

The World Association for Infant Mental Health (WAIMH)

Position Paper

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DRAFT

Infant and Early Childhood Mental Health in Humanitarian Contexts

Executive Summary

It is well documented that children are disproportionately affected by humanitarian disasters, with children aged 0 to 5 years being further disproportionately affected (UNHCR, 2023).

This position statement builds on: The *Convention on the Rights of the Child (UNCRC)* with *General Comment Number 7*; the international humanitarian law informed principles of humanity, impartiality, neutrality, and independence; The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings; UNICEF Core Commitments for Children in Humanitarian Action; WHO and UNICEF global Mental Health and Psychosocial Support (MHPSS) initiatives; *The WAIMH position paper on the Rights of Infants*; *The WAIMH position paper, Infants' Rights in Wartime*; and the lived-experiences of WAIMH colleagues who live and work with infants and their families in humanitarian contexts.

Infants are not small versions of children. They have a unique, time-sensitive set of emotional and physical developmental needs; these are even more emphasized in humanitarian contexts. Because of this, the mental health needs of infants in their families must be visible and elevated within the intersection of the global child health sector and the humanitarian health sector.

WAIMH advocates that infant mental health is prioritized alongside advocacy initiatives for mental health and psychosocial support in humanitarian settings.

Abbreviations:

- IASC: The Inter-Agency Standing Committee
- MHPSS: Mental Health and Psychosocial Support
- UNCRC: United Nations Convention on the Rights of the Child
- UNICEF: United Nations Children's Fund
- UNHCR: United Nations High Commissioner for Refugees
- WAIMH: The World Association for Infant Mental Health

The World Association for Infant Mental Health (WAIMH)

Promoting infant mental health is central to the aim of WAIMH:

WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations, and to generate and disseminate scientific knowledge (waimh.org)

The World Association for Infant Mental Health (WAIMH) defines infant mental health as:

... the ability to develop physically, cognitively, and socially in a manner which allows them to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system. (www.waimh.org)

Background

Infants and young children (birth to five years) in humanitarian settings are among the most vulnerable populations globally. Exposure to armed conflict, displacement, widespread insecurity, caregiver psychological preoccupation with survival, generalized fear, loss of caregivers, disruption of community systems, and endemic deprivation places this age group at critical risk for adverse physical and psychological outcomes. However, despite extensive evidence documenting the vital importance of the early years for human development, the mental health needs of infants and their caregivers remain insufficiently prioritized in humanitarian responses.

Infant mental health cannot be isolated from caregiver wellbeing

Infant mental health is a unique developmental sensitive period and cannot be isolated from caregiver wellbeing. The UNCRC General Comment 7 highlights:

young children as holders of all rights enshrined in the Convention, that early childhood is a critical period... and where parents have a right to be offered assistance to help them protect the rights of their infants, along with member state parties who are also responsible for ensuring the promotion and protection of children's rights.

Humanitarian emergencies, whether armed conflict, natural disaster, or forced displacement, create conditions of insecurity, loss, resource scarcity, and psychosocial stress and fear that can severely impair caregiver mental health.

These conditions can impair the caregiver's usual quality of care of their infants and young children: disrupting the caregiving system (parents, grandparents, day-care, safe access to parks and playgrounds, and ready access to medical care) and compromising the capacity of parents and caregivers to provide consistent emotional care.

The timing of this caregiving disruption is pivotal to infants and young children because the first three years of life is a period of unique sensitivity to environmental influences. For example, caregiver stressors directly affect the infant's developing stress-response systems and overall development across the lifespan. Infants can miss critical learning opportunities and have disrupted attachment, with lifelong impacts, if caregivers are not emotionally or physically present during humanitarian emergencies.

The early dependency needs of infants and young children on caregivers require that mental health and well-being interventions include infants and young children with their caregivers (Lyons-Ruth et al., 2017).

Infants do not have words but show their distress through behavior, including inconsolability, clinging, withdrawal, aggression, delayed developmental milestones,

and sleeping and eating disturbances. These infant signals need to be interpreted and understood so that the caregivers may respond in appropriate ways.

The care and protection of infant mental health clinicians and practitioners

WAIMH acknowledges the unique care and mental health needs of infant mental health clinicians and practitioners who work with infants and their families in humanitarian settings. All of these workers are simultaneously exposed to survival threats, complex political contexts, and losses and trauma within their own families and communities, while also providing care to others on a day-to-day basis. Their care, and an intentional focus on their wellbeing, needs to be acknowledged as an essential element of the parent-infant caregiving system and therefore considered as part of an intervention care program aimed to serve the needs of infants and their caregivers.

Recommendations

The promotion of infant mental health requires the operationalization of inter-disciplinary and cross-sector practices that together work to provide infant-parent relationship-centred strategies, and this is no less the case in humanitarian settings.

1. WAIMH acknowledges the aid programs and initiatives that focus on the psychosocial needs of older children, and advocates for these programs to be extended to include the specific psychosocial needs of infants and young children.
2. WAIMH advocates bringing the mental and relational needs of babies and their families into view alongside older children and adolescents via the following global initiatives:
 - a) To provide for the special *Mental Health and Psychosocial Support* (MHPSS) assistance to all parents and caregivers of infants and young children in alignment with the UNCRC and General Comment Number 7.
 - b) For infant mental health, which includes the infants' and caregivers' mental health, to be specifically included in the *Inter-Agency Standing Committee Guidelines* on Mental Health and Psychosocial Support in Emergency

Settings. These guidelines emphasize community-based support, integration across health, protection, and education sectors, and culturally relevant programming.

- c) To acknowledge that toxic stress, war, and disaster trauma can be passed down from one generation to the next, along with a related harm: the erosion of epistemic trust. That is, people's basic confidence that others' words and actions can be trusted and are meant in good faith. This loss of trust can occur within families and across cultural, religious, and ethnic lines alike. WAIMH acknowledges that repairing this is a challenge the global community must meet together.
- d) To acknowledge the mental health and psychosocial support needs of all workers who directly provide services to infants, young children, and their families, to be included in the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support Emergency Settings*.
- e) To invest in capacity building for frontline workers with infants, young children, and their caregivers, including training in trauma-informed care, early childhood development, relational health, and culturally responsive care.

WAIMH acknowledges the psychological burden among infants, children, and adolescents as they grow up surrounded by fear, anxiety, interrupted care, education, and safe play spaces in emergency contexts.

WAIMH acknowledges the efforts of parents and families to protect their young children from harm and toxic stress.

WAIMH, as an international association of multidisciplinary infant mental health professionals, seeks to maximise our efforts for safety and peace for all young children so that they can experience enduring safety, peace, mutual recognition, and humanization of themselves and others irrespective of culture, religion, gender, sex, race, or ethnicity.

WAIMH RESOURCES

WAIMH Position Paper on the Rights of Infants

Open source link: [PositionPaperRightsInfants -May 13 2016 1-2 Perspectives IMH corr.pdf](#)

WAIMH Position paper: Infants rights in wartime:

Keren, M., Abdallah, G., & Tyano, S. (2019). WAIMH position paper: Infants' rights in wartime. *Infant mental health journal*, 40(6), 763–767. <https://doi.org/10.1002/imhj.21813>

Open source paper: <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21813>

Lyons-Ruth, K., Todd Manly, J., von Klitzing, K., Tamminen, T. T., Emde, R., Fitzgerald, H., Paul, C., Keren, M., Berg, A., Foley, M. & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: report of the task force of the world association for infant mental health (2017). *Infant Mental Health Journal*, 38 (6), 695- 705.

The IMHJ has made the paper open source and open access. The open-access link is here:

<http://onlinelibrary.wiley.com/doi/10.1002/imhj.21674/full>