Embedding the Science of Infant Mental Health in Practice and Policy

Infant Mental Health Promotion IMHP

Executive Summary

Ontario is a vibrant province diverse in its communities ranging from large urban settings to rural communities that span a great geographic distance. The diversity of Canadian communities underscores the need to work locally with agencies and experts to determine how the science and best practices for infant mental health can be effectively embedded into policies, programs and services.

While some aspects of mental health services may be well designed or under construction in some regions, an inclusive and coordinated system of infant mental health services is in itself in it's infancy. Building on the findings of an environmental scan conducted by IMHP of a sample of Ontario communities and subsequent recommendations included in the recent *Supporting Ontario's youngest minds: Investing in the mental health of children under 6* report, (Clinton, et al., 2014 p. 21) it is evident that:

- Practitioners in the field of infant mental health come from a wide range of backgrounds and sectors that may be outside of traditional mental health services. The level of training among staff delivering services varies, and there is an inconsistent understanding of what infant and early childhood mental health means.
- The types of early mental health care, including a variety of access points, tools, and interventions available to young children and families in direct service settings varies among agencies. The extent to which these services are accessible also varies.
- Agencies use a variety of screening and assessment instruments to understand family needs and develop treatment plans. A systematic protocol for regular screening and assessment to support mental health and typical development is not consistently in place, and initiatives vary between agencies and sectors.
- While internal referrals for service delivery within agencies appear to be relatively fast, wait times for referrals between agencies to obtain external assessments and mental health services are reportedly an average of four to six months, with wait times for services ranging from six weeks to a full year. This poses significant barriers to access to services, with young children often "aging" out and losing eligibility for the recommended services during the early years.

In December, 2014, the Public Health Agency of Canada (PHAC) provided funding to Infant Mental Health Promotion at the Hospital for Sick Children to create a collaborative, community-based process to further explore the issues at play for direct service delivery agencies.

Through this project, IMHP consulted with five communities in Ontario (Niagara, Simcoe, Muskoka and Parry Sound, Ottawa, and Regent Park Toronto) to gain a better understanding among all agencies and sectors concerned with infant mental health as to the existing gaps or barriers, opportunities for improved service delivery, and potential solutions for inter-systemic supports. Common themes emerged across communities about infant mental health practices, policies, services and in relation to the knowledge and competencies of those working with this young population and their families.

Key Findings/ Recommendations

1) The current system of supports for families is fractured. Increased communication and transparency between sectors is imperative.

- Each sector would benefit from clearly defined roles (i.e. prevention, intervention, treatment) and a common language across sectors.
- Adopt the Zero to Three Infant Mental Health Task Force (2014) definition of infant mental health and an understanding of core concepts:

  "Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

  - *promotion of healthy social and emotional development;*
  - *prevention of mental health problems; and*
  - *treatment of the mental health problems of very young children in the context of their families.*

- Create and implement the dissemination of a universal brief/ pamphlet for physicians and practitioners to use with families that informs of key messages about developmental milestones, the importance of early mental health and responsive caregiving relationships for babies. Encourage all agencies in the region to use these documents to support a common language and understanding.
- Explore how to strengthen coordinated, targeted messaging around parenting, child development and infant-early mental health to reach families more effectively in the public. The location of these messages is essential in reaching the families who may not otherwise access services or be aware of services available. Leverage existing parent and professional education initiatives.

2) Practitioners working with infants and families often do not have specific expertise or knowledge of infant mental health and early development.

- Build capacity and enhance the skills of frontline practitioners and clinicians to make observations of infant and toddler development, recognize the risk for early mental health and respond to concerns with appropriate services.
- Explore and identify both strengths and limitations in infant mental health expertise in your region's services. Look to engage children's mental health services in a collaborative discussion on building capacity for infant mental health treatment.
- Promote existing and/ or implement more multi-sector opportunities for staff to be coached on communicating and sharing information with parents about normal development and developmental concerns.
- Engage and begin a conversation with the post-secondary sector and professional associations to share knowledge of early mental health and encourage the inclusion of key topics in curricula across disciplines, for example, working with parents with unresolved trauma and how it can affect their parenting capacity. Explore the development and delivery of an Infant Mental Health Program at your local college/ university.
- Explore building capacity specific to infant mental health as new staff are hired.

3) Screening initiatives, protocols and tools for developmental screening and observation including social and emotional aspects of mental health are not consistently available or used.

- Increase early screening opportunities across sectors (physicians, early learning and care settings, child welfare, public health, etc.). Explore existing initiatives that could be adopted or adapted in your community, e.g., implementation of developmental screening clinics.

- Ensure that the tools used are robust and include a strong social-emotional component. Explore the inclusion of the *Ages & Stages Questionnaires®, Third Edition (ASQ-3™) A Parent-Completed Child Monitoring System* (Squires & Bricker, 2009) and the *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE™) A Parent Completed Child Monitoring System for Social-Emotional Behaviors* (Squires, Bricker & Twombly, 2002) tools in in developmental assessments. Explore how existing tools and resources can include a stronger focus on infant and early childhood mental health concerns.

- Review admissions and follow-up forms (which document the child's history) and explore if possible how to embed infant mental health/ screening and/ or assessment components.

4) Agencies are often unaware of existing programs and services.

- Conduct environmental scans to identify current prevention and early intervention programs, service availability, mandates, efficacy, and capacity for infant/ preschool development in the community with a focus on those addressing early mental health and parent support.

- Ensure that all community agencies, sectors and disciplines are included in environmental scans. Working documents should be shared with the community to ensure the inclusion of services as they are being mapped. As a community, review the environmental scan and referral pathways together once they are complete.

- Coordinate existing scans between the Mental Health Transformation Table and public health agencies to determine overlaps or gaps.

5) Transparency is key to collaboration and effective referral.

- Develop a "local developmental services pathways" reference document for parents/ families and community partners (i.e. health and social services) outlining local services available for prenatal to three years of age for early development, screening, assessment, prevention, intervention and treatment. Included in the pathways document should be:
    - Agencies and programs serving infants, toddlers, and families
    - Screening tools and initiatives being used in your region.
    - Intervention and treatment services that require a formal referral from a physician.
    - Services/tools that can be accessed by front-line practitioners.
    - A clear protocol for referral and transitions between services.

6) Wait lists are a significant barrier to effective access to intervention and treatment.

- Explore opportunities to strengthen co-located models/services for mental health and addictions for vulnerable populations.

- Implement interim strategies and provide resources for families while transitioning into/ between services.

- Explore what strategies can be presented to families, including implementation of a developmental support plan and/ or systematic referrals to supportive services such as HBHC, while they wait for specialized care.

- Broaden mandates of agencies to include prenatal components.

7) Existing protocols do not facilitate effective follow up with clients.

- Identify strategies including but not limited to the use of a shared record system to increase system capacity for follow up and coordination of referrals for universal, early indicated intervention, and treatment. Explore how a shared record system can be used to enhance coordinated referrals, early intervention and treatment.

- Develop a form of passport document and/ or shared electronic record for families for when they visit physicians, nurses, and other support services. Explore existing models of developmental passports from other sectors (e.g. health care) that could be replicated for early mental health services.

8) There is little existing data on early mental health, prevalence, and program efficacy.

- Explore evaluation of programs, services and tools used to serve infants, toddlers, and families. Measure critical outcomes for children, not just quantitative measurement. Evaluate the number of referrals from one year to the next.

9) Each child and family is different and client engagement is a key concern.

- Explore ways for parents/families with young children can better inform practitioners/ professionals of their needs (e.g., through a checklist document families fill out, etc.). This could include questions regarding the child's temperament and/ or the familial/ caregiving structure, for instance.

- Use the documents parents complete as an opportunity to engage, open conversation, dialogue, motivate families and to build relationships with staff. For example, the early learning and child care (ELCC) sector could look to create an "intake" resource for practitioners to learn more about a child, facilitate discussion between staff and families, and support families on a daily basis.

- Increase practitioner/ agency capacity for providing socially inclusive, empathetic, culturally and linguistically competent practices.

10) There needs to be more information regarding organizational policies and practices that support infant mental health in order to identify gaps and opportunities.

- Survey front-line practitioners and staff to gain a better understanding of staff perceptions and of the organizational policies and practices of agencies working with infants and toddlers in each community.

- Adopt a reflective supervision model that is specific to an infant mental health context.

- Develop a "Community of Practice" amongst peers and agencies to establish and support the implementation of early screening, assessment, prevention and early intervention practices.

It is evident across all communities that there is a passion and commitment to strengthen infant mental health from all perspectives and in all areas of services – policies, practice, and knowledge of those delivering service. Practitioners are excited by the science of infant mental health and are eager to integrate and embed it into their work with infants and families. There is both evidence and will for a shift in our understanding and support of infant and early childhood mental health. This is an exciting time with potential for significant change of paradigm.

References

Clinton J, Kays-Burden A, Carter C, Bhasin K, Cairney J. Carrey N, Janus M, Kulkarni C & Williams R. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from http://www.excellenceforchildandyouth.ca/sites/default/files/policy_early_years.pdf

Zero to Three Infant Mental Health Task Force (2014) Early Childhood Mental Health. (webpage) retrieved July 1, 2015) from (http://main.zerotothree.org/site/PageServer?pagename=key_mental)