

SET Infant Mental Health Strategy

CYPSP

7th August 2018



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Context



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The research

The term 'infant mental health' has been defined as the developing capacity of the child from birth to 3 years to experience, regulate and express emotions and form close and secure interpersonal relationships (Zero to Three, 2001).

It includes a child's ability to form relationships with other children and adults, to recognise and express emotions in a secure and loving environment (PHA, 2016).

Whilst secure interaction between an infant and their primary care giver shapes emotional and cognitive development chronic, extreme adversity can interrupt normal brain development (Paolozza et al., 2017).



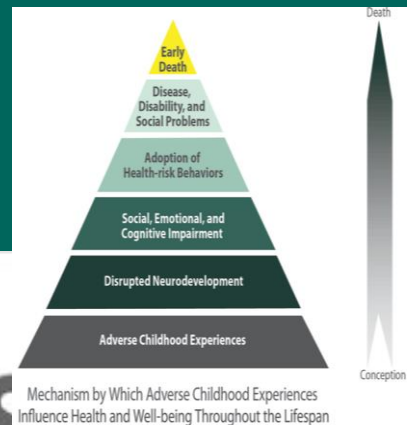
‘At least one loving, sensitive, responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life’.

(The 1001 Critical Days, 2013)



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Relationship with ACE's



What *can* Be Done About ACES.

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.

Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

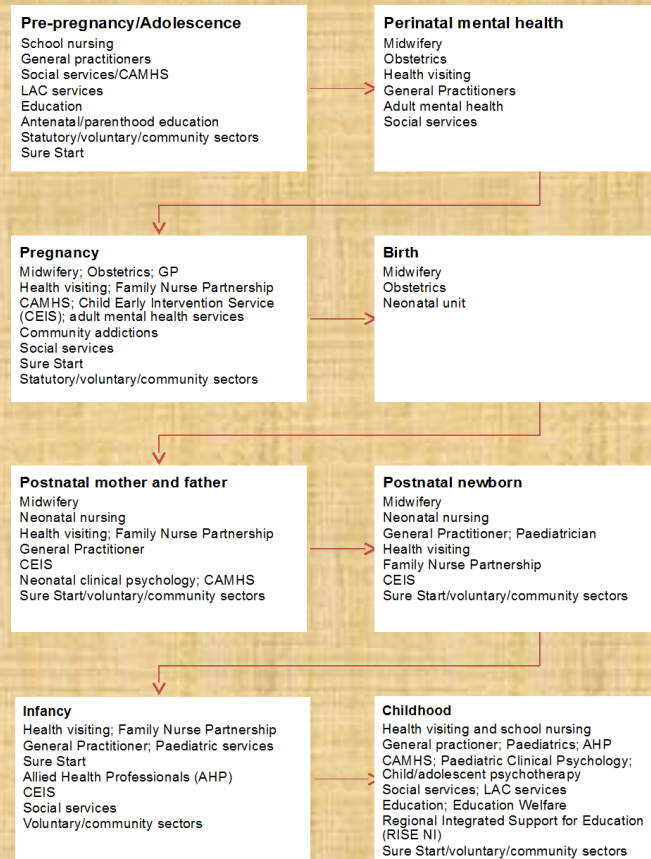
Priority Groups: those at risk

- Antenatal and postnatal mothers, fathers and children.
- Young mothers and fathers.
- Perinatal and/or mental health of mothers and fathers.
- Ethnic minority groups including asylum seekers, refugees and travellers.
- Children with a disability and/or mothers and fathers with a disability.
- Children in a household experiencing domestic violence.
- Children who have experienced parental separation.
- Children who have experienced parental substance misuse including alcohol.
- Children living in poverty.
- Children with a mother or father imprisoned.
- Children who have experienced abuse and neglect; Children who are on the Child Protection Register or are Looked After Children.



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SET Services: Infant Mental Health Continuum of Care



Pre-pregnancy/Adolescence

School nursing
General practitioners
Social services/CAMHS
LAC services
Education
Antenatal/parenthood education
Statutory/voluntary/community sectors
Sure Start

Perinatal mental health

Midwifery
Obstetrics
Health visiting
General Practitioners
Adult mental health
Social services

Pregnancy

Midwifery; Obstetrics; GP
Health visiting; Family Nurse Partnership
CAMHS; Child Early Intervention Service (CEIS); adult mental health services
Community addictions
Social services
Sure Start
Statutory/voluntary/community sectors

Birth

Midwifery
Obstetrics
Neonatal unit



Postnatal mother and father

Midwifery
Neonatal nursing
Health visiting; Family Nurse Partnership
General Practitioner
CEIS
Neonatal clinical psychology; CAMHS
Sure Start/voluntary/community sectors

Postnatal newborn

Midwifery
Neonatal nursing
General Practitioner; Paediatrician
Health visiting
Family Nurse Partnership
CEIS
Sure Start/voluntary/community sectors

Infancy

Health visiting; Family Nurse Partnership
General Practitioner; Paediatric services
Sure Start
Allied Health Professionals (AHP)
CEIS
Social services
Voluntary/community sectors

Childhood

Health visiting and school nursing
General practitioner; Paediatrics; AHP
CAMHS; Paediatric Clinical Psychology;
Child/adolescent psychotherapy
Social services; LAC services
Education; Education Welfare
Regional Integrated Support for Education (RISE NI)
Sure Start/voluntary/community sectors



Aim of the Strategy

The SET Infant Mental Health Strategy provides a framework to guide, inform, and review activity across a range of health and social care services working to improve the social and emotional development of young children and families.

It aims to ensure a comprehensive approach to embed the principles of infant mental health across services and will promote a shared understanding across disciplines.



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Objectives

1. Raise Awareness
2. Workforce Development
3. Improved integration of services
4. Promote good practice and service development
5. Develop a framework to guide and measure outcomes



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Objective 1: Raise Awareness

Key Actions:

- Ensure agreement on a common language around infant mental health that is accessible to all practitioners and parents ensuring consistency of message across departments and services.
- The SET IMH steering group will lead on the promotion of infant mental health considering innovative and creative ways to raise awareness across sectors.
- Trust level policies and strategies should apply evidence on infant mental health and the importance of the early years on later outcomes where appropriate.
- The promotion of key messages supporting mothers, fathers and practitioners in caring for babies should consider how new technologies and social media can be used with traditional methods to disseminate key messages



Objective 2: Workforce Development

Key Actions:

- There should be core baseline knowledge of infant mental health for all relevant practitioners with consistency of message and appropriate specialist training for those delivering specialist services to both infants and families.
- Commitment to supporting infant mental health training including the Solihull Approach, Video Interaction Guidance and the Tavistock diploma in Infant Mental Health and Child Development.
- Commitment to supporting practitioners to embed training into everyday practice through coaching and mentoring, supervision and consultation.



Objective 3: Improved integration of services

Key Actions:

- A multi-disciplinary, joined up approach to service development will maximise use of existing resources and support a 'whole child' approach. This should include dissemination of existing opportunities as well as development of new ones.
- Service planning and development must recognise the need for balance between prevention and intervention, with a range of services to cover all levels of need



Objective 4: Promote good practice and service development

Key Actions:

- The UNICEF UK Baby Friendly Initiative will continue to be promoted as a model of best practice in SET.
- The Trust will encourage, promote and share evidence based and evidence informed good practice in the area of infant mental health. This will include support and implementation of the following key strategies/priorities which underpin the Trust's Infant Mental Health Strategy.
 - The Regional Perinatal Mental Health Pathway
 - Early Intervention Transformation Programme
 - Childcare Strategy
 - Making Life Better
 - Families Matter, Regional Family and Parenting Strategy
 - Adverse Childhood Experiences (ACEs)
 - Signs of Safety



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Objective 5: Develop a framework to guide and measure outcomes

Key Actions:

- The Trust will implement an outcomes based framework to help create measurable improvement for children, adults, families and communities.
- The Trust will develop a mechanism to ensure the voice of parents and service users are listened to and acted on as appropriate.



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Work to date:

- IMH steering group set up
- Staff funding secured
- Model designed with PIP UK
- Partnership working progressing with
 - Barnardo's
 - Tiny Life
 - Mencap?



IMH Staffing

- Infant- parent psychodynamic therapist
- IMH Service Lead
 - Janine Dougan (SET)
 - Roberta Marshall (Barnardo's)
- Key Worker (Bronagh McCabe)
- Data Manager (Barnardo's)



Work in progress

- Work list until March 2019 being developed to ensures system readiness with a common language / knowledge
 - Roll out of Five to Thrive
 - Roll out of Baby Brain
 - Roll out of Baby Massage
 - Establish Perinatal interfaces



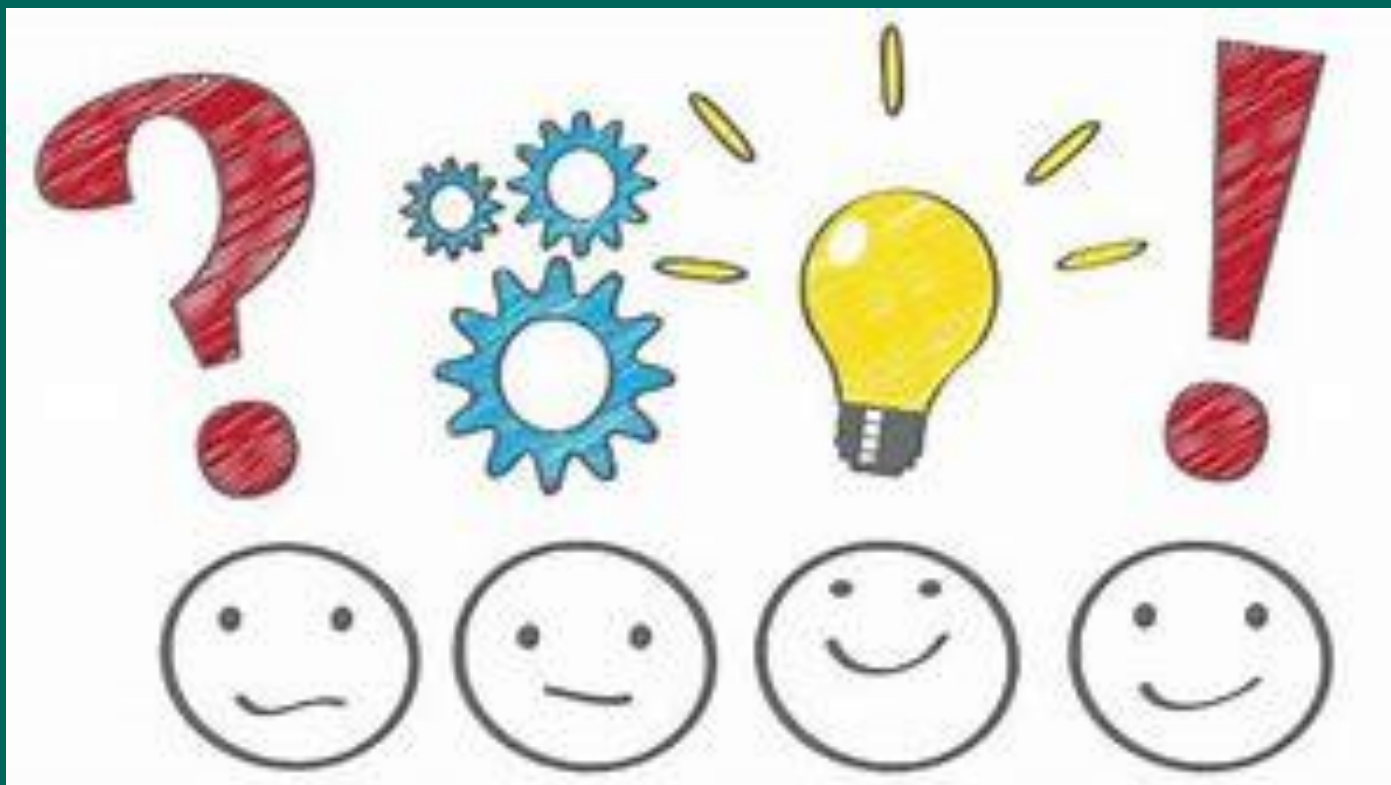
IMH Everyone's Business



Attachment, Bonding and Communication, Parent
Infant Partnership



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