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Greetings to all WAIMH Affiliates. This column includes updates about: The WAIMH 2016 Congress; the WAIMH social media initiative; and initiatives within the Affiliates Council (AC) to continue to build connections with emerging and established affiliates. It also provides a brief update concerning the voting process within the AC and the WAIMH by-laws regarding the requirement for each affiliate to be comprised of a minimum of 10 WAIMH members.

The WAIMH Congress 2016

Over the last couple of months you will have received news from our President Miri Keren about changes to the location and title/theme for the next WAIMH Congress in 2016. First, this Congress, which was planned to have been held in Tel Aviv, will now be held in Prague. It will be hosted by the Israeli and Palestinian Infant Mental Health Associations. Second, a new focusing title has emerged for the Congress: Infant Mental Health in a rapidly changing world: Conflict, adversity, and resilience.

The AC look forward to working closely with the Israeli and Palestinian 2016 Congress team as they navigate their way through this creative solution to a remarkably complex, challenging and frightening time.

Social Media

You will have received a recent email from the WAIMH office inviting you to participate in the WAIMH social media initiative. This initiative aims to develop a social media voice between WAIMH members and a voice from which to communicate with our partner colleagues and associated organisations and groups. Please do consider sharing any time you might have spare to support this initiative.

Making Connections with each other

The AC aims to connect affiliates with each other. Over the past years this function is steadily growing and we invite you to continue to reach out to each other with your good news as well as sharing the challenges you may be facing. Furthermore, we have noticed that enquiries for help and support are typically both unique to the affiliate while also sharing much in common with other affiliates. For example issues such as: working effectively with teams of professionals in a volunteer context; wondering how to access resources/ training for affiliate members; and what to do when energy, motivation and membership numbers dwindle.

We are in the process of trialling a new way to respond to individual requests to the AC by inviting a small group of Affiliates to gather on-line to listen, reflect and respond. The goal of this approach is to use the technology available to us to create pathways for affiliates to talk with each other about shared issues using skype or go-to-meeting, for example.

If you have a special issue or a question regarding your affiliates needs, please direct these to Anna Huber, AC Representative (annahuber.marymead@gmail.com)

“WAIMH Study groups” for groups that are in the process of becoming a WAIMH Affiliate

A core task of the AC involves identifying and meeting the needs of affiliates at varying stages of their development. In response, the WAIMH Board suggested that new groups who as yet do not meet the criteria to become an affiliate, but who are in the process of developing their membership will be able to be part of WAIMH as a “WAIMH study group”. This initiative provides emergent groups, such as China, with an identity within WAIMH as they develop into an affiliate.

In developing this idea the AC has invited an emerging group to participate in a trial program which entails being helped to create and implement a plan for their group that:

1. Takes a structured step by step process over time to gradually meet the criteria for Affiliate status;
2. Outlines a time frame to create a sense of purpose and focus to the group's efforts; and
3. Provides opportunities for existing affiliates to provide pockets of specific support and encouragement to the emerging group.

If you are an emerging group and you would like to be part of this structured trial please contact: Maree Foley, AC Chair. (maree.foley@xtra.co.nz)

Update in the voting process: A recommendation for the 2018 election

Since 2010, the AC have been working together to refine the original voting system of members to the roles of Affiliate Council Chair and Affiliate Council Representative. To date an iterative process of reflection has included identifying the diversity of types of Affiliates, such as:

- a) Affiliates that represent a whole country, such as New Zealand;
- b) Affiliates that represent a number of countries, such as the Nordic Affiliate; and
- c) Countries that are represented by a number of state based affiliates, such as the USA.

The process has also involved an online survey with the AC members, discussions at the AC meetings, and WAIMH Board meetings.

As a result the following recommendation is proposed:

When voting for the election of AC officers: each affiliate will receive one vote except in cases where:

An affiliate is made up of more than 1 country. In this instance, each country within that affiliate (up to 5 countries) will hold one vote each; and

In countries where there are a more than 1 affiliate. In this instance, the country will receive 1 vote per affiliate, up to a maximum of 5 votes, irrespective of whether or not that country is comprised of more than 5 affiliates.

In early 2015, an online survey with AC Presidents will be conducted regarding the election process proposals so as to ascertain the voice of all the AC members.

Maintenance of WAIMH Affiliate Status

Our WAIMH bylaws state that each affiliate is required to sustain a minimum of 10 WAIMH members to maintain their affiliate status. Feedback from the previous AC survey highlighted the need to balance the 10 member requirement with scope for flexibility for individual affiliates on a case-by-case basis. The AC acknowledges that affiliates are dynamic social systems that function within dynamic social and political systems.

WAIMH is committed to supporting Affiliates who may be facing difficult times. As such, in the forthcoming AC Affiliate Survey that will be sent to Presidents at the end of November will include a question about current WAIMH members within each affiliate. Sharing this information provides a pathway to engage in discussion between WAIMH and the Affiliates with a view to furthering understanding about the unique circumstances and working together on a shared plan to try and re-build the number of WAIMH members within each affiliate.

Finally, the Affiliates Council functions for you and we do this by learning more about how we can actively support each other. We welcome any contact you make with us.

The World in WAIMH

The World in WAIMH is a column intended to generate reflection and dialogue about infancy and infant mental health within our global community. Joshua Sparrow, Director of Planning, Strategy and Program Development at the Brazelton Touchpoints Center (Boston Children's Hospital/Harvard Medical School) conceived of this column. Our shared hope is that this will offer space for challenge and interdisciplinary discussion. We are asking the WAIMH community for commentary, field reports, case studies, research articles, book reviews, new submissions and (when proper permission can be obtained) adaptations of previously published articles that may be of interest.

What follows is a contribution from Astrid Berg, a child psychiatrist and psychoanalyst who resides in South Africa. We selected excerpts from her book, *Connecting with South Africa: Cultural Communication & Understanding* (2012). We have received permission from the author and the publisher to reprint portions in Perspectives. The book may be ordered from Texas A & M University Press, College Station.

We include passages that invite consideration of differences and similarities in work with very young and families around the world. Of importance, Dr. Berg emphasizes that all infants and children have the status of whole human beings, with a right to be seen and heard and cared for.

Excerpts from *Connecting with South Africa: Cultural Communication & Understanding* (Berg, 2012) with brief commentary by Joshua Sparrow and Deborah Weatherston.

In chapter two, "And What About the Infant?" the author presents a moving clinical case study in which she illustrates how she works with deep respect for the personhood of the baby, while holding in mind the relationship between mother and child. The case study follows:

"Kwanga was five months old when he was referred to the clinic. His mother was twenty-one years old. His recent failure to thrive was of concern—two months before there had been a marked drop in his weight. Kwanga had had gastroenteritis but had not picked up his weight since then, although the symptoms had ceased.

On history taking, it emerged that he was mother's first child. His maternal grandmother was living in the Eastern Cape, while his young mother was 'drifting from aunt to aunt,' as she had no fixed abode in Khayelitsha. The father of the child was not really present, and she was entirely dependent on the aunts. She stopped breastfeeding when Kwanga was one month old, because the baby 'did not want to.' It seems that the bottle feeding and the gastroenteritis contributed to the drop in weight. The mother denied any other problems, saying she loved her baby and that she herself was eating and sleeping well. These few facts we elicited with some difficulty.

We observed that this young mother was well dressed, as was her baby. She would give him a pacifier when he cried (this is a rare habit; usually in Khayelitsha the breast is given for comfort.) Kwanga was quite a thin child. His mother was cut off from him and avoided eye contact with the interviewers and with her baby. I felt that her eyes were 'drifting,' like she was with her life. The team had a sense of hopelessness when they heard this story and when they saw the non-interaction and wondered what could be done. Because the mother denied any negative feelings, it seemed pointless to be empathetic.

After a while my co-worker Nosisana took Kwanga, put him on her lap, and talked to him. He needed to be coaxed to respond, but eventually he did so with a smile and physical movements. His mother did not take any delight in this and looked away. However, when her problems were addressed, she did look at Nosisana more steadily. I asked that Kwanga be turned to look at his mother, but he avoided her—he rather looked at us. He was returned to his mother, and now for the first time she held him facing her and smiled at him, and it appeared that he met her gaze. His mother was given a pamphlet explaining the importance of interacting with the baby.

The baby's failure to thrive was diagnosed as deriving from depression and deprivation in his mother. We hypothesized that the early weaning occurred because there was no older mothering figure to help this young woman. She was asked to return in two weeks. By the second visit Kwanga's weight had increased, and when Nosisana approached him, he cried, indicating that