Northern Health and Social Care Trust

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REFORM AND MODERNISATION PROGRAMME

Infant Mental Health Strategy

September 2017

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Foreword

In response to the Infant Mental Health Framework for Northern Ireland April 2016, the Northern Trust is committed to working to promote infant mental health across our services. Infant Mental Health is the term often used to describe healthy social and emotional development in infants and young children during the first years of life. This strategy represents the Trust's commitment to improve approaches and interventions that contribute to infant mental health.

Over the last ten years, evidence from research has shown that the first three years is a crucial timeframe in which to optimise this due to the rapid period of brain development. Early childhood experience and the quality of parenting relationships have a major impact on healthy development and positive mental health throughout life. The legacy of poor attachment relationships, childhood adversity and toxic stress are apparent across services that provide care to vulnerable babies, children and families. This underlines the importance of a clear, cohesive approach to prevention and early intervention in infant mental health across the lifespan.

This strategy is influenced by key UK reports and policies which embed the principles related to the area of infant mental health. Notably, this includes the work of the Wave Trust in their report Conception to Age 2– The Age of Opportunity (Hosking, 2014) as well as Graham Allen's report of 2011, Early Intervention: Smart Investment, Massive Savings (Allen, 2011). It is aligned to the six outcomes of the OFMDFM 10 year strategy for children (DHSSPS, 2011) as well as the NI public health strategy Making Life Better (DHSSPS, 2014). It also complements NHSCT supporting families and safeguarding strategies (NHSCT, 2015; 2016).

It is informed by insight, knowledge and evidence from the practice of a broad spectrum of professionals, disciplines and agencies who continue to support the social and emotional development of young children in the Northern area. It is important to acknowledge the diverse multi-disciplinary and multi-agency work of practitioners and partners in this field. For this reason, I asked the steering group to develop a strategy and action plan which is both practical and achievable and reflects the full range of multi-disciplinary and multi-agency practice.

The Trust Strategy for Infant Mental Health articulates the vision and direction for services and support across the continuum of care. This will include a plan for delivery and implementation outlining the way we will work together to improve the mental health of young children and families throughout the Trust area.

Marie Roulston

Divisional Director of Women, Children and Families Division

Executive Director of Social Work

Introduction

'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)

The significance of early childhood experience has become an important public health issue. Infant mental health is synonymous with healthy social and emotional development during the first years of life for an infant and their family. Research shows that the areas of the brain that control social and emotional development are most sensitive to the influence of external experiences during the first three years (National Scientific Council on the Developing Child, 2004). This is a rapid period of emotional and cognitive growth in babies and a critical period when mothers and fathers can optimise their child's social and emotional development.

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 and 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).

Much of the emerging evidence in this area is referred to as Adverse Childhood Experiences (ACEs). ACEs describe all forms of abuse, neglect and traumatic experience in childhood. This includes parental separation, domestic violence, mental illness, substance misuse and imprisonment (NSC, 2015). International findings first established the relationship between stress and trauma in early childhood and the development of risk factors for disease and adverse behavioural, health and social outcomes across the life course (Felitti et al., 1998).

Findings from the first UK study in 2013, show how strongly cumulative risk factors in childhood impact on health and social wellbeing in the population (Bellis et al., 2014). Evidence that ACEs place a major burden on public services supports the shift in UK policy toward investment in prevention and early intervention. It is, therefore, imperative that we as a Trust have a clear strategy to improve outcomes for infants and young children.

Key Issues:

- **Understanding infant brain development, mental health and the significance of early childhood experience and relationships.**
- **Knowledge about Adverse Childhood Experiences and increased risk to health and well-being outcomes across the life course.**
- **Knowledge of factors that affect attachment and the promotion of secure attachment relationships.**
- **Understanding the impact of infant-parent interaction to healthy social and emotional development.**
- **Understanding the significance of protective factors in mitigating poor outcomes and promoting parenting knowledge and skills.**

Context

The NHSCT Infant Mental Health Strategy is aligned to priorities set out in public health policy in Northern Ireland. This includes the overarching framework for public health, Making Life Better (DHSSPS, 2014), as well as the regional Infant Mental Health Framework (PHA, 2016). Both focus on the significance of early childhood and take a 'life course' approach. Integral to service delivery are: Healthy Child, Healthy Future (DHSSPS, 2010) which details the universal child health service; the Strategy for Maternity Care (DHSSPS, 2012); the Integrated Perinatal Mental Health Care Pathway (2012, 2017); and the Stepped Care model for needs-led CAMHS provision (DHSSPS, 2012).

Early intervention is prioritised in a number of key government strategies and reports such as DHSSPS Families Matter: Supporting Families in Northern Ireland (2009) and affiliated NHSCT strategies: Strategy for Supporting Families and the Strategy for Safeguarding Children from Abuse and Neglect (NHSCT 2015; 2016). This strategy seeks to strengthen the focus on prevention and early intervention. It takes a 'whole child' approach (OFMDFM, 2016) in considering infant mental health in context of the family and community around the infant.

Priority Groups

The Trust is committed to improving how we work with all babies and young children and their mothers, fathers and carers in order to address the opportunities and needs for all children in the Northern area. Specific groups of children and families in our population are vulnerable to poor outcomes and experience a greater level of health inequalities.

- 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.

Principles

The Trust is committed to the principle of partnership working. This will promote the healthy social and emotional development of infants across Trust services and with partners in the statutory and voluntary sectors. The Northern Trust is involved in key strategic and local partnerships and remains fully committed to the participation of parents and children in planning and evaluation.

This includes Children and Young People's Strategic Partnership (CYPSP) and the Northern Childcare Partnership (NCCP).

It is important for the Trust to acknowledge the contribution of all services who work with infants, children and their parents and carers in the Northern area. We recognise that the delivery of effective services requires multi-disciplinary and multi-agency partnership working involving a wide range of services. As such, infant mental health should be integrated into 'everybody's business' (PHA, 2016, p.13). It includes prevention, perinatal care, child development, child protection, psychological and family support, crisis resolution, community support and inpatient care.

Child Health Profile

The following profile provides a snapshot of children's health in NHSCT and how it compares to the regional average. This includes indicators relevant to infant mental health as a public health issue and is significant to multi-agency approaches locally.

Indicators	NHSCT	NI	UK	Data source
Children 0-18 years	108,624(23%)	432,015(24%)	11,581,000 (21%)	NISRA/ONS[1]
Children 0-4 years	3,646 (7%)	126,673 (7%)	4,028,000 (6%)	NISRA/ONS[1]
Live births	5845	24,301	776,159	CHS/NIMATS/ NISRA[2]
Infant mortality (n/rate per 1000 live births)	23 (3.9)	118 (4.8)	3219 (4.0)	CHS/NIMATS/ NISRA[2]
Pre-term infants < 37 weeks gestation	359 (7%)	1874 (8%)	54,330 (7%)	CHS/NIMATS/ NISRA[2]
Low birth weight <2,500g	362 (6%)	1459 (6%)	56,066 (7%)	CHS/NIMATS/ NISRA[2]
Smoking during pregnancy	861 (14%)	3630(15%)	88,874 (12%)	CHS/NIMATS/ NISRA[2]
Births to teenage mothers	176 (3.0%)	839 (3.4%)	25,296 (3.2%)	CHS/NIMATS/ NISRA[2]
Breastfeeding at discharge (partial/total)	5,822 (44.5%)	10,997 (46%)	471,561 (58%)	CHS/NIMATS/ NISRA PHA/NHS ENGLAND[2]
Children living in poverty	24,983 (23%)	116,212(26.9%)	3,126,870(26.9%)	NISRA/ RCPCH[3]
Children who are victims of domestic violence <18 years	428 (27%)	1575	N/A	PSNI[4] 2014/15
Child deaths by suicide <18 years (n/rate per 1000)	8 (n/a)	59 (4.3)	6045 (4.2)	NISRA [1] ONS[5] 2010-2014
Self-harm related diagnosis admissions to Emergency Departments (<18 years)	86	1465	110,960	DHSSPS[6]
Looked after Children 2013/14	642	2890	93,319	DHSSPS[7]/ NSPCC[8]
Child Protection Register 2015-16	544	2098	57,345	DHSSPS[7]/ NSPCC[8]
Children in Need 2016	4986	24,698	N/A	HSCB[1]

1. http://www.cysps.org/information-support/
2. http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=-4&themeName=Making+Life+Better http://www.publichealth.hscni.net/statistics; https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding_1617Q3_v0.5.xlsx#T1_Init_National!A1
3. http://www.rcpch.ac.uk/index.php?q=child-health/standards-care/health-policy/child-mortality/child-mortality
4. https://www.womensaidni.org/assets/uploads/2012/01/domestic-violence/domestic-violence-statistics/police_recorded_crime_in_northern_ireland_1998-99_to_2014-15.pdf
5. http://www.samaritans.org/sites/default/files/kcfinder/files/research/Samaritans%20Suicide%20Statistics%20Report%202014.pdf http://www.ons.gov.uk/ons/dcp171778_351100.pdf
6. http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/briefing_papers/series5/ohagan041115.pdf
7. https://www.health-ni.gov.uk/sites/default/files/publications/health/qcps-tables-q3-16-17.XLSX
8. https://www.nspcc.org.uk/services-and-resources/research-and-resources/statistics/
9. http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=-4&themeName=Making+Life+Better

Table 1: NHSCT Child Health Profile

Key Points:

- Children and young people under the age of 18 years make up 23.3% of the population of the Northern Health and Social Care Trust area. There are around 6,000 new births every year. A third of births are to first-time parents (2013/14)[1,2].
- Infant mortality rates in NI are the highest in the UK. In NHSCT, most areas have seen an increase in infant deaths with a significant increase in Antrim in 2013/14 (9.8 compared to 4.6 per 1000 live births in NI)[1,2].
- 7% of infants born in NHSCT were pre-term in 2014/15 increasing the risk of infant death and morbidity. 15% of mothers in NHSCT smoked during pregnancy which is similar to the NI average[2].
- In 2014, births to teenage mothers represented 3% of all live births. The teenage pregnancy rate in NI is worse than the England average. 176 teenage mothers gave birth in NHSCT in 2013/14 and Coleraine had the highest rate in the Trust[1,2].
- NI still has the lowest breastfeeding rate in the UK. 45% of women in NHSCT were breastfeeding on discharge in 2014/15 (total/partial)[2].
- 4,179 families in NHSCT with dependent children are living in the most deprived areas (Super Output Area, SOA). Absolute Low Income Poverty affects 30% of children in Cookstown and Magherafelt, and 27% in Ballymena and Coleraine[9]. This compares to 26% of children in NI living in Absolute Poverty in 2013-14.
- During 2015-16, there were 544 children on the Child Protection Register in NHSCT. 149 children were on the register as a result of neglect; 153 experienced physical abuse; and emotional abuse was cited in 56 cases. 67 were babies less than 1 year, while 262 were 1-4 years old. The Northern HSC Trust had received the largest amount of referrals for Children in Need, accounting for 25% of the overall total[7].
- 1575 children (0-18 years) were victims of domestic violence in NI in 2014/15 which includes 428 children and young people in NHSCT (27%)[4]. The rate per 1000 children in NHSCT is 3.3 compared to 3.6 in NI[1].
- There were 86 self-harm related diagnosis admissions to Emergency Departments in young people less than 18 years in NHSCT. This compares to 1,165 admissions in this age group in NI in 2013/14[1].
- There were 8 deaths as a result of suicide of young people under the age of 18 in NHSCT in 2014 and 59 across NI[1].

Working Together

The journey of the child and family through NHSCT services was mapped out at key contacts (Figure 1). This highlights the interface of services onwards from adolescence and the pre-natal periods. It is important in identifying opportunities to address infant mental health issues in practice and in creating the conditions for staff to work more effectively together. It also shows the range of potential opportunities for practitioners to engage mothers and fathers on practical aspects of parenting that support children's emotional and social development.

NHSCT Services:
Infant Mental Health Continuum of Care

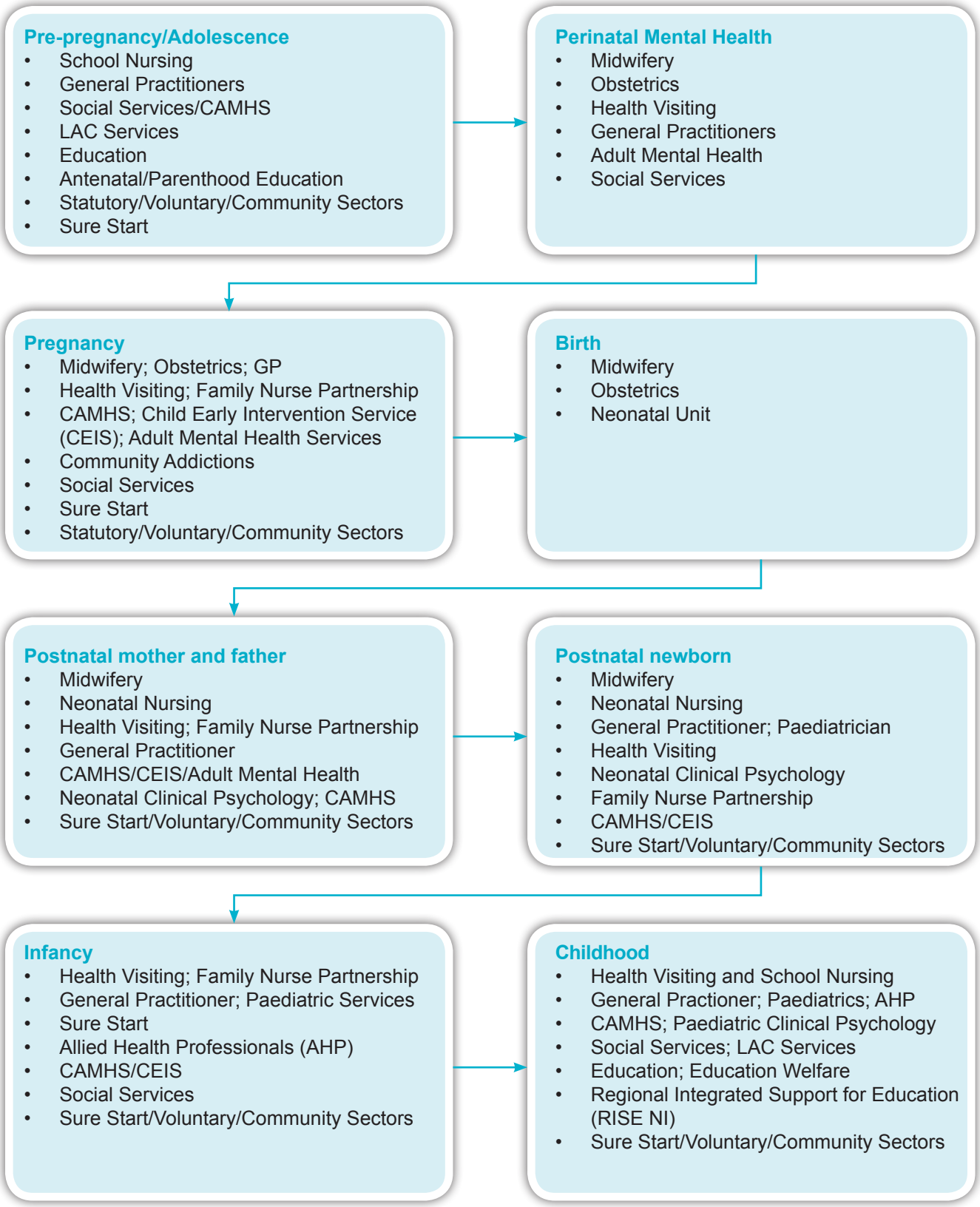

Figure 1: NHSCT services map

Aim

The NHSCT 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.

Objectives

1. Raise awareness

Raise awareness of the current research evidence and policy which highlights the importance of infant mental health. This should focus on increasing mothers', fathers' and practitioners' knowledge and understanding of the importance of brain development, early experience and secure attachment. This means that services and communities can respond earlier to the social and emotional needs of infants, parents and families.

2. Workforce development

Equip professionals to support mothers and fathers to promote positive mental health and assess and identify the signs of early infant mental health problems. Provide practitioners with the knowledge and skills to support families to access services, which can provide additional and/or specialist intervention and support at an early stage.

3. Improved integration of services

Ensure an integrated, collaborative approach to how we work together when responding to the needs of infants, children and families who should receive clear, consistent information across disciplines, organisations and sectors.

4. Promote good practice and service development

Provide a support structure that encourages an evidence based or evidence informed approach with creativity and innovation in practice and service development across the spectrum of services.

Outcomes

Develop a framework to guide and measure outcomes in the area of infant mental health, which will influence future service provision.

Objective 1: Raise Awareness

There are crucial opportunities to convey to mothers and fathers the significant impact that secure and loving relationships have on children's social and emotional health and development. Activities that increase knowledge and understanding of infant mental health have an important contribution to make to the Trust's vision and agenda for the promotion of infant mental health. We focus on the significance of infant brain development, parent-child interaction and secure attachment, as well as minimising and preventing the negative long term impact of growing up with trauma, neglect, or abuse. We want to support services and communities to respond earlier to the needs of infants, mothers, fathers and families.

Opportunistic brief interventions in the antenatal, perinatal and postnatal periods, as well as home visiting, are known to be effective in providing support and information to expectant and new parents (NHS Scotland, 2012). A range of services offer assessment, support and intervention including speech and language therapy, adult psychiatry, child and adolescent mental health services (CAMHS), social services and partner organisations.

The provision of information and preparation for parenthood should begin before conception. This should be further developed and strengthened in the antenatal period. Staff will be supported and encouraged to impart strong and consistent messages in their discussions with mothers and fathers. Information should be appropriate to the needs of parents and families with different levels of understanding and ability and can be delivered in a range of settings. Strategies that promote close physical contact such as bonding activities during pregnancy, early skin-to-skin contact and breastfeeding should be supported. Responsive parenting supports secure attachment and the quality of parent-infant relationships can be enhanced by practical every-day activities such as talking, reading and play.

Key Actions:

1. 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.

2. The NHSCT steering group will lead on the promotion of infant mental health considering innovative and creative ways to raise awareness across sectors.

3. Trust level policies and strategies should apply evidence on infant mental health and the importance of the early years on later outcomes where appropriate.

4. New technologies and social media should be considered, alongside traditional methods, to promote the dissemination of key messages to support mothers, fathers and practitioners in caring for babies.

Objective 2: Workforce Development

Competent and confident staff who understand the evidence and research that underpins infant mental health practice in early infancy are vital to the successful delivery of this strategy. Mothers and fathers are the main influence on their children's mental wellbeing. Effective parenting is crucial to giving children the best start in life. At different times, however, parents will need help, support and guidance. Staff must identify and respond to the needs of parents and children as early as possible to prevent long term negative impact.

The Trust's strategy will ensure collaborative working across statutory, community, and voluntary sectors to provide the best possible outcomes for children and families. The Trust Infant Mental Health Strategy will explore the development of integrated care pathways, with defined and simplified points of entry to specialist services. These should be integrated with other referral pathways including child and family services (PHA, 2016).

Key Actions:

1. 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.

2. 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.

3. Commitment to supporting practitioners to embed training into everyday practice through coaching and mentoring, supervision and consultation.

Objective 3: Improved Integration of Services

The need to promote good infant mental health practice is key to ensuring that the Trust's vision of positive outcomes for all children is achieved more easily. This is viewed as an investment in the future of all our children. Throughout the life course, practitioners can facilitate positive infant mental health across a range of settings. We will support the development and continuation of the important interface between services delivered by the Trust.

The key timeframe for healthy attachment and healthy social and emotional development is thought to be between 0 and 3 years (PHA, 2016). Significantly, factors that influence infant mental health are considered much earlier than birth. The promotion of infant mental health is, therefore, relevant across all Trust based services and disciplines working with infants, parents and carers. We identified a clear trajectory of services across the life course that shows how and when services intersect (Figure 1).

Key Actions:

1. 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.

2. 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

All practitioners should use opportunities to promote infant mental health as part of everyday practice by encouraging and supporting secure attachment. This is applicable to all practitioners working with families.

The Trust recognises the importance of supporting innovation and creativity in staff and facilitating evidence based practice in our work with parents. Quality service provision in parenting work requires skilled staff with the ability to identify factors that may lead to difficulties in attachment. This is in line with standards set out in Transforming Your Care: Vision to Action (DHSSPS, 2013) and Our Children and Young People - Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006 – 2016 (DHSSPS, 2006).

The principles set out in this strategy seek to address the needs of infants and parents using multi-agency and multi-faceted approaches. This should begin as early as possible in assessment, support and intervention to ensure the best outcomes for all children. The promotion of positive infant mental health and a focus on parent/child relationships should begin as early as possible with a balance of universal, targeted and specialist services that are sustainable.

Key Actions:

1. The UNICEF UK Baby Friendly Initiative will continue to be promoted as a model of best practice in NHSCT.

2. The Trust will encourage, promote and share evidence based and evidence informed 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.

Outcomes

The Trust is committed to using a framework that evidences outcomes to support the development and delivery of high quality services that make positive differences to parents, children and families. The Trust will demonstrate progress towards our goals by capturing approaches, activities and innovation through the implementation of an action plan across services.

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.

Summary

This strategy has set out the Trust's response to the Infant Mental Health Framework for Northern Ireland, April 2016. The Northern Trust is committed to working to promote infant mental health across our services and has set out a number of key themes and objectives along with key actions. A number of key actions are identified and will be incorporated into a detailed action plan which, over the period 2017-2020, will be implemented in order to make this strategy a reality.

The action plan will be developed and implemented through continued partnerships within and beyond the Trust in recognition of the regional framework which states that 'infant mental health is everybody's business'.

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Our Vision

To deliver excellent integrated services in partnership with our community

If you would like to give feedback on any Northern Trust services please contact:
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Our Values