Infant Mental Health Strategy

Supporting Infant Mental Health for Every Child in the Western Trust

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WH&SCT Infant Mental Health Strategy

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1.0 Introduction and Context

Chief Executive’s Introduction

The evidence is compelling for early years’ intervention. I therefore commend this Infant Mental Health strategy to you as the right strategic direction for the Trust to steer its energies and resources towards as we strive to support families nurture their children.

We will only ever achieve this aim in partnership with our colleagues in the community and voluntary sector and we will build on our existing links to progress this aim.

Clearly we must all invest now in the parents of tomorrow if we are to break the cycle of inter-generation abuse and violence.

ELAINE WAY,
Chief Executive
WHSCT
Director’s Foreword

During the first three years of the Women & Children’s Directorate, we have concentrated on establishing a common ethos to harness the efforts of all staff within the Directorate.

We have adopted as our preferred method of intervention, support to families. As we enter the next three year planning cycle, we recognise that the financial outlook is bleak and, therefore, we have adopted an assumption that it would be prudent to anticipate minimal investment. Consequently, we are concentrating on reforming and modernising our services in line with emerging research.

A body of evidence is emerging globally which shows the clear benefits of an early years intervention strategy. Within the Trust we have been particularly influenced by the work of Mr George Hoskings of WAVE Trust and consequently we have decided to develop an Infant Mental Health Strategy. There are essentially two principal reasons for adopting such an approach. First of all, it will help avoid problems arising in later life and, therefore, produce better outcomes for children. Secondly, by intervening before difficulties emerge, this can avoid the need for expensive interventions later in children’s lives and, therefore, is the most efficient use of our resources. From both a moral and a financial perspective the case for adopting an Infant Mental Health Strategy is compelling. In addition, it allows the Directorate to build on the progress made to date and to give a unity of purpose for all staff including Community Midwives, Obstetricians, CAMHS services, Family and Child Care, Health Visiting.

The development and implementation of an Infant Mental Health Strategy is a key priority of the Trust and will underpin the work of all staff in the Women & Children’s Directorate.

JOHN DOHERTY,
Director
Women’s and Children's Services
Vision for the WH&SCT Infant Mental Health Policy

The WHSCT is committed to supporting families to provide the secure attachments children need to make the best possible start in life. Every child living in WHSCT area has a right to a supportive environment in order to create and support positive mental health and emotional wellbeing throughout their lives.

We recognise the importance of investment in early years child development and the value that positive infant mental health contributes to lifelong health, social and economic outcomes for the individual.

In working towards this vision, the WHSCT commits to supporting both staff and key partners across a range of disciplines, key agencies, and throughout the voluntary and community sectors. WHSCT also commits to ensuring that the IMH action plan is developed and implemented using a partnership approach.

According to Harry Burns (Chief Medical Officer, Scotland, 2011) there are four identified pressure points which can positively or negatively influence a child;

- Pregnancy
- 0-1 years
- Pre-school
- Transition to secondary school

Additionally, the CMO of Scotland recommends specific interventions in the early years to support IMH including:

1. Zero tolerance of smoking during pregnancy
2. Zero alcohol in pregnancy
3. Attachment-focused behaviour in pregnancy
4. Breast-feeding
5. Mothers reading to children

Therefore it is useful for our WHSCT to consider incorporating these five recommendations. In order to increase awareness and understanding of these issues it is imperative that the Trust work with not only staff and external organisations but also importantly with the local communities to adopt these principles.

Community ‘buy in’ and ownership is evidenced in countries such as the Netherlands and New Zealand. This promotes joint working targeting infant health which promotes the nurturing child approach benefitting the whole community.
Guiding Principles

Whole Child Approach: This strategy combines objectives around resilience-based early years intervention simultaneously in the contexts of child development and mental health, family support, and early identification of risk/vulnerability. It therefore represents a holistic systems-based model of early years intervention, based on a Whole Child approach, into which specific sectoral initiatives around early years intervention can feed.

Collective Responsibility: While Women and Children’s Services plays a primary role in delivering this strategy, and while ante-natal and perinatal services are a core universal service access point, there is a role for every Directorate within the WHSCT in actively supporting the delivery of this strategy. Every practitioner with a role to play in implementing the strategy will receive specific support in embedding infant mental health promotion within their own practice and existing service remits.

Quality Service Standards: All service delivery will be based on the principle of timely access to services based on need, transparency of outcomes, and will be informed by service user involvement at all levels. We will strive to use evidence-based best practice and innovation at the core of all services and initiatives with a view to embedding this within future mainstream provision.

Corporate Governance and Support Systems: The strategy will be supported by corporate governance and communications processes which are fit for purpose and which relate not only to service delivery but to the joint planning and resourcing of future mainstream services.

The Whole Child Model
Introducing an Infant Mental Health Strategy for the WHSCT

This strategy represents a pro-active response by WHSCT to the increasing awareness amongst service delivery and policy organisations in the health sector of the importance of infant mental health on the spectrum of overall mental health services as well as its particular significance in wider social terms.

It is recognised by an increasing body of evidence that intervention in the early years to target language, communication skills, attachment and parenting support is where very significant impact can be made with results that are evident into adulthood.

The first five years of life have been called ‘the foundation years’. This is because these years create foundations on which the rest of life is built. A child’s brain develops rapidly during pregnancy and 80% of it is formed by the age of three. Children who have adverse experience in childhood have as a consequence impaired brain development. The slide below highlights this fact:

![3 Year Old Children](image)

**Reference:** George Hoskings, WAVE Trust.

Evidence shows that these children are more likely to be involved as teenagers and adults in risky sexual behaviour, alcohol and drug misuse and anti-social behaviour. They are also 3 times as likely to be depressed (PHA, Annual Report, 2010).

Infant mental health relates to nurturing, attachment, attunement, positive parenting and role modelling. Positive infant mental health defines physical and mental health outcomes for adults as well as related outcomes in the areas of economic, social and cultural wellbeing.

Effective interventions targeted at early years, based around increasing empathy, attunement and attachment will impact positively on the health and wellbeing of today’s child tomorrow’s adult and will generate long term savings to health, education and reducing crime and anti-social behaviour.

So too will provision of effective supports and early years interventions on parental and in particular maternal mental health, in recognition of this as a key risk factor for infant mental health. This is particularly strong where alcohol or substance misuse may be a concern and the Hidden Harm Action Plan for Northern Ireland specifically highlights the need for integrated action to target children living with Hidden Harm.
In making its corporate commitment to developing an Infant Mental Health Strategy, the WHSCT recognises that delivering positive infant mental health has a high significance in terms of delivering on overall health and social care outcomes for the population the Trust serves.

The WHSCT also recognises that to deliver on a holistic model of support for infant mental health involves an awareness of the range of services and disciplines who have a role to play in delivering on this agenda. It involves joint working and cross-disciplinary co-operation on an ongoing basis. It involves mental health being integrated into a care model across all services which have a role to play, and therefore a comprehensive understanding across all these services of the factors which promote positive infant mental health and of the risk factors which can affect infant mental health. It involves all those involved in service delivery to children and families embracing the infant mental health agenda as a core element of their practice.

**Key Beneficiaries:**

This strategy aims to support every child living within the WHSCT area. A key principle underlying Early years intervention systems is to build protective and resilience factors within the population to create a gradual reduction in the number of children and families who end up in crisis with all subsequent implications for their mental, physical and socio-economic wellbeing. However, it is acknowledged that certain key groups are particularly vulnerable with specific needs and the WHSCT commits to ensuring particular attention to the needs of the following key target groups:

- Antenatal and postnatal clients and their families and children
- Families identified in tier 2
- Children/families currently known to social services because they require additional services
- Ethnic minority groups in particular asylum seekers, refugees
- Hard to reach groups, for example, travellers
- Young parents including young fathers
- Mental health and addiction service adult clients with caring responsibilities for children
- Families engaged with children’s services hubs
- CAMHS clients
- Looked After Children
• Children from families where domestic abuse may be an issue
• Families where substance or alcohol misuse within the home is a concern but who are deemed to be vulnerable as distinct from ‘at risk’
• Families being supported by Hidden Harm Social Workers
• Clients being supported through CAWT Alcohol Early years intervention Service
• Children with developmental delay
• Learning disability issues

Policy Context

There is overwhelming evidence that early years intervention can transform the lives of children, families and communities particularly where socio-economic disadvantage exists (Hosking and Walsh, 2010). There are many examples of programmes and interventions nationally and internationally that demonstrate improvement in outcomes and quality of life for children and their families and a ‘whole-society’ approach to infant mental health and parenting has been hailed as an approach where significant impact could be made.

The Scandinavian countries – Sweden, Norway, Denmark and Finland and the Netherlands have been leading the way in infant mental health investment and outcomes. We can achieve the same at a modest cost and with huge benefit economically and socially.

In 2006, in publishing ‘Our Children and Young People- Our Pledge’, the Northern Ireland Executive through OFMDFM adopted the 6 High Level Outcomes for Children. Based on international agreements regarding the rights of children, these are designed to inform all aspects of service planning and delivery which have an impact on children’s lives, their development, and their opportunities as well as their mental and physical wellbeing. The Six high level outcomes, all of which Infant Mental Health has an enabling role in, are that children and young people are:

1. Healthy;
2. Enjoying learning and achieving;
3. Living in Safety and with stability;
4. Experiencing economic and environmental wellbeing;
5. Contributing positively to community and society;
6. Living in a society which respects their rights.
Strategic drivers relevant for Infant Mental Health in Northern Ireland include the document 'Promoting Mental Health and Emotional Wellbeing.' Central to the practice of delivering on Infant Mental Health are the principles contained in the Bamford Review of Mental Health and Learning Disability Services.

More specifically in recent years a number of initiatives have been developed by the Health Services such as the Hidden Harm Action Plan for Northern Ireland and the Think Child/Think Parent/Think Family project. These initiatives, supported by WHSCT are in the process of finalising practical joint working protocols for service practitioners in mental health, addiction services and children’s services. These joint working protocols will enable closer and more co-ordinated working between those supporting children and parents where mental health and/or substance misuse may be a concern.

Additionally, in recognition of the impact that maternal mental health can have on infant mental health before and after birth, the WHSCT are participating in a regional initiative to establish a universal perinatal mental health pathway. An example of this pathway in action is the WHSCT-led Early years intervention Service for Alcohol, funded through the CAWT Time IVA Change Border Region Alcohol Project and delivering midwife-led client supports in co-operation with the CAWT Early years intervention Workers.

WHSCT is also leading on the Roots of Empathy Programme, an early years programme designed to reduce likelihood of violent behaviour in later childhood. The NI Regional Healthy Futures strategy principles endorsed by all Health Visitors in WHSCT represent a crucial investment in the support of children and their families during the formative early years. A further evidence-based initiative which WHSCT has led on is the Family Nurse Partnership.

Holistic Family Approach

As an organisation we need to ensure that programmes such as “Family Nurse Partnership” and “Roots of Empathy” are not offered in isolation. Rather, they are offered as integral to a whole family approach with effective parenting at its core.
2.0 Making the Economic Argument for Infant Mental Health - Significance of Infant Mental Health for Health and Social Care Service Planning, resourcing and Delivery in WHSCT

Economists have demonstrated that investment in early years i.e. pregnancy and the first years of life makes economic as well as health sense, as evidence shows that modest investment in those years brings a 9-10 fold return on every £1 invested. Other studies for example, Adverse Childhood Experience (ACE) have shown the cost benefits of investing in positive infant mental health have long-term effect.

This longitudinal study carried out by the Centre for Disease Control and Prevention and Kaiser Permanente Foundation in California concluded in 2005 with a striking set of findings linking Adverse Childhood Experience (ACE) to a range of compromised physical and mental health outcomes. It concluded that Adverse Childhood Experiences during the age of 0-3 (which include physical and emotional neglect) directly determine health risks and outcomes in later life.

Findings showed children with a single ACE of emotional neglect during the age of 0-3 were 3 times more likely to develop heart disease: this specifically applied to those who experienced either physical neglect, or emotional neglect, or living with substance/alcohol misuse in the family. If a child had experienced 4 or more adverse childhood experiences, they were 3 times more likely to develop depression, 11 times more likely to engage in intravenous drug use, twice as likely to develop liver disease, and 3 times more likely to develop chronic obstructive pulmonary disease.

The findings from this study suggest not only the benefits of addressing infant mental health, but also suggest the long-term overall cost to the health services of failing to address infant mental health and the risk factors for this in early years (0-3).

Therefore WHSCT should prioritise investment and services that provide intensive support during pregnancy and the first five years of life.
Demographics

The Western Area Covers a geographical area of 4,842 square kilometres, with a population of 286,857.

There are approximately 76,812 children and young people aged 18 years and under living in the WHSCT, this represents 26% of the total population.

Additionally, the 2005-8 Children’s Services Plan Needs Indicators Profile for the Western area tells us that:

- The five council areas comprising the WHSCT area lie within the top 11 most deprived of 26 council areas in Northern Ireland.
- In 2007/2008 there were 4,241 live births in the WHSCT area, representing an increase of 269.7% in the live birth rate as compared to 2000/2001.
- In 2007/8 there was a total of 4,735 referrals in WHSCT area to family and childcare services.
- In 2007/8 there was a total of 406 children on the child protection register, this represented an increase of 54% since March 2001.
- In 2007/8 there were 422 children in WHSCT in care/looked after.

In 2007, a total of 1,575 children aged 0-19 were referred to mental health services in the WHSCT (Needs Indicators Profile, 2005-8 Children’s Services Plan)
3.0 Way forward

The WHSCT commits to the overall creation of an ethos, a corporate culture, and an early years intervention service environment where every child matters, where every effort is made to secure early bonding and attachment, where positive child development is promoted through all practice and where outcomes for children are tangible and measurable.

The WHSCT will strive to deliver a comprehensive preventative health service which promotes infant mental health by focusing on early years intervention approaches and taking account of evidence-based best practice. Specific areas of intervention will include supporting Looked after Children, maternal mental health, increasing breastfeeding rates and addressing hidden harm through alcohol.

The IMH strategy group will continue to influence the political environment, prioritising the ethos of the strategy and ensuring that it is embedded within the culture of the WHSCT. It will also be important to lobby for appropriate allocation of finances targeted at early years services.

We will develop an Infant Mental Health Policy Action Plan which will outline the key milestones that we hope to achieve together over the next 12 months. The success will depend on partnership and integrated working.
Appendix A

The WHSCT currently supports the following initiatives relating to infant mental health and early years intervention:

• Family Nurse Partnership (WHSCT)
• Models of Attachment programme (children in residential care)
• Hidden Harm Social Workers (WHSCT)
• CAWT Early Intervention Service for Alcohol (WHSCT and CAWT Partner areas)
• Children’s Services Hub (HSCB and partner agencies)
• NI Regional Healthy Child, Healthy Futures
• Whole Child model
• Understanding the Needs of Children in Northern Ireland (UNOCINI)
• Think Child Think Parent Think Family
• Roots of Empathy
• Family Support Hubs
• Safety in partnership
• Perinatal Mental Health

Other related initiatives in NI and Cross Border Area with relevance for Infant Mental Health

• Strengthening Families Programme (to be piloted in 2011 in WHSCT through CAWT Time IVA Change Border Region Alcohol Project)
• CAWT Outcomes for Children Project
• CAWT Childhood Obesity Project
• CAWT Social Inclusion Project
• CAWT Diabetes Project (Pre-pregnancy strand)
• DHSSPSNI, June 2007, Healthy Mouth, Healthy Body - Oral Health Strategy for Northern Ireland,
• DHSSPSNI, May 2010: Healthy Child , Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland
• Every Child Matters (Education)
• Families Matter: Supporting families in Northern Ireland: Regional Families and Parenting Strategy, Northern Ireland, 2009, DHSSPSNI
• The European Convention on Human Rights
• United Nations Convention on the Rights Of the Child (UNCRC)
• Suicide Prevention Strategy
• The Bamford Review on Mental Health and Learning Disability (NI)
• Anti-Poverty Strategy
• Fit Futures
• Re-design of Community Nursing
• NSD: Drugs and Alcohol
• Domestic Violence
• Sexual Violence Strategy
• CAWT Health Inequalities Study