

# Lanarkshire Infant Mental Health Observational Indicator Set

# Infant Minds Matter

## Introduction

This Lanarkshire Infant Mental Health Observational Indicator Set is a work-practice oriented, **infant observation** based, set of indicators of infant mental health. It is intended for use with infants aged 0 to 3rd birthday. The Indicator Set is part of a wider system approach/strategy including training, awareness-raising and service provision in relation to Infant Mental Health in Lanarkshire.

The Indicator Set consists of a list of **directly observable features in infants**, which identify **aspects or patterns of development, functioning and interaction in individual infants that are markers of mental health**. These directly observable features relate to the **everyday presentation and behaviours of infants**, and do not require extensive or specialist knowledge in infant mental health.

The indicators are organized into 5 areas of infant functioning/development: **Relationship with Main Carer; Emotional; Cognitive; Sense of Self; and Social Interaction**. There are 10 indicators in each area. It is not intended that professionals/workers seek or need to observe the presence or absence of all 50 indicators across all 5 areas of functioning/development, but rather that the Indicator Set provides a selection of core indicators in key areas that can be used in a variety of ways in any professional role across a range of agencies.

The Infant Mental Health Observational Indicator Set is intended to serve as **a shared and agreed frame of reference for use by all professionals and agencies** in Lanarkshire.

## Purposes of Infant Mental Health Observational Indicator Set

The Infant Mental Health Observational Indicator Set is intended for the following purposes:

- ◆ To inform and assist **assessment and professional judgment of** the mental health and needs of individual infants who professionals have contact with, in a work-related capacity
- ◆ To inform and assist **decision-making** that depends on professional assessment and judgment in relation to the mental health and needs of individual infants
- ◆ To assist workers of all agencies to **identify when to be concerned about the mental health** of an individual infant they are working with or come in contact with
- ◆ To assist workers in **knowing when there is a need to discuss or raise concern with other professionals/agencies** about the mental health of an individual infant
- ◆ To inform **child wellbeing and child protection assessment and decision-making** in relation to individual infants

## Rationale and approach

This Infant Mental Health Observational Indicator Set is **infant centred, infant focused and observational**, in order to optimize accurate observation and minimize obstacles to accurate observation of individual infants. The aim of an **infant-focused observational approach** is to:

- ◆ **Put the focus on the actual, observed infant**
- ◆ **Keep the infant at the centre, in line with the core principles of Getting it Right for Every Child**
- ◆ **Promote an approach and attitude that takes into account a range of areas of development and functioning when considering an individual infant's mental health**
- ◆ **Avoid worker perceptions or assumptions about an infant's mental health that are not based on actual observation of the infant**
- ◆ **Avoid 'information driven' professional view or assessment of an individual infant's mental health [i.e. avoid view or assessment of an individual infant based not on infant's actual presentation but on background or secondary information e.g. about the parent(s)/carer(s)]**
- ◆ **Minimise interference of worker or agency role and focus on the quality of observation of the individual infant's mental health [i.e. minimise worker or agency 'bias' or 'blindness']**
- ◆ **Avoid premature explanation or speculation about an infant's mental health**

The objective is to **de-clutter** the observational lens of the worker, in order **to enable a clear, realistic and holistic picture** of the mental health of the observed individual infant.

## How this Infant Mental Health Observational Indicator Set is used

The Infant Mental Health Indicator Set is **an observational tool** to assist workers in carrying out their specific professional task and role. The intention is that the Indicator Set provides a **lens** through which to observe and view the mental health of individual infants. This means the Indicator Set is likely to be **used differently and to varying degrees by workers** according to task, role and agency. It can be used to assist and inform professional assessment, judgment, recording, reporting, requests for assistance, discussion and intervention.

The Infant Mental Health Indicator Set provides **a shared frame of reference, a shared language, and shared set of markers** of infant mental health for all workers and agencies. This means it can be used, and can assist, in sharing and exchanging observations and information about the mental health of individual infants between different workers or agencies.

## What the Infant Mental Health Observational Indicator Set is not

The Infant Mental Health Observational Indicator Set is **not a measure**. It is **not a diagnostic tool**. It is **not a checklist**. It is also **not a risk assessment tool**. However, it can be used to assist professionals who are already using measures, screening or diagnostic tools or formal assessment procedures in their routine practice.

The Indicator Set is not intended to produce a specific 'output', or to signpost a specific course of action. It may however assist workers in their routine decision-making about possible courses of action.

## How the Infant Mental Health Observational Indicator Set is organised

The Infant Mental Health Indicator Set covers, and is divided into, 5 key areas of an infant's functioning/development relevant to the infant's mental health:

- ◆ **Relationship with Main Carer**
- ◆ **Emotional**
- ◆ **Cognitive**
- ◆ **Sense of Self**
- ◆ **Social Interaction**

Within each of the 5 areas of functioning/development, there are 10 Infant Mental Health Indicators. Each list of 10 indicators is presented in rough order of progression of appearance or development, from earliest and most basic to later and more sophisticated; however this is indicative and not absolute or categorical. Some but not all indicators give in brackets an indication in months of at approximately what stage of development the feature might be expected to be present e.g. 'after 6 months', or 'by 18 months'. Again these are indicative only.

Within each of the 5 key areas, the 10 indicators are listed in clusters. The clusters may reflect either close connection with each other within the key area, or similarity of stage of development in which they show/develop, or both. For example, in the first section Relationship with Main Carer, the first cluster is of 3 indicators that are closely connected and are present or appear closely together in time after birth:

- i Looks at** main carer's face
- ii. Makes and holds eye contact** with main carer
- iii. Smiles** at main carer (after 6 weeks)

Each key area's list of 10 Infant Mental health Indicators is followed by a section of EXPLANATORY NOTES. These EXPLANATORY NOTES expand on and clarify each indicator, and also give examples. For example, in the second section Emotional, indicator vii is:

- vii** Has ways to **self-regulate** emotion

and the EXPLANATORY NOTE for vii. is:

- vii** Infant has ways to self-soothe/self-regulate to reduce or avoid being overwhelmed by feelings/anxiety [e.g. sucking tongue/fist/fingers/dummy, holding own hand or foot, stroking self or soft surface, nuzzling cheek/face on skin or soft surface, fixing gaze on an object, repeated or continuous bodily movements (e.g. moving, waving or shaking limbs), touching self or object, gaze aversion, temporarily 'switching off' or 'zoning out', turning attention away from source of distress or anxiety, cuddling soft toy, focusing attention/interest on something].

The order of examples in EXPLANATORY NOTES, like the order of indicators, is similarly developmentally progressive i.e. items earlier in the list of examples tend to develop/appear earlier, while items later in the list of examples tend to develop/appear later, though again this is indicative only. Examples in EXPLANATORY NOTES are intentionally not exhaustive.

Each EXPLANATORY NOTE for each indicator is followed by one or more red flags (🚩) which are **Indicators of Concern**. For example, in the fourth section **Sense of Self**, the first indicator is

**i Looks at/turns head toward** speaker when spoken to

The EXPLANATORY NOTE for this indicator is followed by a red flag, as shown below:

**i** Infant responds to being spoken to by looking at/turning head in direction of person speaking to her/him i.e. infant shows awareness that it is she/he who is being spoken to (within eyesight range).

**🚩 Infant does not look at/turn head to look in direction of person speaking to her/him (within eyesight range)**

Finally, while some indicators are easily and relatively instantly observable [e.g. **'Looks at/turns head toward** speaker when spoken to'], others may require close, sustained and more systematic observation [e.g. **'Gets satisfaction** and **pleasure** from doing things for self, and from achievements (after 9 months)']; while others still are more complex and subtle, and may be more difficult to observe or evaluate [e.g. **'Shows awareness** and **recognition** of having an impact on others (after 9 months)']. The time, opportunity or ability of professionals/workers to observe an infant will vary a great deal depending on primary task, role and agency.

The Indicator Set will be used in different ways by different services and agencies depending on role and task. Health Visitors may want to use the Indicator Set more routinely or systematically to assist them in their ongoing assessment and monitoring of the mental health of infants; Early Years Practitioners may want to select particular areas (e.g. **Emotional** or **Cognitive** or **Social Interaction**) in order to assist with established routine processes of monitoring and assessment of progress to inform planning and intervention in nursery, or to focus on an area of concern; whereas for the police or fire service, where observation of an individual infant may be passing or incidental in the course of their duties, the Indicator Set is likely to be more of a 'background' reference document. Use of it is not likely to be on a day to day basis, and reference to it may be more occasional and less systematic.

## The Infant Mental Health Observational Indicator Set

### Areas of Functioning/Development:

- ◆ Relationship with Main Carer
- ◆ Emotional
- ◆ Cognitive
- ◆ Sense of Self
- ◆ Social interaction

NB See Explanatory Notes for clarification/illustration of individual indicators

## Relationship with Main Carer:

The infant's relationship with the carer who the infant has the closest physical and emotional bond with.

- i. **Looks at** main carer's face
- ii. **Makes and holds eye contact** with main carer
- iii. **Smiles** at main carer (after 6 weeks)
- iv. **Seeks and accepts comfort and reassurance** from main carer when distressed/anxious
- v. **Enjoys pleasurable/playful two-way interactions** with main carer
- vi. **Enjoys peekaboo** with main carer (after 3 months)
- vii. Can manage being **separate** from, and **separation** from, main carer, without excessive or inconsolable distress or anxiety
- viii. **Cooperates** with main carer's physical caring
- ix. **Seeks practical help** from main carer when needed
- x. **Shares interest or achievement** with main carer

## Explanatory notes for Relationship with Main Carer Indicators:

- i Infant is **interested** in, turns head to look at, looks up at, **focuses** on main carer's face. The younger the infant, the more the main carer's face is the most interesting thing for her/him. When feeding/being fed, either alternates with looking at, or simultaneously looks at, main carer's face.
  - ▣ **Infant does not look at main carer's face or actively looks away**
- ii. Infant makes and holds eye contact when main carer claims her/his attention. Seeks and holds eye contact when seeking attention of, or interacting with, main carer.
  - ▣ **Infant makes little or no eye contact with main carer**
- iii. Infant smiles in response to being smiled at by main carer. Smiles during interactions with main carer.
  - ▣ **Infant does not smile or rarely smiles in response to or interactions with main carer [after 6 weeks]**
- iv. Infant **actively seeks** comfort from main carer [looks to/goes to main carer to be comforted], and accepts comfort when offered, in situations when distressed, anxious or hurt. Includes looking at main carer for reassurance when something distressing or disturbing happens.
  - ▣ **Infant does not seek comfort from main carer when distressed, anxious or hurt**
  - ▣ **Infant does not accept, or pushes away/rejects, comfort from main carer when offered**
  - ▣ **Infant does not go to main carer when present but instead goes to an adult who is not a carer or close family member, or goes to a sibling, when distressed or anxious or in pain**
- v. **Infant expresses pleasure/enjoyment** in two-way playful interactions with main carer [smiles, becomes more lively/animated/energised; laughs, tries to keep interaction going]. **Infant actively participates** in **playful interactions** with main carer [**infant joins in** to-and-fro interactions and exchanges: through expressive noises before speech, later through speech; moves tongue/head/arms/legs/body 'in sync' with, or alternating with, movements of main carer during playful physical interactions (within physical ability); copies or deliberately repeats behaviours that make main carer laugh; interactions involving there-and-back 'giving and taking' objects/toys; vocalising/singing/clapping/moving together, etc].
  - ▣ **Infant shows little or no response or involvement or pleasure when the main carer interacts playfully with her/him [i.e. one-way/one-sided interaction in which only the main carer interacts and shows pleasure, and the infant remains silent/still/with unchanged expression]**
  - ▣ **Infant remains passive and does not actively join in**
  - ▣ **Infant smiles/appears to show pleasure but this is 'empty', lacking in feeling, or fleeting**

- vi.** Infant (after 3 months) enjoys playful interactions involving main carer hiding/covering then showing/uncovering eyes/face/head of either infant or main carer [peekaboo], or hiding out of view completely and then re-appearing. Infant expresses pleasure/delight when main carer 're-appears' in view in these playful interactions.
- ▣ Infant shows little or no involvement, response or pleasure when main carer plays peekaboo-style games with her/him**
- vii.** Infant can tolerate being separate from and not being held by, or not being in continuous physical contact/closeness with, main carer, *without becoming excessively or inconsolably upset or anxious*. Can tolerate being put down [e.g. in cot, in baby bouncer, on baby mat, in high chair, in play-pen]. Can tolerate temporary loss of attention, unavailability, or absence of main carer, *without becoming excessively or inconsolably upset or anxious* [e.g. main carer attending to a task, talking to partner or someone else, answering a phone call; or briefly/temporarily going out of sight/out of the room and coming back again; or going out]. Some distress is usual in all these situations, but it subsides and is recovered from.
- ▣ Infant cries excessively and/or cannot be comforted and settle when put down by main carer, or when main carer is temporarily out of sight, or leaves**
- ▣ Infant is not affected by/is indifferent to temporary loss of attention/availability of main carer, or when main carer is temporarily out of sight, or leaves [shows no response, or does not appear to notice or register the loss of attention/availability of main carer, or when main carer is temporarily out of sight, or leaves]**
- viii.** Infant allows main carer to carry out routine everyday physical care tasks [e.g. feed, change nappy, change clothes, bathe] without excessive resistance or protest, and actively cooperates/assists *within physical ability to do so* [e.g. opens mouth to be fed; allows main carer to carry out/complete care task such as changing nappy; allows main carer to lift or move her/him; adjusts posture to assist movements required for care task; pushes arm through sleeve, or leg into clothes leg, lifts arms when about to be lifted, etc].
- ▣ Infant excessively resists or protests or obstructs main carer's physical care of her/him to the point of making it difficult to carry out care tasks**
- ▣ Infant is passive and 'allows things to be done' to her/him without 'being involved' or 'taking part' within physical ability to do so**
- ix.** Infant looks to main carer when needing help to do/achieve something, and actively communicates need for help [e.g. vocalises loudly when trying to turn over and gets stuck; lets main carer know if has dropped something and wants it back; lets carer know she/he wants something that is out of reach, or that can't get it (from container, box, cupboard)]; lets main carer know if can't do something with a toy or game, etc).
- ▣ Infant does not seek help or communicate need for help from main carer**
- ▣ Infant does not accept, or pushes away/rejects, help from main carer when offered**
- x.** Infant turns gaze to look at and make eye contact with main carer when interested in something, or when has achieved something.



## Emotional:

### The emotional development, functioning and expression of the infant.

- i. Expresses a **range** of feelings, and **in a range of ways**
- ii. Expresses both '**positive**' and '**negative**' feelings
- iii. Shows **interest** and **curiosity** in people, objects and the environment
- iv. **Matches/imitates** non-verbal emotional expressions of others
- v. **Expresses** emotion including anxiety that is **fitting to the situation**
- vi. Can tolerate ordinary everyday **frustration**
- vii. Has ways to **self-regulate** emotion
- viii. Can **tolerate** when appropriately **stopped** or **told "no"**
- ix. **Responsive** to own feelings being understood by others
- x. Shows **awareness** of the feelings of others (after 4 months), and of **causing others** to feel things (after 8 months)

## Explanatory notes for Emotional Indicators:

- i Infant expresses range of feelings, the older the infant the greater the range. Feelings are expressed in a range of age-appropriate ways, both vocal and non-vocal [variation in intonation; facial expression; movement of limbs/body/head; body posture; communicative gestures; behaviour/patterns of behaviour; verbal; play/drawing]; the older the infant the greater the range of ways of expression.
  - ▣ **Infant shows limited range of feelings [limited variation in feelings shown]**
  - ▣ **Infant shows limited range in manner of expressing feelings [limited variation in the ways feelings are shown]**
- ii. Infant expresses 'positive' feelings and 'negative feelings' i.e. not only positive, or only negative.
  - ▣ **Infant never or extremely rarely shows ordinary positive feelings (pleasure, affection)**
  - ▣ **Infant never or extremely rarely shows ordinary negative feelings (distress, anxiety)**

- iii. Infant is interested in people and in communicating and interacting with people. Is interested in and curious about objects and toys [i.e. focuses on/holds/handles objects and toys; explores what can be done with/to objects and toys], and actively shares interest with people. Is interested in, curious about, and wants to explore the environment [i.e. what's inside things; what's behind/underneath/beyond things, etc]. Is interested in *extending* knowledge/understanding of people, objects and the environment [getting to know them more, and in new ways].
- ▣ Infant shows little or no interest in people, and in communicating and interacting with people
  - ▣ Infant shows little or no interest in and curiosity about objects and toys
  - ▣ Infant shows little or no interest in and curiosity about her/his environment
  - ▣ Infant shows little or no interest and curiosity in *extending/expanding* knowledge about people, objects and the environment
  - ▣ Infant rarely or never communicates to other people her/his interest in things
  - ▣ Infant is more interested in objects or the environment than in communicating and interacting with people
- iv. Infant matches, or spontaneously imitates, some of the non-verbal emotional expressions of others **during interaction and communication with them** [e.g. matching/corresponding facial expression, body language (gesture, tongue/mouth/head/limb/body movement), tone and pitch of voice or speech, behaviour].
- ▣ Infant does not match, or spontaneously imitate, some of the non-verbal emotional expressions of others **during interaction and communication with them**
- v. Infant shows feeling including anxiety that would be expected in the situation or circumstances [i.e. *shows* pleasure in a pleasurable situation; *shows* distress in a distressing situation; *shows* anxiety in an anxiety-provoking situation, *shows* fear in a frightening situation; etc]. Infant shows feeling/anxiety that is *congruent* (fits with) with the situation or circumstances [i.e. shows pleasure, *not* distress or anxiety, in a pleasurable situation; shows distress/anxiety/fear, *not* indifference or amusement or excitement, in a distressing/anxiety-provoking/frightening situation; shows some uncertainty, *not* unconcern or disregard, in unfamiliar or unknown situation, etc]. Infant actively communicates and seeks to communicate feelings to others i.e. communication of feeling is intentional and directed to others.
- ▣ Infant does not show feeling/anxiety in a situation where feeling or anxiety would be expected (lack of expressed emotional response to situation or circumstances)
  - ▣ Infant shows feeling/anxiety that is inconsistent/incongruent (does not fit) with situation or circumstances
  - ▣ Infant superficially *appears* as if showing feeling that fits the situation, from outward action/behaviour, but it lacks the inner emotional quality [e.g. 'smiling' but with no joy/pleasure]
  - ▣ Infant does not actively seek to communicate feelings to others and direct communication of feelings to others

- vi.** Infant can tolerate ordinary everyday frustration [e.g. when needs/wishes are not *straightaway* met or understood], and can be satisfied and can settle once needs/wishes are met or understood, without becoming *excessively* angry/distressed/resentful, or becoming aggressive [e.g. biting, poking, pinching, hitting], or giving up. Has some ability to cope when stuck or cannot at first do something – without becoming *excessively* distressed or angry, or becoming aggressive, or giving up – and can persevere/keep trying.
- ▣ **Infant becomes excessively distressed, angry or resentful, or becomes aggressive, when needs/wishes are not straightaway met or understood**
  - ▣ **Infant easily or quickly gives up trying in the face of frustration**
  - ▣ **Infant cannot recover and remains distressed/angry/resentful/aggressive, and is unable to settle and be satisfied, even after frustration has been overcome**
  - ▣ **Infant rejects/fights off attempts to respond to her/his frustration**
- vii.** Infant has ways to self-soothe/self-regulate to reduce or avoid being overwhelmed by feelings/anxiety [e.g. sucking tongue/fist/fingers/dummy, holding own hand or foot, stroking self or soft surface, nuzzling cheek/face on skin or soft surface, fixing gaze on an object, repeated or continuous bodily movements (e.g. touching self or object, moving, waving or shaking limb(s), gaze aversion, temporarily 'switching off' or 'zoning out', turning attention away from source of distress or anxiety, cuddling soft toy, focusing attention/interest on something].
- ▣ **Infant becomes stuck/remains in overwhelmed state of distress/anxiety/emotional excitation (negative or positive), without making use of any method to self-soothe or self-regulate this overwhelming state**
  - ▣ **Self-soothing changes to self-harming in response to frustration (head-banging, skin scratching/pinching, hair pulling, recklessness, self-destructive behaviour)**
  - ▣ **Self-soothing behaviours become excessive or habitual, and occur to the extent of impairing interpersonal interaction and human relationships**
  - ▣ **Emotionality in infant is 'muted' or dulled (i.e. barely noticeable)**
  - ▣ **Infant appears to be 'frozen', unresponsive or in a state of dissociation (cut off from feeling and experiencing)**
- viii.** Infant can accept, after initial distress or protest, when appropriately stopped from doing something or told "no", without excessive distress or anger or grievance, and without becoming aggressive. Can either wait, find, or be helped to find alternative goal, after initial distress or protest, if appropriately stopped or told "no" when wanting/trying to do something.
- ▣ **Infant becomes excessively distressed or angry or aggrieved, or becomes aggressive, or 'falls apart', and has difficulty recovering and getting over it, when appropriately stopped or told "no"**
  - ▣ **Infant ignores appropriate attempts to stop her/him, or when told "no"**
  - ▣ **Infant fights to continue what she/he is trying to get or do when appropriately stopped or told "no"**
  - ▣ **Infant is unable to wait, find or be helped to find an alternative goal when appropriately stopped or told "no"**

- ix. Infant shows a positive response, and benefits, in situation when own feelings are acknowledged and understood by others [i.e. responds in a way that indicates she/he has gained from feeling understood].
  - ❑ Infant does not seem to gain anything from her/his feelings being acknowledged and understood by others
  - ❑ Infant shows no sign of knowing or realising her/his feelings have been understood by someone else
  
- x. Infant shows awareness that others have feelings through showing some reaction to the feelings and states of mind of others. Infant shows awareness that she/he causes other people to feel things.
  - ❑ Infant seems to lack awareness of the feelings of others (after 4 months)
  - ❑ Infant seems to lack awareness that she/he causes others to feel things (after 8 months)
  - ❑ Infant seems to lack concern for the feelings of others (after 12 months)
  - ❑ Infant 'over' adjusts/adapts behaviour, interaction and communication in response to the feelings of others to a degree that is at serious expense or is damaging to self, well-being and development

## Cognitive:

### The ability to pay attention, think and remember.

- i. Can **focus** and **maintain attention**
- ii. Will **suspend** and **resume** attention
- iii. Can maintain **goal-directed attention**
- iv. **Uses memory** to do things and look for things (after 3 months)
- v. Can maintain **joint attention** (after 6 months)
- vi. Shows **everyday awareness** that when people/things go out of sight they continue to exist (after 8 months)
- vii. Shows some **understanding** of how things **fit together** (after 10 months)
- viii. Shows some interest in **problem solving** (after 10 months)
- ix. Develops **speech** (after 12 months)
- x. Develops **social play** (after 2 months), and **imaginative/pretend play** and **symbolic play** (after 18 months)

## Explanatory notes for Cognitive Indicators:

- i Infant can (within eyesight range) focus with concentrated attention, and can maintain concentrated attention, *during interaction with people* [on face/parts of face, voice, gestures, movements of parent/carer and others]. Can focus with concentrated attention, and can maintain concentrated attention, on still and moving objects or toys held by parent/carer (within eyesight range); when able to hold objects, can focus and maintain concentrated attention on objects or toys she/he is holding or doing something with. Can focus with concentrated attention, and can maintain concentrated attention, on a game, activity or suitable TV cartoon/programme.
  - ▣ **Infant does not focus with concentrated attention on face/parts of face, voice, gestures, movements of parent/carer and others during interaction with them (within eyesight range)**
  - ▣ **Infant's focus and concentrated attention are fleeting**
  - ▣ **Infant's focus/attention keeps shifting from one thing to another**
  - ▣ **Infant appears to be focusing with attention, but it lacks engagement of the mind (i.e. mentally 'blank')**
  - ▣ **Infant's attention is focused on objects or the surroundings to the exclusion of interaction with people**
  - ▣ **Infant pays little or no attention to anything**

- ii. Infant will pause/suspend, and then resume, focus and concentrated attention, when interrupted or distracted.
  - ▣ **Infant cannot resume focus and concentrated attention after a pause/interruption/distraction [i.e. focus and concentrated attention are lost after pauses/interruptions/disruptions]**
  - ▣ **Infant's focus/attention is fixed or fixated, with no pattern of 'suspension and resumption'**
- iii. Infant can maintain focus and attention on something she/he is doing for interest, or enjoyment, or satisfaction of needs or wishes. Infant can maintain focus on play.
  - ▣ **Infant cannot maintain focus and attention on activity or play she/he is doing for interest/enjoyment/satisfaction of needs or wishes**
- iv. Infant remembers how to do things or use familiar objects [e.g. teething on a teething ring, shake a rattle, play with a toy, post shapes, fit things together, open or undo things, etc] (after 3 months).
  - ▣ **Infant shows minimal use of memory for where familiar objects are that are out of sight, or for how to use familiar objects or do familiar things**
- v. Infant can maintain focus and attention on the same thing/activity together with, and at the same time as, a significant other, with shared purpose or interest [e.g. feeding, a toy, a book, a game, a puzzle, a programme]. The duration and range of shared focus/attention/interest will increase with age and development (after 6 months).
  - ▣ **Infant shows minimal or no ability to maintain focus and attention together with, and at the same time as, a significant other, with shared purpose or interest**
- vi. Infant shows awareness/understanding in everyday situations that people and objects are still 'there' or still exist when they are out of sight [e.g. when parent is in another room; when infant looks for something they cannot see] (after 8 months).
  - ▣ **Infant shows no awareness/understanding in everyday situations that people and objects are still 'there' or still exist/have not 'gone forever' when they are out of sight (after 8 months)**
  - ▣ **Infant does not look for people or objects when they lose sight of them (after 8 months)**
- vii. Infant shows understanding that things fit together in a particular way [e.g. stacking cups/puzzle pieces/posting shapes/parts of a toy or object/train track sections (after 10 months).
  - ▣ **Infant shows little or no understanding of how things can be fitted together (after 10 months)**

**viii.** Infant shows interest in working out how to do or solve things [e.g. opening and closing; posting; stacking rings; jigsaws; matching; sequencing; taking apart/putting together; building, etc] (after 10 months).

**Infant shows little or no interest in working out how to do or solve things after 10 months**

**ix.** Infant starts to speak and use words after 12 months; use of words is mainly for the purpose of communicating and interacting with others [expressing wants/ needs/ interests/feelings to others].

**Infant rarely if at all uses words spontaneously, and shows little interest in using words to communicate and interact with others (after 12 months)**

**Infant's speech/language remains very limited, and does not develop in vocabulary and/or in range of uses of words (after 12 months)**

**Infant's speech lacks emotional expressiveness [variation in pitch and tone that expresses different feelings] (after 12 months)**

**ix.** Infant engages in playful interactions with parent or others [turn-taking playful vocalisation/tongue protrusion/gesture etc] (after 2 months). Infant engages in exploratory play with objects and environment. Infant engages in imaginative or pretend play after 18 months [e.g. holding a phone pretending to make a call, playing at 'cooking', 'flying' a toy airplane around, 'being' mum or dad by doing something they do]. Infant engages in symbolic play i.e. using a toy or object to represent/stand for something else [e.g. using a small object as 'food' when playing at eating, using a block as a phone when making a pretend call, using a spoon as an imaginary 'key' to open something (after 18 months).

**Infant does not engage in imaginative/pretend play (after 18 months)**

**Infant does not use objects to represent/stand for something else (after 18 months)**

## Sense of Self:

Being aware of one's own feelings, thoughts and intentions, and knowing other people are aware of these too.

- i. **Looks at/turns head toward** speaker when spoken to
- ii. **Actively attempts** to make needs and wishes known to others
- iii. Able to **protest** about uncomfortable/unpleasant/distressing experiences or treatment (after 3 months)
- iv. Shows **spontaneous interest** in things **without attention being directed by someone** (after 3 months)
- v. **Likes** being admired or praised (after 4 months)
- vi. **Responds** to name (after 8 months)
- vii. Shows **awareness** and **recognition** of having an impact on others (after 9 months)
- viii. **Gets satisfaction** and **pleasure** from doing things for self, and from achievements (after 9 months)
- ix. **Shares/shows** what has done or achieved with others, and shows **self-esteem** (after 18 months)
- x. Shows signs of **self-awareness** (after 18 months)

## Explanatory notes for Sense of Self Indicators:

- i. Infant responds to being spoken to by looking at/turning head in direction of person speaking to her/him i.e. infant shows awareness that it is she/he who is being spoken to (within eyesight range).
  - ❗ **Infant does not look at/turn head to look in direction of person speaking to her/him (within eyesight range)**
- ii. Infant actively tries to make *herself/himself known to and understood by others* (through expression of needs and wishes)
  - ❗ **Infant does not actively attempt to make needs and wishes known to and understood by others**
  - ❗ **Infant's attempts to make needs and wishes known to others are fleeting or muted (*barely noticeable*)**
  - ❗ **Infant's attempts to make needs and wishes known to others are quickly abandoned if not immediately registered or responded to by others**
  - ❗ **Infant employs extreme measures to make needs and wishes known to others, as if feeling she/he will otherwise not be noticed or responded to**



- iii. Infant protests when something is uncomfortable or unpleasant, or when treated in a way that causes discomfort or distress [expresses protest in angry crying/vocalisation, turning away head, arching back, pushing away] (after 3 months).  
**Infant does not protest when something is uncomfortable or unpleasant, or when treated in a way that causes discomfort or distress (after 3 months).**
- iv. Infant spontaneously takes an interest in things, and directs own attention and interest, *without being prompted or directed by others* (after 3 months)  
**Infant does not spontaneously take an interest in things, and direct own attention and interest, without being prompted or directed by others (after 3 months).**
- v. Infant enjoys and takes pleasure in being admired or praised or taken an interest in by others i.e. infant feels good (smiles, becomes enlivened) when others interact with her/him to admire or praise or take an interest in her/him (after 4 months).  
**Infant does not enjoy or take pleasure in, or is not enlivened by, being praised or admired or taken an interest in by others (after 4 months).**
- vi. Infant turns to look at/in direction of person saying or calling her/his name (after 8 months).  
**Infant does not turn to look at/in direction of person saying or calling her/his name (after 8 months).**
- vii. Infant shows through interaction, communication and behaviour with others that she/he has awareness and recognition of having an impact on others. Shows awareness and recognition that she/he causes others to feel or think things [does something with *clear intention* of causing a response (e.g. to make other person amused, or surprised, or impressed); or shows *clear recognition* of other person's response to her/him (e.g. enjoys making other person smile/laugh/surprised/ impressed; or sees and responds to other person's response when has hurt someone, or made someone angry or upset] (after 9 months).  
**Infant shows little or no awareness and recognition of having an impact on others i.e. of causing others to feel and think things (after 9 months)**  
**Infant's interaction, communication and behaviour with others shows awareness of having an impact on them, but there is little or no response in infant to other person's response to her/him (after 9 months).**
- viii. Infant shows feelings of satisfaction and pleasure in being able to do or achieve things for herself/himself [e.g. knock down/build a tower; post shapes; scribble/draw; crawl/stand/walk; complete puzzles/games; build/make things, physical/developmental achievements, etc]. Infant feels good about self when can do or achieve things (after 9 months).  
**Infant does not show feelings of satisfaction and pleasure in being able to do or achieve things for herself/himself (after 10 months).**

**ix.** Infant spontaneously seeks to show and share with others what she/he has done or achieved [e.g. does something/performs some action in order to demonstrate to other person that she/he can do it; looks to other person for a response during/after doing something or demonstrating that can do it; actively gets other person's attention before doing something/demonstrating that can do it; draws attention to, shows or takes something she/he has made/built/drawn for other person to see]. Infant shows signs of self-esteem i.e. feels good about herself/himself and about what she/he can do (after 18 months).

❑ **Infant does not spontaneously seek to show and share with others what she/he has done or achieved (after 18 months)**

❑ **Infant shows poor self-esteem or does not show signs of self-esteem (after 18 months)**

**x.** Infant shows awareness of someone else's awareness of her/him [e.g. shows awareness of someone watching or seeing her/him; shows signs of feeling ashamed/embarrassed/guilty] i.e. shows signs of feeling self-conscious in positive or negative way (after 18 months).

Infant shows awareness and recognition of herself/himself as an individual, separate and distinct from other individuals [recognises reflection of self in mirror, or image of self in photo].

Infant shows recognition/memory that something was drawn/made/built/done by herself/himself.

Infant says "I"/"me"/"my"/"mine" (only in reference to self).

❑ **Infant shows little or no self-awareness and recognition of herself/himself as an individual separate and distinct from other individuals (after 18 months)**

## Social Interaction:

### Communicating with and relating to others in a variety of ways.

- i. **Shows interest, curiosity and playfulness** in response to other family members (not parents) interacting with her/him
- ii. **Spontaneously and actively seeks** pleasurable/playful interactions with other family members (after 4 months)
- iii. **Shows interest, curiosity and playfulness** in response to familiar non-family members interacting with her/him (after 6 months)
- iv. **Spontaneously and actively seeks** pleasurable/playful interactions with familiar non-family members (after 8 months)
- v. **Shows interest, curiosity and playfulness** in response to the interactions and communications of unfamiliar people, without excessive anxiety or neediness (after 12 months)
- vi. Shows/takes **interest** in what others are doing (after 2 months), and **shares** own interest with others (after 4 months)
- vii. Can **join in** and **cooperate** (after 12 months)
- viii. Can **turn-take** in situations requiring it (after 18 months)
- ix. **Adjusts behaviour** to others to make allowance for the family/familiar group situation or circumstances (by 18 months)
- x. Shows **concern** about others (after 18 months)

## Explanatory notes for Social Interaction Indicators:

- i. Infant interacts and communicates with other family members (siblings, grandparents, extended family) in response to their interactions/communications with her/him, in similar ways to how she/he interacts and communicates with parents. There is a two-way feeling of 'exchange'. [Infant's interaction and communication will include a range of non-verbal forms of expression, including eye contact, smiling and facial expression, movements of head/limbs/body, reaching out, pointing, etc, as well as vocalisation/babbling/speech.]
  - ▣ Infant shows little or no response when other family members try to interact and communicate with her/him
  - ▣ Infant interacts/communicates with other family members in response to their interactions/communications with her/him, but infant's interactions are excessively restricted, muted or wary (after 6 months)
  - ▣ Infant is actively rejecting, or hostile, or indifferent, in response to the interactions and communications of other family members with her/him
  - ▣ Infant becomes excessively or inconsolably upset/distressed/anxious in response to interactions/communications of other family members
- ii. Infant *spontaneously initiates* pleasurable/playful interactions with other family members (siblings, grandparents, extended family), and there is a two-way feeling of 'exchange' (after 4 months).
  - ▣ Infant does not spontaneously initiate or actively seek out pleasurable/playful interactions with other family members (after 4 months)
- iii. Infant interacts and communicates with familiar non-family members in response to their interactions/communications with her/him, in similar ways to how she/he interacts and communicates with parents. There is a two-way feeling of 'exchange'. Interactions with familiar non-family members are *less close/intimate than with family members* (i.e. infant shows a degree of differentiation in her/his mind between family and non-family) (after 6 months).
  - ▣ Infant does not interact/communicate with familiar non-family members in response to their interactions/communications with her/him (after 6 months)
  - ▣ Infant interacts/communicates with familiar non-family members in response to their interactions/communications with her/him, but infant's interactions are excessively restricted, muted or wary (after 6 months)
  - ▣ Infant interacts in as close/intimate way with familiar non-family members as with parents, in response to their interactions/communications with her/him i.e. infant shows no sign of differentiation between parents and familiar non-family members in how close/intimate she/he is with them
  - ▣ Infant interacts more closely/intimately with familiar non-family members than with parents, in response to their interactions/communications with her/him
  - ▣ Infant becomes excessively or inconsolably upset/distressed/anxious in response to interactions/communications of familiar non-family members

- iv. Infant spontaneously *initiates* pleasurable/playful interactions with *familiar* non-family members in ways that involve a two-way feeling of ‘exchange’, but are *less close/intimate than with family members* (i.e. infant shows a degree of differentiation in infant’s mind between family and non-family) (after 8 months).
- ▣ **Infant does not spontaneously initiate interaction/communication with familiar non-family members (after 6 months)**
  - ▣ **Infant spontaneously initiates interaction/communication with familiar non-family members, but infant’s interactions are excessively restricted, muted or wary (after 6 months)**
  - ▣ **Infant seeks and spontaneously initiates the same level of intimacy/closeness in their interactions with familiar non-family members as with parents i.e. infant shows no sign of differentiation between parents and familiar non-family members in the closeness/intimacy of the interactions they seek/initiate**
  - ▣ **Infant seeks and spontaneously initiates greater closeness/intimacy in their interactions with familiar non-family members than with parents**
- v. Infant may show some uncertainty, wariness or anxiety in response to interactions or communications of *unfamiliar* non-family members, but not to the extent of this completely preventing any positive two-way interaction/communication/exchange with them (including in the phase of stranger anxiety). Infant may need reassurance and help of parent(s) or carer(s) to overcome uncertainty, wariness or anxiety, in order to be able to interact with unfamiliar non-family members (after 12 months).
- ▣ **Infant is excessively uncertain, wary or anxious in response to the interactions of unfamiliar non-family members, to the extent that she/he is unable to overcome her/his uncertainty, wariness or anxiety even with the reassurance and help of parents or carers, and as a result is unable to interact in any positive two-way interaction/communication/exchange with them (after 12 months)**
  - ▣ **Infant is indiscriminate or disinhibited in interaction and communication with unfamiliar adults**
- vi. Infant spontaneously shows/takes interest in what others are doing or interested in [e.g. focuses on/turns head to look at and focus on/pays attention to/follows or tracks what others are focused on and giving their attention to] (within range of eyesight) (after 2 months). Infant spontaneously seeks to communicate to others what she/he is doing or interested in [e.g. looks up to catch the other’s eye/makes a noise to catch the other’s attention/holds something out or up to show the other/points/says “Look!” or similar, *in order to draw the other’s attention* to what she/he is interested in] (after 4 months).
- ▣ **Infant does not spontaneously show/take interest in what others are doing or interested in (after 2 months)**
  - ▣ **Infant does not spontaneously seek to communicate to others what she/he is doing or interested in (after 4 months)**
  - ▣ **Showing and sharing interest with others is in general not a significant part of infant’s interactions with others**

- vii.** Infant can be part of, and participate in, a family or familiar group situation that requires a degree of **joining in** and **cooperation** [e.g. being part of family meal; being part of a family gathering; being part of a play group; being part of a nursery group activity; actively participating in a collective activity, such as a family or group dance or song]. Infant can wait for attention, or being attended to, in family or familiar group situation, where attention is on others (e.g. on other infants/toddlers) or where the needs of others are also being met/attended to (after 12 months).
- ▣ **Infant is unable to join in, cooperate and manage being part of a family or familiar group situation, and either becomes excessively fractious/demanding/agitated/ restless/ overactive or aggressive, or withdrawn/shut down/uninvolved**
- viii.** Infant can wait for her/his turn to be fed etc, or to have a go on or with something, in family or familiar group situation (after 18 months).
- ▣ **Infant is unable to wait for her/his turn to be fed etc, or to have a go on or with something, in family or familiar group situation, and becomes excessively fractious/ demanding/agitated/restless/overactive or aggressive, or withdrawn/shut down/uninvolved**
- ix.** Infant adjusts or modifies behaviour to others to suit the circumstances in a family or familiar group situation i.e. infant adapts her/his behaviour, and expressions of wishes/needs/demands, to allow space for the needs of others, or for the sake of the family or social group interaction or functioning [e.g. infant allows conversation or interaction between others (e.g. adult and other infant/toddler); infant conforms with age-appropriate expectations, or requests, linked to given family or familiar group situation (by 18 months).
- ▣ **Infant does not adjust or modify her/his behaviour to others, and expression of wishes/needs/demands, to suit the circumstances in a family or familiar group situation**
- x.** Infant shows signs of noticing when others are distressed or hurt, and shows some empathic response: may involve facial expression, turning head or gaze in direction of, reaching out or going towards, giving an object to (e.g. blankie/soft toy, etc), or gently touching, the distressed/hurt person (after 18 months).
- ▣ **Infant does not show signs of noticing and showing some concern or empathic response, when others are distressed or hurt**
- ▣ **Infant shows signs of noticing/being aware when others are distressed or hurt, but shows lack of concern or empathic response**
- ▣ **Infant shows signs of noticing/being aware when others are distressed or hurt, but acts towards the distressed/hurt person in a way that causes more distress/hurt**
- ▣ **Infant deliberately acts towards other person in a way that causes distress or hurt**

# Lanarkshire Infant Mental Health Observational Indicator Set

## Appendix

The development of the Lanarkshire Infant Mental Health Observational Indicator Set involved the following:

- ♦ **Graham Shulman**, Consultant Child and Adolescent Psychotherapist, Lead for IMH Service, and Head of Child Psychotherapy CAMHS, NHS Lanarkshire

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