13016*. Cambridge: National Bureau of Economic Research, Inc.

Heckman, J. (2000). *Invest in the very young*. Chicago: Ounce of Prevention Fund.

Hickey, C., O'Riordan, A., Huggins, S., & Beatty, D. (2018). *National Evaluation of the Area Based Childhood Programme - Main Report*. Dublin: Department of Children and Youth Affairs, Pobal, Centre for Effective Services.

HSE. (2017). *Specialist Perinatal Mental Health Services: Model of Care for Ireland*. Dublin: National Mental Health Division, HSE.

HSE. (2020). *National Maternity Experience Survey 2020*. Dublin: HSE.

HSE. (2020). *Sharing the Vision: A Mental Health Policy for Everyone 2020-2030*. Dublin: HSE.

HSE. (2021). *Performance Profile July - September 2021*. Dublin: HSE.

HSE. (2022). *2022 Waiting List Action Plan*. Dublin: HSE; Department of Health; The National Treatment Purchase Fund.

HSE. (2022). *Stronger Together: The HSE National Mental Health Promotion Plan 2022 - 2027*. Dublin: HSE.

Hutchon, B., Gibbs, D., Harniness, P., Jary, S., Crossley, S., Moffat, J., . . . Basu, A. (2019). Early intervention programmes for infants at high risk of atypical neurodevelopment outcomes. *Developmental Medicine and Child Neurology* 61, 1362-1367.

La Placa, V. & Corlyon, J. (2014). Barriers to inclusion and successful engagement of parents in mainstream services: evidence and research. *Journal of Children's Services*, 220-234.

Mc Clorey, E., O'Byrne, H., & Maguire, C. (2012). *Tús Maith, Leath na hOibre - A Good Start is Half the Work: Infant Mental Health Policy Paper*. Dublin: Young Ballymun/HSE.

Mc Daid, D., & Park, A. (2022). *The economic case for investing in the prevention of mental health conditions in the UK - Summary*. London: Mental Health Foundation, LSE, Care Policy and Evaluation Centre.

McNamara, E., Murray, A., O'Mahony, D., O'Reilly, C., Smyth, E., & Watson, D. (2021). *Growing Up In Ireland - The Lives of 9-Year-Olds of Cohort' 08 (Infant Cohort)*. Dublin: Department of Children, Equality, Disability, Integration and Youth.

National Scientific Council on the Developing Child. (2012). *Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood - Working Paper 6*. Harvard: Center on the Developing Child at Harvard University.

Nugent, K. J. (2015). *The first three years are a time of massive brain development, with lifelong implications for the child and for society - written submission to the Joint Committee on Health and Children, Houses of the Oireachtas, Leinster House, D 2*. Dublin: Self Published.

Reiss, F., Meyrose, A., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019). Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German Bella cohort study. *PLOS ONE* 14 (3) : e0213700. <https://doi.org/10.1371/journal.pone.0213700>, 1-16.

Save the Children. (2020). *The Impact of COVID-19 on Children in Europe*. Brussels: Save the Children.

Scott, S. (2001). Financial cost of social exclusion: follow up study of antisocial children into adulthood. *BMJ*, doi: <https://doi.org/10.1136/bmj.323.7306.191>.

Shonkoff, J., & Phillips, D. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington: National Academy Press.

Shumba, J., Quinn, M., Nic Carthaigh, C., & Leitao, C. (2021). *Over the Fence: Perspectives on and experiences of child poverty in Tallaght*. Dublin: CDI.

Spencer, N., Raman, S., O'Hare, B., & Tambuilini, G. (2019). Addressing inequities in child health & development: towards social justice. *BMJ Paediatrics*, doi:10.1136/.

WHO. (2014). *Social determinants of mental health*. Retrieved from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/). Geneva: World Health Organisation; Calouste Gulbenkian Foundation.

WHO. (2018). *Nurturing Care for Early Childhood Development. A framework for helping children survive, and thrive to transform health and human potential*. Geneva: World Health Organisation, United Nations Children's Fund, World Bank.

WHO. (2020). *Improving early childhood development: WHO guideline*. Geneva: WHO.

Zeanah, P., Stafford, B., Nagle, G., & Rice, T. (2005). *Building State Early Childhood Comprehensive Systems Series, No. 12 Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles: National Center for Infant and Childhood Health Policy.

Zero to Three. (2016). *Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health*. Washington: Zero to Three.

<sup>1</sup> National Scientific Council on the Developing Child, 2012; Shonkoff & Phillips, 2000; World Health Organisation, 2020; Zero to Three, 2016.

<sup>2</sup> Young Knocknaheeny ABC is now Let's Grow Together! ABC

<sup>3</sup> Spencer, et al. 2019; Center on the Developing Child at Harvard University, 2021; Zeanah, et al., 2005; Shonkoff & Phillips, 2000.

<sup>4</sup> This point is addressed in the National Model of Parenting Supports – Theme D (DCEDIY, 2022)

<sup>5</sup> Darmody, Smyth, & Russell, 2020; Save the Children, 2020; Eurochild, 2020.

<sup>6</sup> Caspi, et al., 2016; Scott, 2001.

<sup>7</sup> ABC Programme - A Framework for Infant & Early Childhood Mental Health outlines the range of relevant Irish Policy to the IMH work of the ABC Programme

<sup>8</sup> Recommendation 6

<sup>9</sup> In 2021, the HSE recorded that 2948 children were on the waiting list for Child and Adolescent Mental Health Services (CAMHS). This is a 47% increase from 2019 figures, with nearly 200 children waiting over 12 months to be seen (Health Services Executive, 2021). There is a similar picture for children waiting for Primary Care Psychology and Occupational Therapy Services.

<sup>10</sup> ABC Programme - A Framework for Infant & Early Childhood Mental Health outlines the range of relevant Irish Policy to the IMH work of the ABC Programme

<sup>11</sup> Consider the inclusion of sensory-regulation as a component within the IMH Framework in tandem with training and practice development (Bhreachnach, 2018; Branjerdporn, et al., 2018; Glovinsky & Mahler, 2020; Hutchon, et al., 2019)

