

# Early relationships matter

Rebecca Fellows is an Assistant Psychologist in a busy and expanding Infant Mental Health Service in Leeds

People often seem bewildered when I tell them I work in infant mental health. ‘Babies have mental health?’ Yes they do! Our service is one of the few services of its kind in the UK and has been recognised nationally for its contributions to the field of infant mental health.

The work is extremely varied and rewarding. I often find the weeks pass in the blink of an eye! We provide direct work with families of infants from conception to age two where there are concerns about the primary attachment relationship. This work can include parent–infant psychotherapy, video interaction guidance, assessment of quality of interactions, eye-movement desensitisation and reprocessing therapy, cognitive analytic therapy and cognitive behavioural therapy. Organising and delivering training makes up a large chunk of the role, including our ‘Infant Mental Health: Babies, Brains & Bonding’ training day, which focuses on attachment and the critical periods for neurological development. Our service has been established since 2012, and in that time we have trained nearly 2000 professionals in Leeds: health visitors, social workers, children’s centre staff, contact supervisors, psychologists and many other professions.

As the financial year comes to a close, a large part of my time will be dedicated to producing our annual report, which is an exciting opportunity to reflect back on the last year and some of the things that we have achieved. It will include reporting on the risk and complexity of our referrals over the year. There are statistics and outcomes on the training we have delivered, on consultations we have provided and many other aspects of the service.

Another aspect of my role that has taught me a lot involves supporting members of the team to deliver reflective case discussions. Teams of health visitors and family outreach workers bring a case that they would like to discuss in greater detail. These sessions have taught me how to use genograms to map out family relationships, how to manage large groups in a supervision setting, how to facilitate discussions around holding the infants’ experiences in mind, how to manage differing opinions, and many other skills. It’s great to see so many professionals supporting each other in trying to think of ways to move forward whilst holding the infants’ experiences in mind during these sessions.



*Rebecca Fellows, Assistant Psychologist, Infant Mental Health Service, Leeds Community Healthcare, Parkside Community Health Centre, 311 Dewsbury Road, Leeds*

## Beyond the 'band aid'

So how did I get here? I started my career in mental health working as a health support worker in acute psychiatric inpatient settings. I had youth and a whole lot of enthusiasm on my side, and while this role taught me a lot of positive things, I was surprised to learn that the service users I was working with would be re-admitted time and time again. I quickly learned that inpatient settings were not the nurturing, therapeutic environments that I had expected and that systems in place were largely reactive rather than proactive. I soon moved to working with adults with eating disorders accessing inpatient treatment. One common theme that struck me early on between both types of wards was that a large proportion of the women I was working with had experienced significantly traumatic early lives, fraught with chaos, neglect or abuse. Was it any wonder that they were behaving like this given their experiences through infancy and childhood?

I soon realised this 'band aid' type of therapeutic work was rapidly depleting my enthusiasm for the work I was doing. I wasn't actually making a difference. That sparked my interest in early intervention and early life experiences. Whilst acute services are absolutely necessary and provide support to many individuals at times of mental health crisis, these wards are becoming increasingly stretched, due to financial cuts, high demands on beds and major staffing issues. It's more and more difficult to provide high-quality, person-centred, therapeutic care.

Throughout my time working in infant mental health, I have often thought about some of the adults whom I previously worked with and wondered: If they had received input from an infant mental health service, would they have developed their eating disorders? Would we see repeat admissions to secondary mental health services? We'll never know. But I firmly believe that a child's internal working model of themselves and their relationships with others will help them navigate the world as they grow, and cope with inevitable life experiences. From conception to age two, infants' brains undergo an incredible amount of development, producing more than a million neural connections every second. This development can be influenced by a range of factors, including relationships with primary caregivers, experiences and environment. We must promote the best care during this critical developmental time.

That means environments and relationships characterised by contingent, nurturing and responsive care. When physical and emotional needs are met consistently and in an attuned manner, infants develop an internal working model that they are safe, their needs will be met and that they are deserving of such care. Infants who have repeated abusive, neglectful or misattuned care in their first years of life have higher rates of mental health problems in adulthood as this negative internal working model becomes hardwired in their brain. We need to intervene early when there are

concerns about attachment and responsiveness with the primary care giver. The mantra of the Infant Mental Health Service is that *early relationships matter*.

As we train and equip more and more frontline professionals in infant mental health, they are able to offer support to families and infants at increasing levels of risk and complexity. That's a challenge, and there are never two days the same. It's great to see the message about infant mental health spreading across the city, and I hope to see more services like ours developing over the UK in coming years.

I was particularly interested in Elizabeth Meins's article 'Overrated: The predictive power of attachment' in the January 2017 edition of *The Psychologist*. Her argument in relation to equipping parents with evidence-based information on babies' development and how best to interact, play and respond to their cues as their children develop is very similar to what our team are aiming to do day-to-day. However, the idea that insecure attachment is being 'vilified' or 'pathologised' is inaccurate; instead it is a model that can be used to support parents to understand the implications of attachment styles on future behaviour. Parents who have suffered from mental illness post-partum or infants who have needed special care can still go on to foster secure attachments with their children/primary caregiver.

## Next steps

Since starting as an assistant psychologist I've tried to immerse myself in as many opportunities as possible. A colleague told me about the Yorkshire Aspiring Clinical Psychologists group, for assistant psychologists, support workers, nursing assistants, students and anyone who is interested in becoming a clinical psychologist. The group has monthly meetings with presentations and it's been a great opportunity to meet other people and learn about different services in the area. I would encourage anyone aspiring to further a career in clinical psychology to see if there's a local group near you.

I'm confident that the busy and varied environment of the Infant Mental Health Service is a good fit for me. I hope in the future to get a place on the doctoral training course in clinical psychology. But my experience so far has reinforced my feeling that no matter what age group you are working with, having an understanding of how early life experiences impact on an individual's way of relating to others is essential to understanding the here and now for all service users.

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**Might you have an interesting story to tell about your career path**, the highs and lows of your current role or the professional challenges you are facing? **If you would like to be considered for a 'Careers' interview** in *The Psychologist*, get in touch with the editor Dr Jon Sutton (jon.sutton@bps.org.uk). Of course there are many other ways to contribute to *The Psychologist*, but this is one that many find to be particularly quick, easy and enjoyable.