

Underdeveloped Diagnoses: Questioning Infant Mental Health

By
Abby Parker
buenogrl@yahoo.com

American University
Washington, D.C.
April 13, 2005

As soon as he started walking, little Spencer would rush away, worrying his parents to death. Sometimes they would find him in the middle of parking lots. At two-and-a-half, little Marla had fallen into a deep depression. Once she violently started attacking herself with scissors. Just under two-years-old, little Kyle was always trying to crawl out of the windows in his room. His parents had to install window locks, considering very heavily that Kyle was attempting suicide. Little Karen was constantly crying and little Gaven wouldn't stop wetting the bed (Hoffman, 2004). While these exact stories may not have occurred, similar situations are erupting across the country. Something is obviously wrong with these infants; could it be they are mentally ill?

Infant mental health may be a growing field, but it is one in which the research is lacking and the reasoning is faulty. To question infant mental health by labeling an infant mentally ill has more detrimental than beneficial consequences. In the few pages that follow I will attempt to make arguments for both sides and conclude with evidence that labeling an infant mentally ill is contradictory and harmful to society at large.

It is necessary to clarify the terms "infant" and also "infant mental health." An infant is defined for these purposes as a human being between the ages of 0-3. Zero to 3 also serves as the classification parameters of the *Diagnostic Classification of Mental*

Health and Developmental Disorders of Infancy and Early Childhood published by the National Center for Infants (zerotothree.org). The fundamental principle in infant mental health is developing a healthy emotional attachment between the infant and the caregiver(s) (Graham, 2001).

There is pressure for those working in the field involving the early stages of development to turn their attention to mental health issues. Many people agree that the early experiences that make up the bits and pieces of infants' lives have a significant impact on the psychological development of the infant in later stages of growth. It is commonly known that the more a child is read to, the more likely they will enjoy reading and consequently read more, in the future. The successful development of an infant depends largely on his or her experiences with the primary caregiver, largely because there is little to the infant's life outside of the caregiver(s). An infant has a high and natural dependency on adults to meet the basic needs of safety and nutrition. Reducing discomfort in other ways, like room temperature adjustment, may be a pivotal element too, provided by the caregiver (Bricker, 2004). Caregiver(s) play a critical role in infant development, whether it is of a positive or negative nature.

In most cases, development is a process in which one eventually assumes control over his or her life and abilities. Examples of control could include regulating sleep and wake patterns and controlling feelings and reactions to various emotional stimuli. Children may not acquire these control processes for any number of reasons. One popular belief is that it is because of lapses in development, or mental illness (Bricker, 2004). When the relationship between caregivers and infants is not positive or conducive to

socially constructed development stages, some researchers show connections to a variety of social and emotional difficulties in the infant's life in the future. Anxiety, anger, poor peer relationships, and lack of self control, are common difficulties. Positive, constructive and appropriate early experiences appear to be essential for most infants to develop important processes such as self regulation and an understanding of human relationships. In 1994, a study was conducted with depressed mothers and their infants. EEG tests found that mothers with clinical depression that failed to provide sufficient levels of stimulation for their babies lead to the babies' inability to develop and control their emotions (Bricker, 2004). Some research says that before an infant's first birthday, he or she can suffer from clinical depression and traumatic stress disorder (Graham, 2001). The research clearly links these breaks in development to faulty parental or caregiver relationships with the infant.

The sad truth is that many infants are exposed to multiple risks, unsupportive relationships, and environments lacking adequate stimuli at birth. In fact, infants represent the largest number of victims of abuse. The Head Start population, consisting of children in poverty, indicated that more than 25% of the parents involved reported that their children had problem behaviors considered to be clinically significant. In 1999, a report from the United States Surgeon General indicated that 1 in 5 children had the signs of a disorder included in the *Diagnostic and Statistical Manual of Mental Disorders* (Bricker, 2004). Considering in today's society, when a child is experiencing frequent headaches or stomachaches, parents are much more likely to think the problem is related

to stress, anxiety or another mental health issue, this is no surprise (Hoffman, 2004).

Evidence is seen in the increase in prescription psychiatric drugs for children.

The heavy reliance on psychiatric drugs may miss the underlying issues. Jean Wittenberg, head of the infant psychiatry program at Toronto's Hospital for Sick Children said, "I see very young children who have been diagnosed with bi-polar disorder or ADHD, and often our assessments reveal that what needs to be addressed is the parent-child relationship" (Hoffman, 2004: p. 158). Why is there a striking reliance on diagnosing an infant as having mental health problems? In searching for a quick fix to behavioral problems that could be addressed by the caregiver(s), like wetting the bed, crying all the time, attacking with scissors or running away, the problem, is addressed with prescriptions for anti-depressants. The prevalence of these drug prescriptions has risen by half between 1998 and 2003, and a small amount has indeed entered the mouths of infants (Hoffman, 2004). Most of the drugs have never been tested on children or infants, and their effects are undeterminable. Society is relinquishing the responsibility of the parents and blaming it on an illness. Even when research recognizes the pivotal role of caregivers in the infants' life, the mental capacity of the infant is depicted as the problem. Society's message is that something must be wrong with the infant. The issue is disregarded in part by the law, which leaves it open to interpretation and moral influence.

In the mid 1980's, the Individual with Disabilities Education Act (IDEA) established federally funded programs for young children with developmental disabilities. The stress of these programs, especially for children age 0-3 years was based on educational involvement in cognitive, language, motor, and areas of adjustment.

Eligibility guidelines under Part C of IDEA (addressing infants and toddlers) were developed individually by states and for the most part, do not specify guidelines or criteria for the identification of early mental health and behavior problems (Bricker, 2004). While the program emphasizes behavioral capabilities that can be learned, states have chosen to moreover disregard the obvious and follow through with a desire to construct medically determined diagnoses. Thus, society creates an endemic problem of quickly bandaging the unacceptable behaviors with an untested drug on the underdeveloped brain of an infant.

Recognizably infants are dependent and incompetent. They have not fully developed the capabilities to control their own healthy and positive development. Parents or caregiver(s) have to make decisions about the infant. It is my opinion that when the decisions play into the mental illness frenzy, by twisting the language and misconstruing behavior for disease, there is a problem. The problem is that the relationship is teaching infants not to work through the behaviors and develop counter processes, but instead to numb it and hope it goes away. The fundamental principle behind infant mental health is the relationship with the caregiver. Then why, when a problem arises, is the infant's mental capacity blamed?

The contradiction stands with the obvious emphasis on development being thwarted by negative relationships between the caregiver and the infant. But instead of finding fault with the caregivers and the relationship, the infant's brain is sick and needs drugs. Presumably it is the adult who knows more about what he or she is doing than the

infant, so maybe they should take the drugs to reestablish a healthy, positive environment and relationship for and with the infant. Currently, while the field of infant mental health is underdeveloped, people are trying to find a solution that suits their own moral framework and relinquishes responsibility.

Bibliography

Bricker, D., M. S. Davis and J. Squires (2004). "Mental health screening in young children". *Infants and Young Children*. Vol. 17, Iss. 2, pp. 129-145.

Graham, M.A., B.A. White, C.C. Clarke, S. Adams. (2001). "Infusing infant mental health practices into front-line care giving". *Infants and Young Children*. Vol. 14, Iss. 1, pg 14-24.

Hoffman, J. (2004). "Preschoolers on prozac". *Today's Parent*. Vol. 21, Iss.10, pp. 156-160.

Zerotothree.org. The Nation's Leading Resource on the First Years of Life.
<http://www.zerotothree.org/> 11 April 2005.