



January 2018

To everyone involved in the first 1001 Critical Days of a child's life,

We have a rare and **vital opportunity to work together and influence the Government's approach to infant mental health provision and the prevention of later mental illness** with the publication of the green paper entitled: "*Transforming Children and Young People's Mental Health Provision*" in December last year.

If we act together, we can have a real impact on the outcomes from this paper.

Some of us met at the APPG on Wednesday 17th January and realised that if we can inspire and motivate members from across our organisations and the First 1001 Critical Days community to add their opinions to the paper through the consultation, then we can ensure that we are heard, and in turn prompt real change.

We agreed that we would distil the key points from the green paper relating to the first 1001 days and circulate them to make it easier to submit a response.

So **please share this document with as many people as you know** who recognise the impact the first 1001 days on a child's mental health. Let's clearly and strongly show the Government the vital importance of intervention during this time to ensure that parents, infants, and early mental health features in the next stage of the process.

Consultation on the paper closes on **2nd March at noon**.

<https://engage.dh.gov.uk/youngmentalhealth/>

How to be heard: WRITE A LETTER

Both disappointingly and frustratingly, the consultation questions online are very limiting and do not provide the space for us to highlight the fundamental importance of the first 1001 days in this process, so we suggest you **write a letter** addressed jointly to: Damian Hinds, Secretary of State for Education and Jeremy Hunt, Secretary of State for Health and Social Care.

- Send a copy to each office:
 - i. Rt Hon Jeremy Hunt MP, Secretary of State for Health and Social Care, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS
 - ii. Rt Hon Damian Hinds MP, Secretary of State for Education, House of Commons, London, SW1A 0AA
- CC in the Prime Minister, Theresa May, by including a CC reference in the letter, and sending a copy to her office at 10 Downing Street, Whitehall, London, SW1A 2AA.
- Please also send an email to both men and CC Timothy Loughton so that we have a record of our combined responses. Addresses: damian.hinds.mp@parliament.uk, huntj@parliament.uk and loughtont@parliament.uk.

Below we have distilled key actions which arise from points raised at the APPG held to discuss the Green Paper with regards to infant mental health.

If you would like more detail, we have put more into the appendix, where we have gone through the points in the paper which invite direct response related to the field of infant mental health.

Please read through and consider the relevance of the points to your own opinions and those of your organisation.

Do reference the positive aspects of the paper included for older children – there are many elements that will benefit those children already experiencing poor mental health.

Please tailor your responses, do not cut and paste as this will weaken the weight of our collective responses.

We hope that there is enough here to prompt responses from across the infant mental health spectrum. There may be other points you want to raise in your own response specific to your own area of interest/focus. We have tried to include everything that came through in the discussions and from other conversations.

A summary of proposed actions:

1. Revise paper to include children of 0-2 years (from conception)
2. Reflect the three stages of childhood in this paper: infancy, childhood and adolescence/young people.
3. A greater recognition of the critical role of ACEs in the development of mental illness.
4. Consider the existing body of research into the importance of the first 1001 days as a basis to commit to the prevention of mental illness.
5. Any new research proposals should build on the existing evidence and consider a focus on the mechanisms underpinning the impact of interventions.
6. A strategy for and investment in early intervention.

7. Ringfenced CAMHS funds for 0-2 age group specialist support.
8. Consideration of how services and support for families are joined up nationally and locally.
9. Aligned investment in high quality provision to support the mother-infant relationship where mothers are experiencing poor mental health during the perinatal period.
10. Consideration of pre-school environments alongside schools.
11. Consideration of corresponding Designated Senior Leads for supporting Infant Mental Health.

We thank you in advance for helping to strengthen the case for the inclusion of infant mental health consideration and provision in this green paper,

Yours sincerely,

Tim Loughton MP and George Hosking OBE

Appendix: A more detailed breakdown of green paper content and IMH response

Green Paper point	IMH assertion
<p>Overall, the paper has many positives.</p> <p>There are many positive proposals in the Green Paper and we welcome the positive approach the Government is taking to include children and young people as a priority in the final Mental Health Bill as it is reformed.</p>	
<p>An overall lack of consideration of the importance of the first 1001 critical days in preventing poor mental health in children, young people and later adults</p>	<p>To truly tackle poor mental health in children, there needs to be a firm commitment to investing in prevention. The evidence is clear that investment in the first 1001 days (from conception) provides the strongest foundations for good mental health throughout later life. If this government wants to stop poor mental health negatively affecting so many children in this country, then it needs to be far more ambitious in understanding and tackling the root causes.</p> <p>0-2 year age group (infancy) is currently not mentioned directly in the paper. (Appendix 1 evidence review only looks at that for children aged 2-18 years). We suggest that this is expanded to include the impact and importance of infancy on later mental health and the prevention of mental illness.</p> <p>There is a conceptual difference between a mental health condition being established (i.e. fixed) and a mental health problem being created for the future. One reason for working in the 1001 days period is that things are not fixed, they are in normal developmental flux and</p>

	<p>neuroplasticity is both a risk and a hope.</p> <p>Infant Mental Health looks at problems in the parent-child relationship hopefully before they become internalised as a disorder 'belonging' to the child. This report predominantly is only looking at the latter.</p> <p>Proposed action: Revise paper to include children of 0-2 years (and from conception)</p> <p>Given the overwhelming evidence (<i>Transforming Infant Wellbeing: Research, Policy and Practice for the first 1001 critical days, 2017</i>) demonstrating the importance of the first 1001 days on the social, and emotional development of every child, and the long-term impact on mental and physical health, we would like to see the three stages of childhood reflected in the Green Paper: infancy, childhood and adolescence.</p> <p>Proposed action: Reflect the three stages of childhood in this paper: infancy, childhood and adolescence.</p>
<p>The green paper commits to commissioning further research into interventions supporting attachment.</p> <p>"117. Public Health England will convene a special interest group bringing together academics, practitioners and professionals, to identify key prevention evidence and its relevance to practice, and to highlight gaps and make recommendations for these to be addressed through further research."</p>	<p>Green Paper commits to commissioning more research, but there is a wealth of compelling existing research on the importance of the first 1001 days in supporting the social and emotional development of children.</p> <p>However more research is needed on:</p> <ul style="list-style-type: none"> - the interventions that could improve outcomes for children with high number of ACEs - The mechanisms that underpin interventions and their outcomes

<p>“118. ... We know that secure attachment with a parent or carer is a protective factor for children and young people’s mental health. ... As part of the commitment to improving their mental health, we will commission further research into interventions that support parents and carers to build and/or improve the quality of attachment relationships with their babies.”</p>	<p>which aim to support strengthening the parent-infant relationship in pregnancy and infancy.</p> <p>Proposed action: Consider existing body of research into attachment interventions rather than necessarily commissioning more research in this area.</p>
<p>Current focus of green paper is on school age children.</p>	<p>What the paper fails to recognise is that by investing in the early years, many of these problems facing school age children would be significantly reduced and avoided with investment in earlier intervention. As well as providing support and services for those children experiencing poor mental health, there needs to be a strategy and investment in its prevention. The evidence is clear that such investment provides the biggest returns when focused in the first 1001 days of a child’s life (Heckmann, 2006). There must be more emphasis on supporting children from the very beginning of life and seeing an investment in their wellbeing as a core value of our nation and society at large.</p> <p>The 3 other UK member nations (Scotland, Wales and North Ireland) have all made commitments to greater funding in this area, we urge England to follow suit.</p> <p><i>‘I will not spend time on the statistics that we heard about [making the case for preventative spending], because there are enough experts and committed individuals in the chamber who already know the basis of the evidence. They know that there is</i></p>

	<p><i>empirical evidence stacked from the floor to the sky that backs up our taking a different approach to preventative spending and investment in the early years.'</i></p> <p>The late Tom McCabe (former Scottish Finance and Health Minister) in his speech summing up the 6 month study into preventative spending by the Finance Committee.</p> <p>Proposed action: A strategy for and investment in early intervention.</p>
<p>Statutory mental health services for children need to include ringfenced money for the 0-2 years and their needs</p>	<p>Although CAMHS is a 0-18 service, investment is predominantly focused on treating the mental health needs of children and young people. There are very few Trusts that include a specialist provision for infants requiring intervention to support the parent-infant relationship. If CAMHS is to support all children in need of mental health support, there should be ringfenced funds for supporting the 0-2 age group with specialist support.</p> <p>Proposed action: Ringfenced CAMHS funds for 0-2 age group specialist support.</p>
<p>Need for more emphasis on families and origins of mental health issues.</p> <p>Executive summary: “[This green paper] sets out our ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it.”</p> <p>“We know that half of all mental health conditions are established</p>	<p>Families and the home environment are where the social and emotional development of children begins. There is a lack of reference made to the home environment and parents in the development of strong mental health. We would like to see the paper referring to ways in which services can be working alongside parents in supporting children’s mental health – at any age. Support of families can (and should) begin when the family is in the process of forming.</p>

<p>before the age of fourteen, and we know that early intervention can prevent problems escalating and have major societal benefits.”</p>	<p>Lack of overall support for families (financial, housing, welfare cuts etc) means less time and capacity for caring, and keeping the baby in mind – a key element of securing a positive and supportive parent-infant relationship.</p> <p>Evidence shows that holistically supporting families from the outset of parenthood (from pregnancy) will bring about bigger impacts on the physical and mental health of our children than trying to fire-fight established mental health difficulties in older children (Center on the Developing Child at Harvard University, 2016).</p> <p>This is likely to need consideration of how services and support for families are joined up nationally and locally i.e. the provision of key early years support like health visitors, and the role of children’s centres and voluntary sector organisations within this critical time for family support. The closing of children’s centres has been a major blow for service provision in this area.</p> <p>Proposed action: Consideration of how services and support for families are joined up nationally and locally.</p>
<p>The significance of Adverse Childhood Experiences</p> <p>Mental health doesn’t cause problems such as anti social behavior, criminality etc. Adverse Childhood Experiences (ACE’s) early in a child’s life such as experiencing domestic abuse, child abuse (all forms), maltreatment, substance misuse, parental mental illness, parental incarceration, are evidenced as the</p>	<p>It is good to see the recognition of increased mental health problems of those children who have experienced or witnessed domestic violence, abuse, parental mental illness and other forms of Adverse Childhood Experiences.</p> <p>When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child’s cognitive</p>

<p>underlying factors most likely to lead to social and behavioural problems.</p> <p>Quotes from Green Paper:</p> <p>“7. Studies have shown links between mental ill-health and Adverse Childhood Experiences, and that mental health needs are much more prevalent among looked after children.”</p> <p>“12. There is also strong evidence that adult mental health problems begin in childhood or adolescence – and emerging evidence that Adverse Childhood Experiences in infancy may have negative impacts on future mental health and wellbeing outcomes.”</p>	<p>functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. These unhealthy coping mechanisms contribute to mental illness, physical illness, social problems and premature death.</p> <p>It is therefore not right to see mental health problems as the start of the pathway, they in fact sit in the middle of the pathway, prompted by ACEs.</p> <p>Causes can begin from pregnancy and infancy as this stage sets up the child’s internal biology and emotional regulation and attachment. Without a holistic approach for families to support the infant-parent relationship this early, trauma experienced becomes an underpinning cause of later social, emotional and behavioural issues.</p> <p>Evidence shows that the educational, employment and engagement with the criminal justice system disadvantages experienced by children and young people cited on page 8 of the paper can all be attributable to experiences in the first 1001 days.</p> <p>Proposed action: A greater recognition of the adverse role of ACEs in the green paper.</p>
<p>Families begin from conception</p>	<p>The first 1001 days includes pregnancy. Antenatal as well as postnatal support for women and families is vital to break the</p>

	<p>intergenerational cycle of poor mental health experienced by many families.</p> <p>We are pleased to see the investment made in the assessment, identification and treatment of perinatal mental illness to date, but there needs to be aligned investment in high quality provision to support the mother-infant relationship where mothers are experiencing poor mental health during the perinatal period.</p> <p>Proposed action: Aligned investment in high quality provision to support the mother-infant relationship where mothers are experiencing poor mental health during the perinatal period.</p>
<p>Schools as the solution</p> <p>Ministerial Foreword: “This green paper therefore sets out an ambition for earlier intervention and prevention, a boost in support for the role played by schools and colleges, and better, faster access to NHS services”</p>	<p>Schools are already overburdened with additional responsibility. We ask that interventions be considered in pre-school environments too.</p> <p>Proposed action: Consideration of pre-school environments alongside schools.</p>
<p>0-2 service provision</p> <p>“62. We will incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health.”</p>	<p>The suggestion of designated mental health leads and single points of access within schools opens up the ask for a designated 1001 First Days lead within local authorities. Who is leading on the good mental health development of all children from pregnancy?</p> <p>Proposed action: Consideration of corresponding Designated Senior Leads for supporting Infant Mental Health.</p>
<p>A more joined up approach</p> <p>“124. We will work with the What Works Centres to publish and promote guidance for local areas to encourage evidence-based</p>	<p>We welcome the call for local authorities to invest in evidence-based parenting programmes and also the recognition for joined up services to</p>

commissioning of interventions aimed at supporting parents and carers.”	support families facing multiple challenges.
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