

Make it so

Lead the change you want: connecting leaders globally

**The International Initiative for Mental Health Leadership
(IIMHL)**

October 2013

Best practice in Infant Mental Health

This *Make it so* contains some of the policy documents and research reports; key international and national agencies and websites focusing on this area.

It is noteworthy that some countries do have policies that focus specifically on this area while others tend to include infant mental health under child and adolescent issues.

The information gained has been taken from the websites of IIMHL countries and other agencies devoted to this topic. It is not a definitive literature search but rather a quick look at the policies, activities and issues facing countries today.

We hope that you find this useful.

Janet Peters and Fran Silvestri

IIMHL

Introduction

As noted on the Maternal and Early Years website from Scotland:

“The early years play a large role in determining mental health through childhood and beyond. A mentally healthy child is one with a clear sense of identity and self-worth, the ability to recognise and manage emotions, to learn, play, enjoy friendships and relationships, and deal with difficulties. A wide range of interrelated factors play a role, such as individual, family, wider society and environmental issues.

A child’s wellbeing is the result of healthy development within a nurturing environment. In the early years, infants make emotional attachments and form relationships that lay the foundation for future mental health. Attachment relationships are particularly important and have far-reaching effects on developing emotional, social and cognitive skills”.

There is good evidence for a range of interventions that can mitigate experience of inequalities and promote mental health and wellbeing.

<http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing#policy>

International agencies

The World Association for Infant Mental Health (WAIMH)

This is one of the most well-known agencies in the world. WAIMH's mission promotes education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers.

This agency is a not-for-profit organization for scientific and educational professionals. WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations, and to generate and disseminate scientific knowledge.

More specifically, WAIMH seeks to facilitate:

- Increased knowledge about mental development and disorder in children from conception to three years of age
- The dissemination of scientific knowledge about services for care, intervention and prevention of mental disorder, and impairment in infancy
- The dissemination of evidence-based knowledge about ways to support the developmental transition to parenthood, as well as the healthy aspects of parenting and caregiving environments.

- The international cooperation of professionals concerned with promoting the optimal development of infants, as well as the prevention and treatment of mental disorders in the early years
- Aspects of research, education, and interventions in the above areas

Content areas that guide members in accomplishing WAIMH's goals include the following:

- Development of infants and families
- Psychopathology of infancy and toddlerhood
- Interventions, both preventive and therapeutic
- Parent and caregiver education
- Professional education and knowledge exchange
- Cultural influences
- Biological influences
- Social and public policy.

WAIMH pursues its goals by:

- Organizing international congresses and regional meetings;
- Publishing Perspectives in Infant Mental Health (formerly, The Signal), a quarterly Professional Publication;
- Sponsoring the Infant Mental Health Journal;
- Supporting existing and new regional and/or national affiliates;
- Maintaining an information repository Web site;
- Collaborating with other organizations;
- Establishing task forces, study groups, and committees;
- Carrying out special projects.

<http://www.waimh.org/i4a/pages/index.cfm?pageid=1>

Other International agencies

European Society for Child and Adolescent Psychiatry (ESCAP) <http://www.escap-net.org/>

International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) <http://iacapap.org/>

World Health Organization (WHO) <http://www.who.int/en/>

IIMHL COUNTRIES WORK IN INFANT MENTAL HEALTH

Australia

Australian Federal Government

Ten year roadmap for national mental health reform

This is the overall policy document for Australia

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-roadmap>

Framework for the national perinatal depression initiative 2008-09 to 2012-13

The Australian Government has committed \$55 million over five years to support the implementation of the National Perinatal Depression Initiative. This investment will contribute towards improving the prevention and early detection of antenatal and postnatal depression, and providing better care, support and treatment for expectant and new mothers at risk of or experiencing perinatal depression.

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-perinat-toc~mental-pubs-f-perinat-ind>

Websites and reports

Maternal and Infant Health

Ensuring that women are as healthy as possible during their pregnancy is important to guarantee the best possible start in life for their child. This webpage outlines some of the major activities which are being undertaken by the Australian Government towards improving maternal and infant health.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Maternal+and+Infant+Health-2>

National Evidence-Based Antenatal Care Guidelines

The Guidelines are designed to support Australian maternity services to provide high-quality, evidence-based antenatal care to healthy pregnant women. The Guidelines will assist health care professionals who contribute to antenatal care including: midwives, general practitioners, obstetricians, maternal and child health nurses, Aboriginal and Torres Strait Islander health practitioners, Aboriginal and Torres Strait Islander health workers,

multicultural health workers, practice nurses, sonographers and allied health professionals. The recommendations cover a wide range of care including routine physical examinations, screening tests and social and lifestyle advice for women with an uncomplicated pregnancy.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-antenatal-care-index>

COAG Mental Health Early Intervention Measure – Early Childhood Component: Study to Scope Potential Service Delivery

A project undertaken jointly by Early Childhood Australia and the Secretariat of National Aboriginal and Islander Child Care. This study aimed to scope potential delivery settings for early childhood services and mental health support for young children.

[http://www.commcarelink.health.gov.au/internet/main/publishing.nsf/Content/F4C084E76EE2CD62CA25754D007A21F9/\\$File/earsco.pdf](http://www.commcarelink.health.gov.au/internet/main/publishing.nsf/Content/F4C084E76EE2CD62CA25754D007A21F9/$File/earsco.pdf)

Promoting the Mental Health and Wellbeing of Children and Young People.

This section of a document outlines the workforce implications for young people. It is split into 4 sections: [prenatal](#); [early childhood](#) (0-5 years); [middle childhood](#) (5-12 years); and [youth](#) (12-24 years). At each developmental stage, the relevant workforce and services that should be involved in collaborative care are highlighted. Strategies specific to achieving collaborative care at each development stage are also listed.

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-colchild-toc~mental-pubs-m-colchild-7~mental-pubs-m-colchild-7-3>

National agencies

Improving the mental health of infants, children and adolescents in Australia (2011)

The Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) has been advocating for a greater focus on the mental health needs of Australian infants, children, young people and their families for over a decade.

This Position Paper describes the beliefs of AICAFMHA with regard to the promotion of mental health and associated services for children and families and summarises the international and national literature that supports the principles underpinning delivery of mental health services. The mental health of infants, children and adolescents has a significant impact on their future health and wellbeing. Evidence demonstrates that early childhood is of critical importance in establishing positive and resilient patterns to support children through youth and into adulthood. Infancy and childhood is when relationships, patterns of behaviour, emotional responses and social abilities are founded. AICAFMHA extends its commitment to advocating for the development and implementation of appropriate prevention, promotion and early intervention mental health programs and services for Australia's infants, children, young people and their families.

http://www.aicafmha.net.au/resources/files/AICAFMHA_pos_paper_final.pdf

Australian Association for Infant Mental Health

Affiliated with the World Association for Infant Mental Health, AAIMHI is a national organisation of professionals from many fields who work with infants and their families. Our mission is to work towards improving professional and community recognition that infancy is a critical time for psycho-social development, by promoting:

- Research
- Education
- Advocacy, and
- Mutual support through networking

AAIMHI holds a national conference every year, as well as other workshops and seminars, to enhance knowledge and skills about infancy, works with other agencies on advocacy and educational initiatives, responds to Government inquiries and reports relating to infancy and provides information to members through its quarterly newsletter.

We also develop position statements to support infant mental health professionals and parents. AAIMHI is an associate of the World Association for Infant Mental Health and contributes to international developments and initiatives.

The AAIMH is very well established and has 6 active branch IMH associations in New South Wales, Victoria, Queensland, Australian Capital Territory, South Australia, and Western Australia. The state branches of the Association provide education and support to multidisciplinary professionals, so they may address the health, development, and mental health needs with increasing confidence with this young, vulnerable group.

<http://www.aaimhi.org/>

Canada

Health Canada

Health Canada is the Federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances.

<http://www.hc-sc.gc.ca/ahc-asc/index-eng.php>

Maternal Child Health (MCH) programming, particularly home visiting during pregnancy and the first years of a child's life, is widely recognized as an effective strategy to support parents in caring for their children. In Canada, all provinces/territories have some form of service promoting maternal child health that includes home visiting, access to prenatal supports, and assessment and identification of parents/families at risk. Canada's MCH program is built and designed based on Ontario's Health Babies Healthy Children program.

The MCH program provides a coordinated approach to maternal and child health services with strong links to Elders, nursing and other community-based programs. MCH Program elements include:

- Home Visitation: Studies have shown that home visiting by Community Health Nurses and Family Visitors positively affects the health of mothers, infants, children and families. Home visiting can improve reproductive health, children's mental health and physical growth, nutrition, health habits and lifestyle, parenting, access to social support, knowledge and service utilization.
- Integrating Culture Into Care: The prevention components of MCH care can be enhanced for families by moving beyond the scope of medically-based prenatal and postpartum services to integrate cultural values, customs and beliefs into all program components.
- Screening and Assessment: Various screening and assessment tools are used by nurses to identify the needs of families and determine the level and type of services that will benefit those most.
- Case Management helps families to get the services and supports they need. It includes early intervention, coordination of services for families and provision of culturally competent care.
- Health Promotion Strategies are used to improve maternal and child health outcomes and support healthy living.

On reserve, the Maternal Child Health (MCH) Program builds on the foundation provided by Health Canada's nursing services, the Canada Prenatal Nutrition Program (CPNP), the Fetal Alcohol Spectrum Disorder (FASD) Program, Aboriginal Head Start on Reserve (AHSOR), the Brighter Futures Initiative and the oral health program to improve health outcomes for pregnant women and families with infants and young children. The MCH program supports families in approximately 225 First Nations communities across Canada.

Input outside Health Canada:

The Breastfeeding Committee for Canada

<http://breastfeedingcanada.ca/TheBCC.aspx>

Early funded programs and services

- [Aboriginal Head Start On-Reserve Program](#)
- Canada Prenatal Nutrition Program - First Nations and Inuit Component.
- [Fetal Alcohol Spectrum Disorder \(FASD\) Program](#)
- Maternal and Child Health
<http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php>

Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months

A joint statement of Health Canada, Canadian Pediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada

<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

Mental Health Commission of Canada

This *Strategy* is about improving mental health and well-being for everyone and creating, together, a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses, and their families.

<http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf>

Websites and reports

Infant Mental Health Promotion

Infant mental health practice refers to the promotion of optimal development and well-being in infants (prenatal to age three) and their families, the prevention of difficulties, and intervention when infants are at-risk or have identified problems. The goal of infant mental health services is to ensure optimal child outcomes in terms of a sense of security and self-esteem, and the ability to form satisfying relationships, to engage with the world, to learn, to cope and problem solve, and to continue positive development throughout life. Infant mental health services strive to promote stable and supportive families and communities.

<http://www.imhpromotion.ca/>

Public Health Agency of Canada

This website outlines a wide range of activities, resources and links related to infancy and parenting.

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) offer mental health supports, providing services to children and their families who may be less likely to participate in mainstream programming or may not have ready access to health and social services. Specific mental health components of CAPC/CPNP include promoting attachment and resilience through the promotion and support of breastfeeding; increasing parent/caregiver coping skills and peer support by creating social support networks; and addressing mental health issues, such as post-partum depression.

PHAC has also developed an Infant Mental Health Promotion Pilot training project in conjunction with the Infant Mental Health Promotion program at Sick Kids. The pilot addresses learning needs in the area of infant mental health for service providers working in the Community Action Program for Children (CAPC), the Canada Prenatal Nutrition Program

(CPNP) and the Aboriginal Head Start in Urban Communities (AHSUNC) programs.

<http://www.phac-aspc.gc.ca/hp-ps/#hp>

Western Canadian Association for Infant Mental Health

WCAIM promotes research, education, and the study of emotional development and mental disorders in children from conception to five years of age. WCAIMH facilitate cooperation and sharing of information among individuals concerned with the optimal development of infants and infant-caregiver relationships. WCAIMH promotes the idea that infancy is a sensitive period in the development of the central nervous system and in the psychosocial development of individuals.

<http://www.vcn.bc.ca/wcaimh/>

National Infant, Child and Youth Mental Health Consortium

This group aims to actively engage families, caregivers, children and youth in the process of building a national mental health action plan; work and partner with key individuals, organizations and government across sectors (municipal, provincial, territorial, and federal), professional organizations and NGOs in the process of building a national action plan.

Reduce the stigma surrounding mental illness and mental health;

And focus on the following:

- Prevention and promotion
- Access to and availability of comprehensive care
- Research & Knowledge Mobilization, and
- Education

<http://www.caphc.org/mental-health-consortium/>

Infant Mental Health in Canada: Initiatives from British Columbia, Québec and Ontario

In Canada and abroad, the prevention and perinatal intervention in early childhood have made significant headway in the last twenty years. Those advances have occurred in three main clinical fields: early childhood prevention, perinatal psychiatry and psychiatric intervention with children aged 0 to 5. This article is meant for colleagues, as an overview of these three clinical sectors; it will describe some networking and knowledge transfer initiatives organized by the different Canadian groups that work with early childhood.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868558/>

England

The mental health strategy for England is **No health without mental health: a cross government mental health outcomes strategy for people of all ages.**

This document proposes work for “the early years”, examples being: increased health visitor workforce who will deliver the ‘Healthy Start’ programme and ‘Family Nurse Partnership’ programme; and Early Intervention Grant for those living in deprived areas; and, looking at ways to address key issues identified in the Achieving Excellence for Children report.

“Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises.”

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

Making mental health services more effective and accessible

This is a policy document published in 2013. Part of this related to children states: reviewing health visiting and school nursing services, to check that staff have the right training to identify and help parents, children and young people with mental health problems; and by 2014, develop a new online service to provide guidance and training on child mental health for teachers, police, health professionals and other people working with children.

<https://www.gov.uk/government/policies/making-mental-health-services-more-effective-and-accessible--2>

Giving all children a healthy start in life

This is another relevant policy document. *“What happens to children before they are born and in their early years can affect their health and opportunities later in life. And those who grow up in a safe environment and have a healthy relationship with their parents are more likely to do better as they go through life. We want to do more to help children who grow up in the most at-risk families and to help parents give their children the best possible care. We also want to help children be as healthy as possible by preventing illness, and encouraging healthy behaviours from pregnancy onwards”.*

<https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life>

Websites and reports

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Examples relevant to infant mental health are below.

<http://www.nice.org.uk/>

Guideline: Social and behavioural wellbeing: Early years

This guidance aims to define how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education.

<http://publications.nice.org.uk/social-and-emotional-wellbeing-early-years-ph40>

Guideline: Antenatal and Postnatal mental health

This guideline makes recommendations for the prediction, detection and treatment of mental disorders in women during pregnancy and the postnatal period (up to 1 year after delivery). It includes advice on the care of women with an existing mental disorder who are planning a pregnancy, and on the organisation of mental health services.

<http://www.nice.org.uk/guidance/CG45/NICEGuidance>

Ireland

Department of Health

- Policy formulation in the area of Mental Health and suicide prevention.
- Facilitate and monitor implementation of '*A Vision for Change*' – *the Report of the Expert Group on Mental Health* and '*Reach Out*' – *the National Strategy for Action on Suicide Prevention*.
- Monitor and evaluate HSE performance in relation to mental health services.
- Ongoing monitoring of the Mental Health Acts 2001 and 2008 and the appropriateness of the Mental Health legislative framework.
- Oversight of Mental Health Commission

http://www.dohc.ie/about_us/divisions/mental_health.html

A Vision for Change

This report sets out a comprehensive policy framework for our mental health services for the next 7-10 years.

It notes: "There is considerable evidence to show that early identification of behavioural difficulties and early implementation of family support programmes promote better mental health outcomes for children at risk. This report recommends that programmes addressing risk and protective factors early in life should be targeted at child populations at risk, e.g. being in a family with low income and education levels. There are numerous examples of best practice in this area including the *Community Mothers Programme*, and *Life Start Scheme Programmes*, which have proven benefits for children in disadvantaged areas". (p.86).

http://www.dohc.ie/publications/pdf/vision_for_change.pdf?direct=1

Websites and reports

Young Ballymun: Pioneering Prevention & Early Intervention

This is a Prevention and Early Intervention strategy that delivers a series of integrated services for children, young people and families.

Examples include:

- Ready, Steady, Grow (0-3 year olds, their parents, services that work with this age group) - See more at: http://www.youngballymun.org/our_work/our_work/#sthash.yufBKioy.dpuf
- Incredible Years (parents of 3-10s, all primary school pupils, with particular focus in junior and senior infants, and primary level teachers) - See more at: http://www.youngballymun.org/our_work/our_work/#sthash.yufBKioy.dpuf

Irish Association for Infant Mental Health

The most significant IMH effort has been in Cork Health Services, beginning in 2006, with the establishment of an infant mental health service in primary care by two psychologists. Their efforts led to intensive infant mental health and cross-disciplinary training through the HSE and at the university level, seeding the awareness of infant mental health and expansion of early intervention programming in other parts of Ireland, including youngballymun and Wexford. The psychologists in Cork established the Irish Association for Infant Mental Health and have been responsible for annual infant mental health training and conferences since its inception. The strongest infant mental health programming and presence is under the Cork HSE .

Catherine Maguire, President Irish AIMH, catherine.maguire@hse.ie

Affiliated with the World Association for Infant Mental Health, IAIMH is a non-profit national organisation of professionals from a range of disciplines, who work with infants, toddlers and their families. IAIMH's **mission** is to raise awareness about the social and emotional development of babies and toddlers and the importance of early caregiving relationships including the role of families, community and culture. It also supports education, training, research, clinical practice and policy development in the area of infant mental health.

<http://iaimh.ie/>

Babies can't wait - Infant & Early Childhood Mental Health Intervention

Three psychologists in Wexford are using Infant Mental Health to work with the youngest clients being referred into their services. By promoting the development of healthy attachments between infants and caregivers, their aim is to break negative family patterns

and provide the foundation stone for the development of positive mental health and well-being throughout the lifespan.

<http://www.mentalhealthireland.ie/information/infant-mental-health.html>

Barnardos

This is a **children's charity**. They work with [vulnerable children](#) and their families in Ireland and [campaign for the rights of all children](#).

New Zealand

Mental Health Strategy

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017

Rising to the Challenge provides direction to the mental health and addiction services on Government priority areas for mental health and addiction service development over the next five years.

The Plan focuses on four key areas:

- making better use of resources
- improving integration between primary and secondary services
- cementing and building on gains for people with high needs
- delivering increased access for all age groups (with a focus on infants, children and youth, older people and adults with common mental health and addiction disorders such as anxiety and depression).

The information below comes from the section on children and youth:

Actions within existing resources

This section describes priority actions for the next five years to make better use of current resources for infants, children and youth. Table 10 summarises the priority actions and accountabilities. It is followed by a more detailed description of each action.

Children and youth: priority actions (from Rising to the Challenge, p.41)

Action	Accountability
Continue to support health promotion activities to raise awareness of the importance of healthy social and emotional development for infants and toddlers	Ministry of Health

Pilot evidence-informed parenting programmes	Ministry of Health
Lead the cross-agency Youth Mental Health Project	Ministry of Health
Enhance the delivery and integration of specialist mental health and AOD services within primary care, schools and other child health services	DHB and NGO providers of specialist infant, child and youth mental health and AOD services
Enhance the responsiveness and flexibility of specialist child and youth mental health and AOD services	DHB and NGO providers of specialist infant, child and youth mental health and AOD services
Support a coordinated response to meeting the needs of children in care	DHB and NGO providers of specialist infant, child and youth mental health and AOD services
Support a coordinated, multi-agency response for youth with complex interagency needs	DHB and NGO providers of specialist infant, child and youth mental health and AOD services
Improve the responsiveness of schools and primary care, maternal, child and youth health services	Primary care, maternal, child and youth health service providers
Implement youth-centred models of care within primary care	Primary care providers

Use of reprioritised, demographic or previously approved government funding

The services summarised in Table 11 and described below are priorities for making better use of public funds. As the availability of these services currently varies around the country, this list offers a guide to DHBs so that they can apply any resources for new services to address local gaps in relation to these priorities.

Table 11: Building resilience and averting future adverse outcomes for infants, children and youth: priority services (p.44)

Service	Accountability	Funding source
Mental health promotion programmes focusing on how families and whanau can support infant social and emotional development and on youth mental health	Ministry of Health	Reprioritised existing funding
Electronic self-management tools for youth (Youth Mental Health Project)	Ministry of Health	Previously approved government funding allocated
Youth-specific prevention programmes	Ministry of Health	Reprioritised existing funding
Dedicated primary mental health and AOD programmes for youth (Youth Mental Health Project)	Ministry of Health	Previously approved government funding allocated
Specialist mental health services for high-needs families and whanau with	DHBs	Reprioritised existing funding or new demographic

infants

Programmes for children of parents with mental health and addiction issues

DHBs

Reprioritised existing funding or new demographic

<http://www.health.govt.nz/publication/rising-challenge-mental-health-and-addiction-service-development-plan-2012-2017>

Te Tāhuhu

Te Tāhuhu: Improving Mental Health outlines Government policy and priorities for mental health and addiction for the 10 years between 2005 and 2015, and provides an overall direction for investment in mental health and addiction.

<http://www.health.govt.nz/publication/te-tahuhu-improving-mental-health-2005-2015-second-new-zealand-mental-health-and-addiction-plan>

Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand

Healthy Beginnings provides guidance for district health boards, other health planners and funders and providers of perinatal and infant mental health and alcohol and other drug (AOD) services on ways to address the mental health and AOD needs of mothers and infants and their families. This document provides guidance on improving the range, quality and national consistency of perinatal and infant mental health services in New Zealand and their integration with primary care, maternity, child health and other social services.

The document is designed to:

- encourage and disseminate good practice
- assist, over time, with the achievement of greater consistency in the quality of services and the way they are delivered across the country
- provide guidance on cost-effective models of care to assist DHBs to make best use of resources.

<http://www.health.govt.nz/publication/healthy-beginnings-developing-perinatal-and-infant-mental-health-services-new-zealand>

Websites and reports

Infant Mental Health Association Aotearoa New Zealand (IMHAANZ)

The aims of IMHAANZ are:

1. Promotion of an increased recognition of the mental health needs of infants within their families
2. Dissemination of resources on infant mental health, from a wide variety of disciplines, through seminars, workshops and conferences
3. Strengthening the links between New Zealand professionals working with infants and their families

4. Discussion and sharing of questions, problems, issues, information, and theories regarding the field of infant mental health
5. Linking New Zealand professionals to international research and practice in infant mental health, infancy and family studies
6. Promotion of the development of scientifically based programs of care, primary prevention and intervention in infancy
7. Supporting and generating New Zealand research accessible to all

<http://www.imhaanz.org.nz/>

The Werry Centre for Child and Adolescent Mental Health

The Werry Centre for Child and Adolescent Mental Health is a national centre and is based in the Department of Psychological Medicine at the University of Auckland. It is multidisciplinary and multicultural.

The aims of the Werry Centre are to improve the mental health of New Zealand young people by:

- providing training of a high quality to mental health professionals;
- promoting research in child and adolescent mental health;
- advocating for mental health needs of children and adolescents in New Zealand; and
- supporting the child and adolescent mental health workforce nationally.

The Centre was named after Professor John Werry who was the foundation Professor of Psychiatry at the University of Auckland. John is one of the most distinguished academics and researchers in child and adolescent psychiatry in Australasia and is internationally acclaimed. He has been a tireless advocate for child and adolescents with mental health problems in New Zealand for many years.

<http://www.werrycentre.org.nz/?t=277>

Two projects from the Werry Centre are:

1. Addressing the social and emotional needs of infants in Counties Manukau District Health Board: The CMDHB Infant Mental Health Project

The purpose of this report is to provide the following: (1) an overview of infant mental health and the developmental principles that need to be considered in the development of effective systems to meet the social and emotional needs of young children; (2) a stock-take of programmes currently providing services that target families with children between 0 and 3 years of age in Counties Manukau District Health Board (CMDHB); (3) a critical review of national and international programmes that provide early interventions that specifically target varying levels of developmental risk to infant mental and physical well-being; (4) a discussion that integrates the above findings and makes recommendations for the development of a service to address the social and emotional needs of infants in CMDHB.

http://www.werrycentre.org.nz/site_resources/library/Sector_Resources_and_Publications/Infant/IMH_Report_Literature_Review.pdf

2. Interventions for infants and pre-schoolers with mental health problems: A summary of reviews

In this report, reviews of evidence for interventions for actual disorder have been summarised; this is not a review of all individual studies of all interventions for all disorders in this age group. As well as exploring approaches for problem areas, the author searched specifically for two groups of interventions: 1) those with broad acceptability and/or use within New Zealand, Australia or elsewhere and 2) those specifically designed for New Zealand populations, and especially any designed for Māori and Pacific populations and have included a summary of the evidence about these interventions.

http://www.werrycentre.org.nz/site_resources/library/Sector_Resources_and_Publications/Infant/IMH_review_of_reviews_2009.pdf

Brainwave Trust

Brainwave is a charitable trust which exists to educate New Zealanders about the latest research in neuroscience in the early years of life, and the importance this has to determining how a child's brain develops, and whether they will become capable, contributing, well-adjusted adults. The site has a wealth of scholarly material.

Child Forum

New Zealand's only national early childhood education network. It provides information on all types of early childcare and education, including parenting and home care. It disseminates unbiased information on early childhood research, news and education.

Centre for Attachment

The Centre for Attachment (CFA) is a New Zealand-based agency dedicated to providing support, education and training for families, organisations and communities on optimal child development and attachment. The site contains high quality resources on attachment and related issues of relevance to parents and professionals.

Scotland

Mental Health Strategy for Scotland: 2012-2015¹

Activity in this area is consistent with commitments and priorities detailed in the [Mental Health Strategy for Scotland: 2012-2015](#).

Also in the [Early Years Framework](#) and the National Parenting Strategy, [Equally Well](#), [Achieving our Potential](#), the [Curriculum for Excellence](#), a range of NHS Scotland's [Quality](#)

[Indicators](#) and is relevant to Scotland's national practice model for child-centred services - [Getting it Right for Every Child](#).

<http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing#policy>

Websites and reports

The Policy context in Scotland was summarised by Galloway (2010)² who states:

It is a clear advance that infant mental health is now firmly embedded in Scottish public policy. Its promotion forms part of the current national mental health strategy, Towards a Mentally Flourishing Scotland (2009). The overarching policy framework for this is provided by GIRFEC (2006) the integrated interagency approach for improving outcomes for children, and the linked social policy frameworks for the Early Years (2008), health inequality and child health (Equally Well, 2008, HALL 4, 2011), and poverty (2008, 2011). These have been developed by more focused strategies and action plans such as the Early Years Parenting Task Group (2008), Pre-birth to three (2010) and A Pathway of Care for Vulnerable Families 0-3 (2011).

Each of these areas of social policy has been informed by evidence about attachment and infant brain development. They are also rooted in a social model of mental health, and an understanding that social, economic and geographic inequalities in the birth and life circumstances of children significantly amplify the risk factors including the risk of mental health problems”.

http://www.nspcc.org.uk/Inform/policyandpublicaffairs/scotland/briefings/infant-mental-health_wdf90999.pdf

Infant mental health: a national picture 2012

This report summarises the Infant Mental Health conference held in March 2012 in Irvine, Ayrshire. It includes an introduction to infant mental health for professionals working with, or on behalf of, children and families in any capacity.

<http://www.nhsaaa.net/media/130253/imhconfrep.pdf>

Maternal and Early Years

This website notes: The positive mental health and wellbeing of children and their parents during the first few months and years of a child's life enable their future health and attainment. There is good evidence for a range of interventions that can mitigate experience of inequalities and promote mental health and wellbeing.

<http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing>

Well Scotland

This website has an array of links for infant mental health.

<http://www.wellscotland.info/search#k=infant%20mental%20health>

Public Awareness Campaign

National Society for the Prevention of Cruelty to Children (NSPCC)

In November 2011 they launched our *All babies count* campaign to highlight the vulnerability of babies and to call for better and earlier support for new parents. As one of the [NSPCC's seven priority areas of work](#), they have launched innovative services to protect babies and support parents.

The first phase of the campaign has called on everyone - the public, professionals and governments - to pledge their support and help protect all babies from abuse and neglect. They received record levels of support with over 44,000 people adding their name to the call on governments.

http://www.nspcc.org.uk/news-and-views/our-news/campaigning-news/12-05-09-all-babies-count-campaign/all-babies-count-campaign_wda89273.html

WAIMH Conference 2014

The 2014 World Association for Infant Mental Health Congress is being held in Edinburgh, Scotland's famous and beautiful capital city, and will showcase innovative research and clinical practice in Infant Mental Health from around the world.

<http://waimhcongress.org/>

Sweden

As Sweden is a new member of IIMHL I have put in a brief background to government and policy.

Few countries are considered to have as strong local governments as the decentralised Sweden, both politically and legally. The self-governance of the local governments is grounded in the constitution, which states a strong autonomy and a general sphere of authority. As the welfare state has grown in size, so have the duties of local governments.

https://gupea.ub.gu.se/bitstream/2077/23911/1/gupea_2077_23911_1.pdf

Sweden is divided into 290 municipalities, 20 county councils which include the regions of Gotland, Halland, Västra Götaland and Skåne. The current Local Government Act, which came into force in 1992, defines the roles of municipalities, county councils and regions as follows:

- The main task of the county councils and regions is healthcare.
- The Swedish Parliament, or Riksdag, which has 349 members, is the supreme political decision-making body in Sweden.

The Swedish Association of Local Authorities and Regions whose main objective is to safeguard the interests of Swedish local and regional authorities. <http://english.skl.se/>

http://english.skl.se/municipalities_county_councils_and_regions/swedens_democratic_system

In addition Sweden has a long tradition in preventive work. Mental ill health prevention is one priority area in the Swedish health care act. Prevention of mental disorders and promotion of mental health is mentioned in most key policy documents in the field of health. The idea is that prevention and promotion should be an integrated part of the work that is undertaken in the health care sector, in the schools and at the work places. At the county level almost all county councils have adopted health plans in which mental ill health is noted as one of the largest public health problems.

http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/sweden.pdf

An officially approved mental health policy exists and was approved, or most recently revised, in 2010. Mental health is also specifically mentioned in the general health policy. A mental health plan exists and was approved or most recently revised in 2010. The mental health plan components include shifting services and resources from mental hospitals to community mental health facilities and integration of mental health services into primary care.

http://www.who.int/mental_health/evidence/atlas/profiles/swe_mh_profile.pdf

Four overall aims were set for the year 2015 (SOU 2006:100, p. 28): by that year, every municipality is to report that all individuals with severe mental illness or mental disability i) have a proper housing situation, or that an active process has started to achieve this goal; ii) have a meaningful occupation, be it work, sheltered occupation or training; iii) are offered the adequate care and support they need; and iv), that the yearly health survey shows that most people experience that they receive sufficient support to be integrated in society and that their social network is as large as they wish it to be. The means to reach these goals were an increase in social support concerning housing, case management, personal assistance and occupation, but also enlarged benefits, better rehabilitation, cooperation, research, evaluations and new state subsidies.

https://gupea.ub.gu.se/bitstream/2077/23911/1/gupea_2077_23911_1.pdf

In a comparative study of the health and well-being of children aged 0–14 published by UNICEF in 2006, Sweden ranked first among the developed countries in terms of physical health. However, UNICEF pointed to the comparatively high percentage of Swedish children who grow up with single parents and /or experience parental divorces in childhood.

Consequently, Sweden ended in second place in the overall ranking, behind the Netherlands [80].

http://sjp.sagepub.com/content/40/9_suppl/23.full.pdf+html

Website and reports

The National Board of Health and Welfare

In the National Guidelines for Care of Depression and Anxiety Disorders 2010, the National Board of Health and Welfare highlights recommendations on screening, an effective care and intervention as well as diagnosis and treatment.

<http://www.socialstyrelsen.se/nationalguidelines/nationalguidelinesforcareincasesofdepressionandanxietydisorders>

Promotion of mental health and well-being of children and young people: Making it happen

Thematic Conference Mental Health in Youth and Education Organised by European Commission and Swedish Ministry of Health and Social Affairs under the auspices of the Swedish Presidency of the Council of the European Union.

<http://www.fhi.se/Documents/Aktuellt/Nyheter/Stockholm-Youth-Conference-report-and-conclusions.pdf>

Social health inequalities in Swedish children and adolescents – a systematic review, second edition

One of the Swedish public health objectives concerns conditions during childhood and adolescence. The Swedish national institute of public health has the assignment to analyze and communicate what can be done to promote health among children and adolescents.

There is clear evidence that good social and economic conditions promote health throughout life. Conditions during childhood affect health later in life and are consequently of great importance in health promotion. Therefore, we wanted to review the evidence of social health inequalities in Swedish children and adolescents.

<http://www.fhi.se/en/Publications/All-publications-in-english/Social-health-inequalities-in-Swedish-children-and-adolescents--a-systematic-review-second-edition/>

Child day care center or home care for children 12-40 months of age. What is best for the child?

In Sweden it is common that both parents work, full- or part-time. Most children whose parents work are enrolled in day care centers. In 2008, the Swedish government introduced a child-raising allowance to enable parents to stay at home with their children after the standard period of paid parental leave has ended.

With this as a background, the Swedish National Institute of Public Health conducted a literature review in order to examine what is the best for the child in the preschool years

between 12-40 months of age. Child outcomes from day care centers versus home care experiences were captured using measures of cognitive and socio-emotional development.

<http://www.fhi.se/en/Publications/All-publications-in-english/Child-day-care-center-or-home-care-for-children-12-40-months-of-age-What-is-best-for-the-child/>

USA

SAMHSA

As the leading Government agency SAMHSA has supported the writing of several reports relating to this area. Infant mental health is in policy documents with more emphasis to be made in the near future.

Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems Substance Abuse, and Trauma: A Community Action Guide

<http://store.samhsa.gov/shin/content/SMA12-4726/SMA12-4726.pdf>

Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations

This 222 page resource includes information on the important of infant mental health work

http://www.samhsa.gov/children/508compliant_Identifying_MH_and_SU_Problems_1-30-2012.pdf

Caring for Every Child's Mental Health

This public awareness effort was created in 1994 with the mission to increase awareness around children's mental health. The "Caring for Every Child's Mental Health" team works to support SAMHSA-funded sites through the strategic use of social marketing and communications strategies. The overarching purpose of the team is to stimulate support for a comprehensive system of care approach to children's mental health services.

<http://www.samhsa.gov/children/>

Websites and reports

US World Association for Infant Mental Health

The US WAIMH Collaborative is made up of all of the US WAIMH affiliates/associations, numbering over 30 at this time. Significant to the strength of these affiliates is the growing

interest in best practice standards through the Michigan Association for Infant Mental Health (MI-AIMH) Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health.

At this date, 16 US WAIMH affiliates/associations have licensed the use of these competency standards and the endorsement under their own state names, changing policies, practices, training and research specific to the developmental and mental health needs of children 0-3 and their families. These associations (Alaska, Arizona, Colorado, Connecticut, Idaho, Indiana, Kansas, Minnesota, New Mexico, New Jersey, Oklahoma, Rhode Island, Texas, West Virginia, Wisconsin, Virginia). are informally referred to as "league of states," and provide cross disciplinary focus on infant mental health including early care and education, health, mental health, and child welfare professionals at multiple levels of service. Close to 1,000 professionals have earned recognition through this endorsement.

<http://www.mi-aimh.org/waimhaffiliates>

Zero to three

This is a national, non-profit organization that provides parents, professionals and policymakers the knowledge and know-how to nurture early development. Their mission is to ensure that all babies and toddlers have a strong start in life.

<http://www.zerotothree.org/public-policy/newsletters/new-samhsa-community-action.html>

ZERO TO THREE and WAIMH infant mental health leaders developed and ZERO TO THREE published the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3) in 1994 and a revised edition in 2005. Its diagnostic categories draws on the expertise of a multidisciplinary group of experts from around the world and is intended to enhance practitioners' abilities to prevent, diagnose, and treat mental health problems in the earliest years.

For additional information: www.zerotothree.org, www.waimh.org, and www.zerotothree.org/bookstore

The Michigan Association for Infant Mental Health (MI-AIMH)

This agency has been in existence for the past 37 years. Its mission is to promote infant mental health; to nurture relationships for all infants, toddlers and their families through training, education, policies and research. The first IMH association and largest organization of its kind, membership numbers over 600 annually.

Of additional importance, MI-AIMH owns the Infant Mental Health Journal (IMHJ). Available online and in print, *the IMHJ* publishes peer-reviewed research articles, program descriptions/evaluations, clinical studies, and book reviews that focus on infant social-emotional development, caregiver-infant interactions, contextual and cultural influences on infant and family development, and all conditions that place infants and/or their families at risk for less than optimal development.

Furthermore, the Michigan Department of Community Health has offered infant mental health services to infants, toddlers and families since 1980. The services are delivered by mental health therapists, primarily in the home, to promote social and emotional well-being and to reduce the risk of social and emotional disturbances, relationship disorders, delays and dysfunction in the early years. Prevention, intervention, and treatment strategies are specific to enhancing infant mental health. Additional information about these services can be found at: For a copy of the language in the Medicaid Provider Manual requiring a Level II or Level III MI-AIMH endorsement (see the chapters on “Maternal Infant Health Program” and “Mental Health/Substance Abuse”): www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Michigan Department of Community Health

The Michigan's Social and Emotional Tool Kit, 0-8 years. The infant mental health community in Michigan created much of the language for the guideline for social and emotional well-being for children 0-3. The toolkit is available to parents, family members, physicians, and communities at www.michigan.gov/socialandemotionalhealth

For information about the Michigan Association for Infant Mental Health Competency Guidelines® and Endorsement® and participating league states: www.mi-aimh.org/endorsement

Kids Mental Health Info.com

In this website you will find information and resources for parents and caregivers to help them understand the important issues involved in the mental health of children ages birth to 5. We also give information specific to infants, toddlers and pre-schoolers. This section provides an extensive [resource library](#) filled with [publications](#), [facts and figures](#), [links](#) and [frequently asked questions](#) specific to infant/early childhood mental health issues.

<http://www.kidsmentalhealthinfo.com/infant-early-childhood.php>

Web Resources for Infant and Early Childhood Mental Health

Infant Mental Health Associations by State, as well as national and international links.

<http://supportunitedway.org/children/connectedbeginnings/web-resources>

Markers that Matter: Success Indicators in Early Learning and Education

This new report developed by FSG with support from the W.K. Kellogg Foundation, distills a set of 48 early childhood indicators that reflect healthy development of young children. The report also highlights 10 emerging themes, areas that are not sufficiently addressed by existing indicators and where further inquiry is needed.

<http://www.fsg.org/tabid/191/ArticleId/936/Default.aspx?srpush=true>

Harvard University from Neurons to Neighborhoods: The Science of Early Childhood Development.

A key report from the past was the Institute of Medicine and National Research Council Committee on Integrating the Science of Early Childhood Development, which produced the landmark report in 2000, In addition Harvard has a range of reports on this topic from the Centre on the Developing Child.

http://developingchild.harvard.edu/about/history_and_current_context/

Infant mental health Pinterest board

This shows many resources available around the country.

<http://www.pinterest.com/sarahmar120/infant-mental-health/>

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