

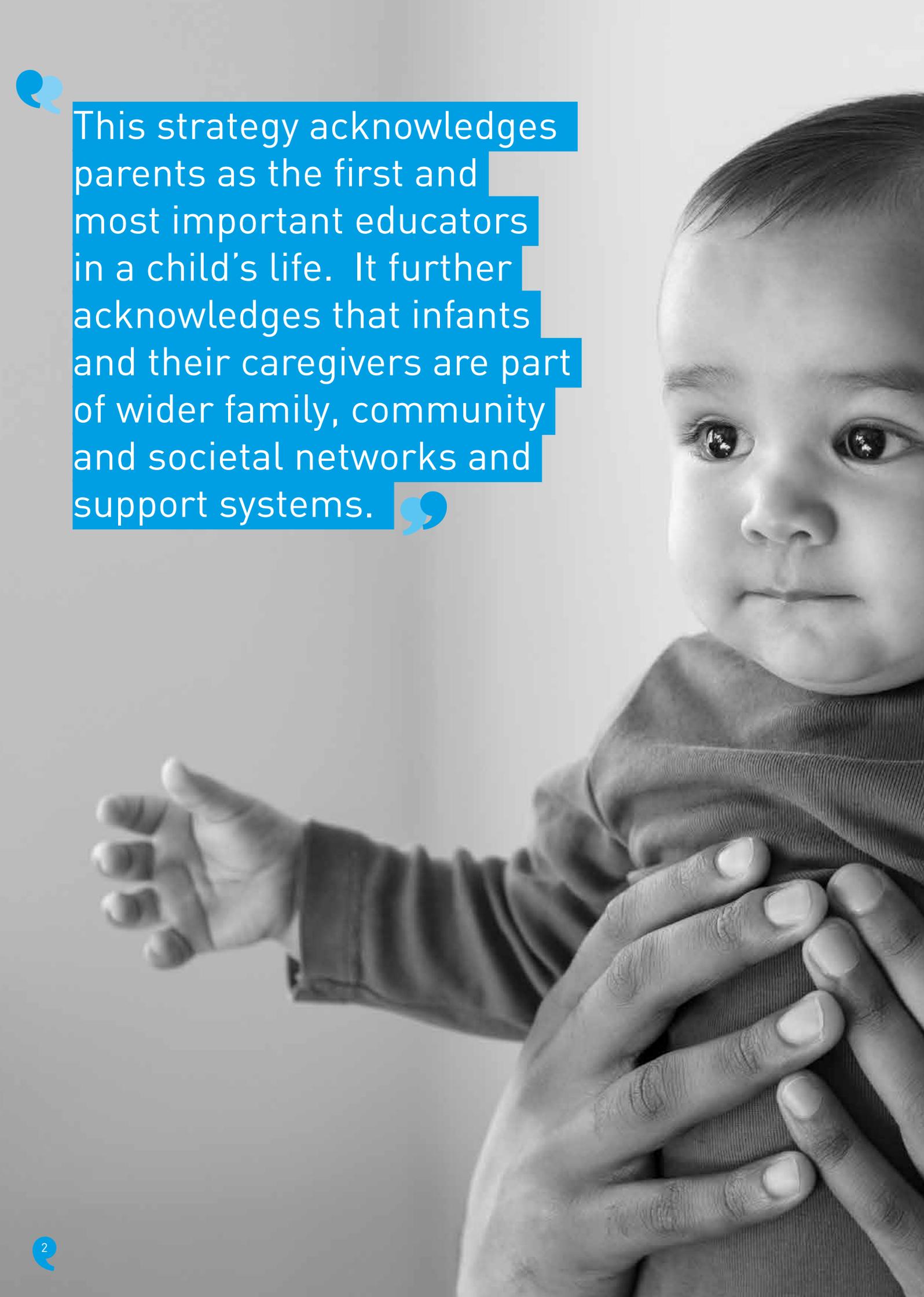
Let's Talk
about Infant
Mental Health



Infant Mental Health Strategy

for Belfast Trust Area: 2020-2025

Supporting
our babies and
families to
**reach their
full potential**



This strategy acknowledges parents as the first and most important educators in a child's life. It further acknowledges that infants and their caregivers are part of wider family, community and societal networks and support systems.



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Foreword

Infant Mental Health refers to the healthy social and emotional development in infants and young children during the first years of life. Evidence from research shows how early childhood experiences and the nature and quality of parenting relationships have a major impact on both the healthy physical development and positive mental health of children throughout their lives. This strategy highlights the Belfast Trust's commitment to improving ways in which we can support this.

Parenting while rewarding, can also be challenging. Some parents may themselves have had a challenging or difficult start to life. Some will be living through hard times such as domestic violence, illness of a child or partner, poor mental health or poverty so it is crucial that services work together to prevent or intervene early to support families. In order to improve the long-term outcomes for the whole population we must ensure that every child has the best start in life. We know that conception through the first three years of a child's life is the optimal time for brain development. We therefore need to make sure that this period is widely recognised as being crucially important and prioritised.

The Regional Infant Mental Health (IMH) Framework for Northern Ireland was published by the Public Health Agency in 2016. Representatives from the Belfast Health and Social Care Trust were involved in the development of this framework and have insured that the this strategy takes account of the objectives contained within the IMH Framework for Northern Ireland.

The Belfast Trust Area strategy is influenced by a spectrum of key reports¹ and policies, and through the insight, knowledge and practice of a range of professionals, disciplines and agencies who

provide support to children and their families on a daily basis. It is only through this diverse multi-disciplinary and multi-agency approach that the aims of this strategy can be achieved. To support the strategy we will develop an action plan to outline how we will work to improve the mental health of our children and families across Belfast.

We want this strategy to show our commitment to families to make Belfast a great place to have a baby and raise a family. It is important that services work together to intervene early to positively influence infant mental health. This will be challenging as services are funded, managed and delivered differently, however, it is our intention that the strategy will identify key priorities, and plans to be able to deliver against these.

The Belfast Trust Area Infant Mental Health Strategy provides an opportunity for a commitment and collaboration by statutory, voluntary and community organisations to promote positive infant mental health from conception through the early years of a child's life to maximise the best health outcomes for our children.

Carol Diffin
Director of Children's Community Services
Executive Director of Social Work
Belfast Health and Social Care Trust

¹ Conception to Age 2 – The Age of Opportunity (Hosking, 2014) The Wave Trust "Early Intervention: Smart Investment, Massive Savings" (Allen, 2011). It is aligned to the six outcomes of the OFMDFM 10 year strategy for children as well as the NI public health strategy Making Life Better and complements NHSCT supporting families and safeguarding strategies (NHSCT, 2015, 2016).



Introduction

What is infant mental health?

Infant Mental Health is the term often used to describe the capacity of a child during the first three years of life to:

- **form close relationships;**
- **recognise and express emotions; and**
- **explore and learn about their the environment**

(Zero to Three, 2001).

The infant brain is developing rapidly during these early years of life, particularly the areas that control social and emotional development. Because children develop, grow and thrive in the context of nurturing environments, infant mental health focuses on social and emotional development for the infant and their family. The quality of relationship between a child and their primary caregiver is central to this process.

The 'critical window' of development between 0-3 years should be clearly understood to include the ante-natal period. Choices and experiences of mothers in becoming pregnant and during pregnancy can have a significant impact on maternal and infant social and emotional health.



Our understanding of infant mental health is underpinned by the following theories:

- **Attachment:** A deep emotional connection that an infant forms with their primary care giver, which is the crucial and primary influence in an infant's development. A securely attached infant will have the social and emotional capacity to build relationships and explore the world around them (Barlow and Svanberg, 2009).
- **Self-regulation:** Self-regulation serves as the foundation for lifelong functioning across a wide range of domains. Co-regulation is defined as warm and responsive interactions that provide the support, coaching and modelling children need to understand, express and modulate their thoughts, feelings and behaviours; and is foundational for the development of self-regulation in infants (Murray et al, 2015).
- **Building Resilience:** Resilience is the ability to cope with the stress caused by challenging situations. Dr. Ann Masten, one of the leading researchers on resilience, described it as "ordinary magic" (Masten, 2001) a quality that shows itself in children's curiosity, in their ability to relate to others, and, above all, in their ability to survive and be successful even though their lives include many challenges.

Why is it important?

It is recognised by an increasing body of evidence in the field of developmental neuroscience that early childhood experience has a significant impact on later health and societal outcomes, therefore improving long-term outcomes for the whole population begins with ensuring that every child has the best possible start in life.

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 of life (NSCDC, 2004). This is a rapid period of emotional and cognitive growth in babies and a critical period when parents can optimise their child's development. Careful nurturing of healthy attachment and, hence, a child's social and emotional health between 0 and 3 years is vital to provide them with the skills necessary to form relationships and interact with society later in life.

The primary focus of infant mental health is a positive one. It is a recognition of the amazing capacity of the child and their caregiver to develop physically, cognitively and socially in a manner which allows infants to master the primary emotional tasks of early childhood without serious disruption caused by harmful events. However, this strategy acknowledges that, for a smaller number of infants and caregivers, chronic and extreme adversity can interrupt normal brain development during the early years in a way which may have a detrimental impact on an infant's social, emotional and cognitive development. (Paolozza et al., 2017).

The term Adverse Childhood Experiences (ACEs) describes a number of difficult events or experiences in childhood which can result in trauma. This includes parental separation, domestic violence, a parent suffering from mental illness, substance misuse and parental incarceration (NSC, 2015). International (Felitti et al., 1998) and UK (Bellis et al., 2014) studies have also established the relationship between ACEs and the subsequent development of risk factors for disease and adverse behavioural, health and social outcomes across the life course.

Economic arguments for prevention and early intervention are well rehearsed and increasingly valid when all public services, including our health system, are under huge financial strain. Fundamentally, however, infant mental health is about upholding our responsibilities to children and families, respecting, protecting and fulfilling their rights to be healthy and to develop to their full potential.





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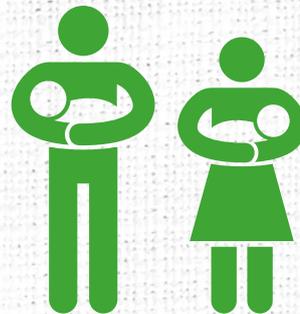
Who is this strategy for?

'Teaching parents-to-be about bonding and attachment, and the importance of holding, talking and gazing at their child, cannot be underestimated. It is possibly the single most important role that a parent has in terms of the child's emotional development yet most parents are completely unaware of how babies brains develop or what they can do to give their baby the best start in life.'

(Parentscool, Written Evidence to All Party Parliamentary Group for Conception to Age 2 – The First 1001 Days, 2015)

This strategy acknowledges parents as the first and most important educators in a child's life. It further acknowledges that infants and their caregivers are part of wider family, community and societal networks and support systems. Understanding the infant in this ecological context and recognising the 'whole child' in their many and inter-related domains of development, means that infant mental health is everyone's business.

It is critical that practitioners across the full range of services in health, social care and education are equipped to support healthy social and emotional development and that common and consistent messages are communicated to parents and prospective parents. Joined up, multi-disciplinary and cross-sectoral approaches are central to realising our aim of giving every child the best start in life. Families, friends, schools, health and social care services and systems, and indeed the wider community, continually interact with one another as they shape a child's life. This strategy and its associated actions plans should be valuable and meaningful to them all.



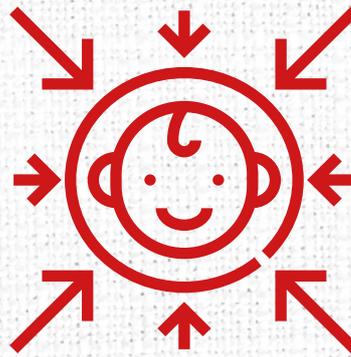


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Vision & Principles



Our guiding principles in delivering on this vision will be:

- Prevention/early intervention
- Whole child approach
- Integrated approach
- A model of care based on needs
- Evidence based/informed practice
- Co-production
- Adherence to the principles set out in other key strategies and policies informing the wider work in relation to children and families in Northern Ireland.

The vision for this strategy is to prioritise prevention and early intervention and support the development of positive social and emotional wellbeing within our services to ensure that all children living in Belfast have the best start in life.

The strategy echoes the intended outcomes of the Infant Mental Health Framework for Northern Ireland (PHA, 2016):

- Parents and practitioners, and the wider population, better understand the importance of attachment and the essential elements of positive social and emotional health in infants is better understood
- Parents and practitioners have improved skills to engage positively with infants to maximise their social and emotional development
- Practitioners are better able to respond to predictors of vulnerability in infants and families and identify early signs of delayed social and emotional development in infants and / or emotional distress
- Appropriate services are in place with clear referral pathways and are available to respond to identified infant mental health and wellbeing needs across the Belfast Trust Area.

What we want to achieve

This Infant Mental Health Strategy for the Belfast Trust Area 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 infants and their families. The strategy aims to support local implementation of the Infant Mental Health Framework for Northern Ireland (PHA, 2016) through its 3 key priority areas of work.



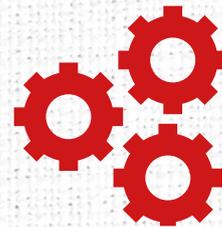
1. Sharing Knowledge & Evidence

Raising awareness of the current new research, sharing knowledge & evidence which highlights the importance of infant mental health. Our focus will be on increasing parents', carers' and practitioners' knowledge and understanding of the significance of early childhood experience and brain development. A focus on prevention and early intervention means that services and communities can respond earlier to the social and emotional needs of infants.



2. Workforce Development

Building the capacity of frontline practitioners across all relevant disciplines. We want to ensure that our workforce has the necessary knowledge and skills to support and encourage positive parenting, assess infant mental health and identify any issues and causes in a timely manner so that additional support may be provided. We want to create supportive environments that nurture the creativity and passion of our staff and allow them to put training into practice.



3. Service Development

Ensuring an integrated, collaborative approach to how we work together when responding to the needs of infants, children and families. We believe that a multi-disciplinary approach will maximise the use of existing resources and support a whole child approach. We want to build clear referral pathways and to increase our service capacity for universal, targeted and specialised support based on identified needs and evidence of effective practice.

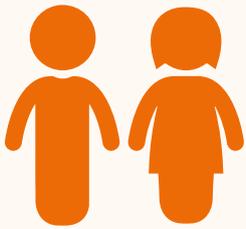


Key Belfast Statistics



Births Total BHSC
2019/2020

4147



Child
Population
2019/2020

69156 (0-17- year olds)

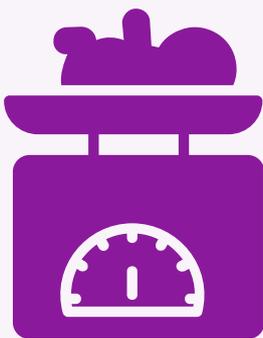
4257 (Under 1)

44107 (Age 1-4)



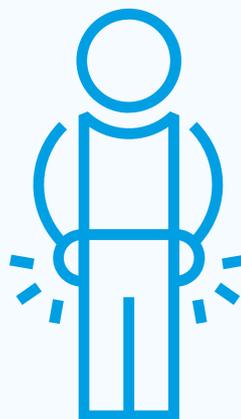
No. of
Births
to Teenage
Mothers
2019/2020
Aged 15 – 19

192



Low Birth
weight Babies
< 2500g
2019/2020

6.9%



Child
poverty
2019/2020

24%
(Department of
Communities,
19/20)



Child Protection Register 2019/2020

251



Children Looked After in Care 2019/2020

879

83% in Foster Care
8.9% Placed with Family
5.7% Residential Care
1.4% Placed for Adoption
14 of these are under 1 years old
104 of these are between 1 and 4 years old



Smoking During Pregnancy 2019/2020

19.9%



Breastfeeding Rate at Discharge 2019/2020

49%



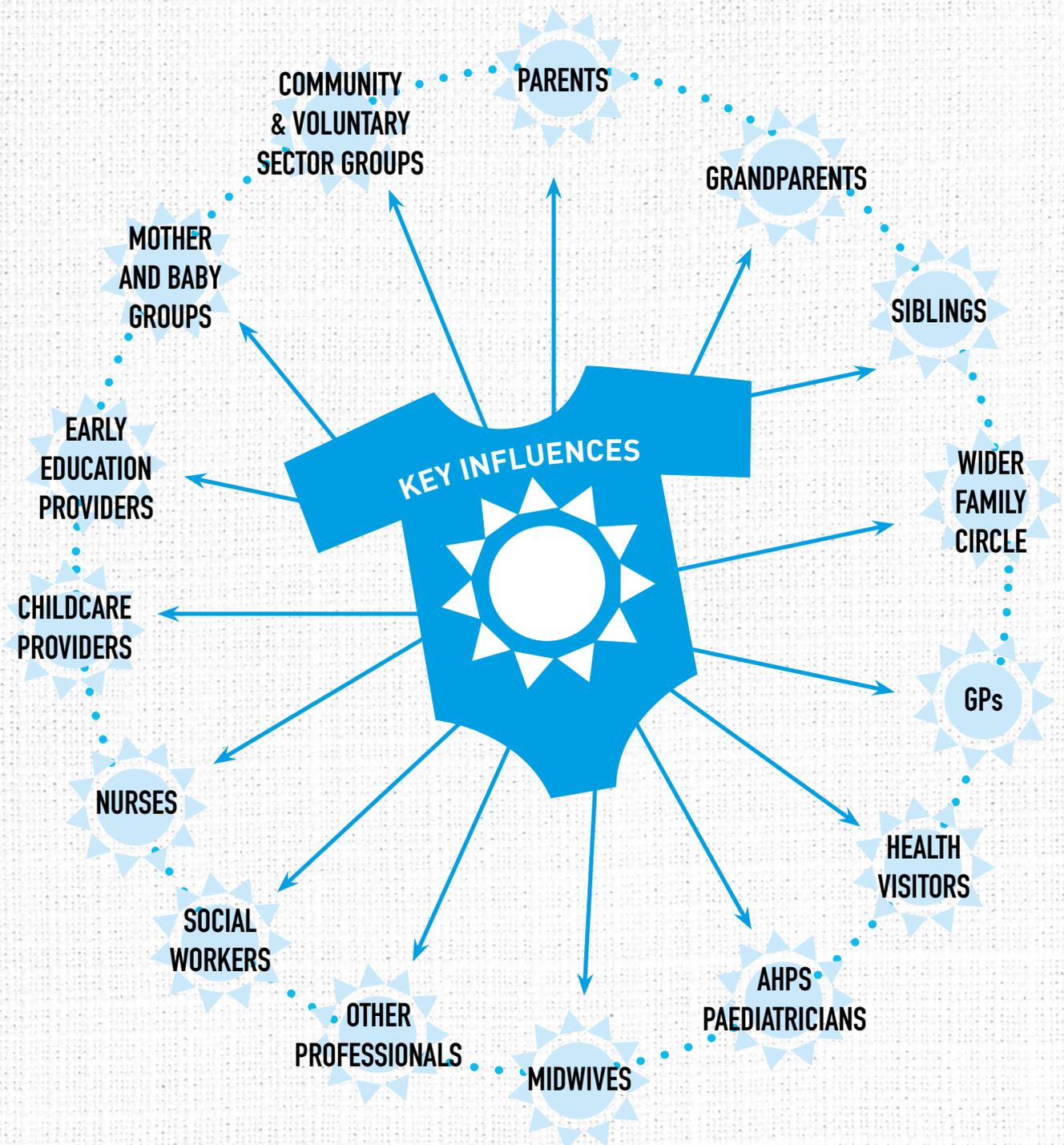
Postnatal depression

Of 20,814 births in 2019/2020 in Northern Ireland, 2814 women developed antenatal depression. (NISRA, 2020).

Who we'll work with to do it

This strategy represents a commitment by the Belfast Trust Area to working across all of our teams, services and disciplines to support the social and emotional development of infants and their caregivers by providing a continuum of care. (See Appendix 1 for detail.)

We'll do this in conjunction with parents and families themselves and with the many community and voluntary agencies who support them. Infant mental health is everyone's business and our aim is to work collaboratively, to consult and to co-produce services and supports which are informed by evidence and need.





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How we'll do it

Priority 1: Sharing Knowledge & Evidence



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 (NHS Scotland). A child's earliest relationships with their primary caregiver has been identified as key to the development of these abilities. We want to maximise the significant opportunities that this 0-3 years window of opportunity provides for both primary and secondary preventive approaches and interventions aimed at optimising parenting, and preventing early parent-child relationship problems. Our language and messaging will be consistent, accessible and based on the available evidence.

We will raise awareness of the current research, evidence and policy which highlights the importance of infant mental health. Our focus will be on increasing parents', carers' and practitioners' knowledge and understanding of the significance of early childhood experience and brain development.

We recognise parents as the first and most powerful educators and mentors in young children's lives and will undertake activities that increase their knowledge and understanding of infant mental health and the important contribution they have to make to the Trust's vision and agenda for the promotion of infant mental health. The provision of information on infant brain development, parent-child interaction, and secure attachment should begin before conception with particular emphasis on the antenatal period.

We want to ensure that services and communities in the Belfast Trust Area also have the knowledge and skills to respond earlier to the needs of infants, parents, and families, minimising and preventing the negative long term impact of growing up with trauma, neglect, or abuse. Our workforce will be supported and encouraged to impart strong and consistent messages regarding infant brain development in their discussions with expectant and new parents.

Key Recommendations:



- 1. Establish a remit for the Belfast Trust Area IMH steering group to lead on the promotion of infant mental health and consider innovative ways to share knowledge and evidence**
- 2. Agree a common language and consistency of messaging on infant mental health that is accessible to all practitioners and parents and is based on the available evidence**
- 3. Seek to ensure that infant mental health and the importance of secure and supportive relationships in the early years are acknowledged as priorities in Belfast Trust policies and strategies.**
- 4. Explore potential for new technologies and social media to be used alongside traditional methods to disseminate key infant mental health messages.**

Priority 2: Workforce Development



Central to the early identification of infant mental health issues is ensuring that all practitioners working with pregnant or new mothers, fathers (who are often overlooked) and infants, are fully equipped to promote positive social and emotional learning, as well as to identify the early signs of infant mental health problems and to seek timely help for those families at risk (PHA, 2016).

Having confident, competent, and committed practitioners who understand the evidence and research underpinning infant mental health is vital to the successful implementation of this strategy. In addition to increasing workforce skills, practitioners should have the opportunity to consolidate their new skills by attending appropriate follow up networks and practice sharing sessions, and have the opportunity

for regular supervision and peer support, hence maximising the impact for children and families.

We aim to build the capacity of frontline practitioners across all relevant disciplines and across all levels of need and service provision including universal, targeted and specialist supports. We want to ensure that our workforce has the necessary knowledge and skills to support and encourage positive parenting, assess infant mental health and identify any issues and causes in a timely manner so that additional support may be provided.

Our vision of creating supportive environments means that we nurture the creativity and passion of our staff and allow them to put training into practice in high quality service settings.

Key Recommendations:



1. **Upskill practitioners across a wide range of universal and specialist services, including health, education, social care in both statutory and community/voluntary organisations. This will include a core baseline knowledge of infant mental health for all relevant practitioners, with enhanced training for those delivering specialist services to infants and families**
2. **Continue commitment to provide access to relevant and quality infant mental health training including the Solihull Approach, Video Interaction Guidance and the Tavistock diploma in Infant Mental Health and Child Development**
3. **Support practitioners to embed training into everyday practice through supervision, mentoring, coaching, consultation and networking**
4. **Secure commitment at senior management level within Belfast Trust Area and partner agencies to progress infant mental health as an area wide priority.**

Priority 3: Service Development



Increased capacity of practitioners to identify additional needs around infant mental health will necessitate not only a clear referral pathway to identify appropriate support, but increased service capacity to meet this need. We have identified a clear trajectory of services across the life course (Appendix 1) that highlights how and when services interconnect.

Improving the support provided during the early years requires a long-term and coordinated response. Workforce development and service development therefore go hand in hand in promoting positive infant mental health and realising a balance of universal, targeted and specialist services that are sustainable.

Key to this vision will be collaborative working across the Belfast Trust Area, with families and partner agencies. We are committed to supporting the development and continuation

of the important interface between services delivered by the Belfast Trust Area and partner organisations. Factors that influence infant mental health can occur much earlier than birth. The promotion of infant mental health is therefore relevant across all services and disciplines working with infants, parents and families.

The Belfast Trust Area recognises the importance of supporting innovation and creativity and the need for evidence based practice in our work with parents. Addressing the needs of infants and parents using multi-agency and multi-faceted approaches, should begin as early as possible in assessment, support and intervention to ensure the best outcomes for all children.

Key Recommendations:

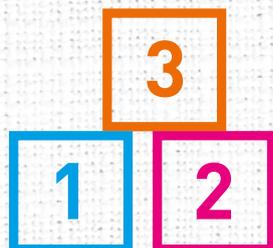


1. Ensure a multi-disciplinary, joined up approach to service delivery to maximise use of existing resources and support a 'whole child' approach. This will include dissemination of existing opportunities as well as development of new ones.
2. Adopt an evidence and needs based approach to service planning and development which recognises the need for balance between prevention and intervention, with a range of services to cover all levels of need.
3. Continue promotion of the UNICEF UK Baby Friendly Initiative as a model of best practice in the Belfast Trust Area.
4. Support the implementation of the following key strategies/ priorities which underpin the Belfast Trust Area Infant Mental Health Strategy:
 - The Regional Perinatal Mental Health Pathway
 - Making Life Better
 - Families Matter, Regional Family and Parenting Strategy.
 - Adverse Childhood Experiences (ACEs)
 - Signs of Safety
 - Trauma Informed Practice
 - Children and Young People's Strategy - 2019-2029

How we'll know we're making a difference



This strategy sets out our response to the growing body of evidence and research which shows that the quality of early childhood experiences have a major impact on healthy development and positive outcomes throughout life. The Belfast Trust Area and our partners in the community and voluntary sectors are committed to working to promote infant mental health across our services. The identified recommendations under our 3 priority areas of work will be incorporated into detailed action plans which, over the period 2020-2025, will be implemented in order to make this strategy a reality.



We will continue to link at regional level with developments on the implementation of the Infant Mental Health Framework for Northern Ireland (PHA, 2016) and to stay informed of developments at national and international level which might inform our work.

We are committed to using an outcomes based accountability framework to support the development and delivery of high quality services that make positive differences to infants, parents and families and to measuring our performance in the delivery of this strategy. We will report and share our learning on how much we have done, how well we have done it and who is better off as a result of our shared efforts.

We will develop mechanisms to ensure the voice of parents, service users and practitioners are listened to and acted on as appropriate in all stages of our development and delivery.

Appendix 1: Belfast Trust Area Services - Infant Mental Health Continuum of Care

Pre-pregnancy/Adolescence

- ✓ School nursing
- ✓ General practitioners
- ✓ Social services/CAMHS
- ✓ Looked After Children Services
- ✓ Education
- ✓ Antenatal/parenthood education
- ✓ Statutory/voluntary/community sectors
- ✓ Sure Start
- ✓ Sexual health services

Perinatal mental health

- ✓ Midwifery
- ✓ Obstetrics
- ✓ Specialist Midwife
- ✓ Health visiting
- ✓ General Practitioners
- ✓ Perinatal Mental Health Team
- ✓ Adult mental health
- ✓ Social services

Pregnancy

- ✓ Midwifery; Obstetrics; GP
- ✓ Getting Ready for Baby programme
- ✓ Health visiting; Family Nurse Partnership
- ✓ CAMHS; adult mental health services
- ✓ Community addictions
- ✓ Social services
- ✓ Sure Start
- ✓ Statutory/voluntary/community sectors

Birth

- ✓ Midwifery
- ✓ Obstetrics
- ✓ Neonatal unit

Postnatal mother and father

- ✓ Midwifery/Specialist Midwife
- ✓ Infant Feeding specialist
- ✓ Neonatal nursing
- ✓ Health visiting; Family Nurse Partnership
- ✓ General Practitioner
- ✓ CAMHS
- ✓ Sure Start/voluntary/community sectors

Postnatal newborn

- ✓ Midwifery
- ✓ Neonatal nursing
- ✓ General Practitioner; Paediatrician
- ✓ Health Visiting
- ✓ Family Nurse Partnership
- ✓ Parenting Support Service
- ✓ Sure Start/voluntary/community sectors

0-3 years

- ✓ Health visiting; Family Nurse Partnership
- ✓ General Practitioner; Paediatric services
- ✓ Parenting Support Service
- ✓ Sure Start
- ✓ Allied Health Professionals (AHP)
- ✓ Social services
- ✓ Voluntary/community sectors
- ✓ Playgroups and nurseries

Childhood

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

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