

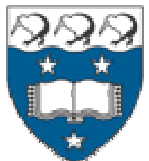


# Infant mental health A good investment

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Sector meeting  
Palmerston North  
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**THE UNIVERSITY OF AUCKLAND**  
**FACULTY OF MEDICAL AND  
HEALTH SCIENCES**



# Acknowledgements

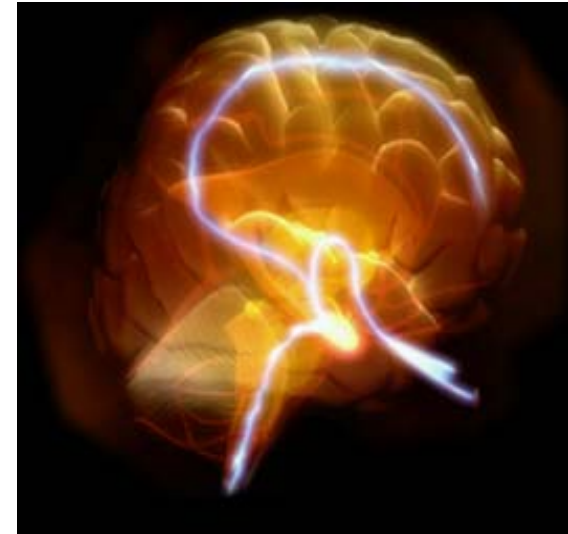
- Tania Cargo
- Trecia Wouldes
- Hinemoa Elder
- Denise Guy
- Monique Faleafa
- CMDHB

Babies are born tuned to social  
interaction



# Newborn babies brain

- More changes occur in the first 6 months than at any other time
- Stimuli to the infant are regulated both by the infant's behaviours and the behaviour of caretakers
- The brain seeks stimulation of specific kinds that will facilitate developing circuitry in the brain



# Infancy (0-3 years)

- Prenatal development of neurones
- Infancy and toddlerhood - neural fibres and synapses
- Early care-giver environment critical to brain structure and chemistry
- "use it or lose it"
- Early emotional experiences "hard wired"

# Quality of early care

- Physical development
- Cognitive development
- Social and emotional development
- Early emotional experiences impact on
  - Ability to regulate emotions
  - Cognitive development
  - Long term physical health

- 'The right brain psychobiological substrate of these functions (social and emotional) are indelibly influenced by the child's attachments to the caregivers in the first two years'
- Allan Schore

*Infant mental health is the developing capacity of the child from birth to three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children.*

***Infant mental health is synonymous with healthy social and emotional development.***”

(Zero to Three Policy Center, 2004)

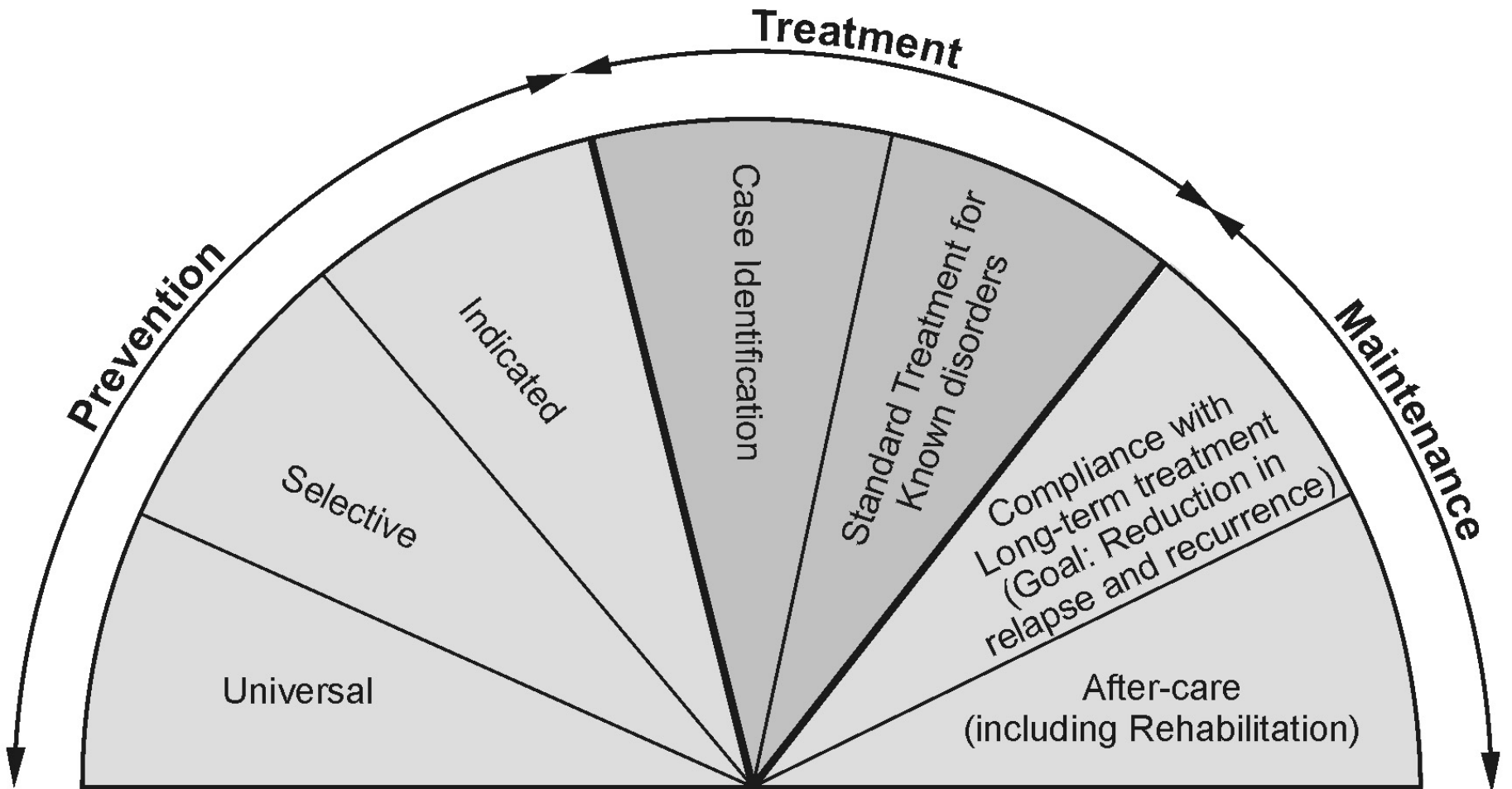
# Literature review

## Inclusion Criteria

- A focus on parenting, early social-emotional development or the parent-infant relationship as a target of intervention.
- The targeted child and or families where the targeted child was below 4 years of age.
- Demonstrate evidence of short or long term improvement in parenting and/or parent-infant relationships.
- Included participants from different ethnicities and/or had a specific policy focus on the importance of acknowledging cultural diversity in their programs.
- Reveal through sound scientific evaluation why a particular program was effective or not effective and, where possible, for which populations and under what circumstances the interventions were successful, or not.

# Limitations

- Scientific literature captures particular information
- Misses unpublished information
  - Traditional methods of parenting





# Universal

- Aimed at improving child development, parenting knowledge and behaviour, and infant mental health for all families within their service range
- Target--general public or to a whole population group that has not been identified on the basis of increased risk
- Service delivered in any setting, but are primarily found in health care, early childhood education and child care, and family support settings.

Programme	Focus of Intervention		Evidence-Based
	Child	Parent/Family	
“Driving Mum and Dad Mad”		X	***
Parents as Teachers		X	*
Parents as First Teachers (NZ)		X	*
Sure Start	X	X	**
Touchpoints		X	**
Early Head Start	X		****
Healthy Steps for Young Children	X	X	****
Medical Home	X		****
Starting Early Starting Smart	X	X	****
Bright Futures		X	**
Better Baby Care Campaign		X	

# Universal

- Parents As First Teachers
- Sure Start
- Touchpoints
  - NBAS
  - NNNS



# Universal - Integrated

- Primary Care
  - Antenatal services and/or services to women and families with children under the age of four
  - Integrated screening for adult mental health and substance abuse issues into their primary care practice
  - Integrated developmental screening for children into their routine primary care practice
  - A medical home model
  - Facilitated referrals in the context of ongoing relationships with the family and community-based providers.
  - Consideration of cultural and linguistic mix of patient population

# Universal - Integrated

- High Point
  - 8,000 patients (78% below poverty line)
  - Ethnically diverse
    - 30% White
    - 21% African American
    - 2% Alaskan Indian
    - 21% Asian, Pacific Island Families
    - 17% Latino
  - Board made up of 51% Consumers

# Universal - Integrated

- Initiatives—to support early development
  - Early Head Start - Head Start
  - Healthy Steps
    - Embedded service in Pediatricians Office
  - Medical Home
  - Starting Early Starting Smart
    - Integration of Services into other health care services
  - Bright Futures
    - Published resources

# Targeted home visitation interventions

Programme	Focus of Intervention		Evidence-Based
	Child	Parent/Family	
Nurse Home Visitation Program		X	****
Comprehensive Child Development Program		X	*
Hawaii's Healthy Start Program		X	*
Queensland Australia Home Visitation Programme		X	*
Early Start (NZ)		X	***

# Targeted prevention

- Nurse Family Program
  - low-income
  - unmarried adolescent mothers
  - White and African American
- 15 year follow-up
  - 79% fewer reports of child abuse or neglect
  - 44% fewer maternal behavioural problems due to alcohol and drug abuse
  - 56% fewer arrests
  - 56% fewer days of alcohol consumption in the 15-year-old children

# Targeted - high risk

Programme	Focus of Intervention		Evidence-Based
	Child	Parent/Family	
Family Connections Project	X	X	**
Every Child Succeeds			**
Infant and Young Children's Mental Health Pilot	X	X	**
Incredible Years	X	X	****
Sister Circles		X	
Juvenile Services Breaking the Cycle	X	X	
Teen parenting programmes		X	**

# Treatment

- Infant Parent Psychotherapy
  - Selma Fraiberg "Ghosts in the Nursery"
- Child Parent Psychotherapy (FV)
  - Alicia Lieberman, Zeanah, Osofsky, Ciccietti
- Watch, Wait & Wonder
- Circle of Security
- Parent-Child Interaction Therapy
- Mellow Parenting
- DIR - Weider & Greenspan
- Parent training programmes

# Epidemiology

## Little research internationally

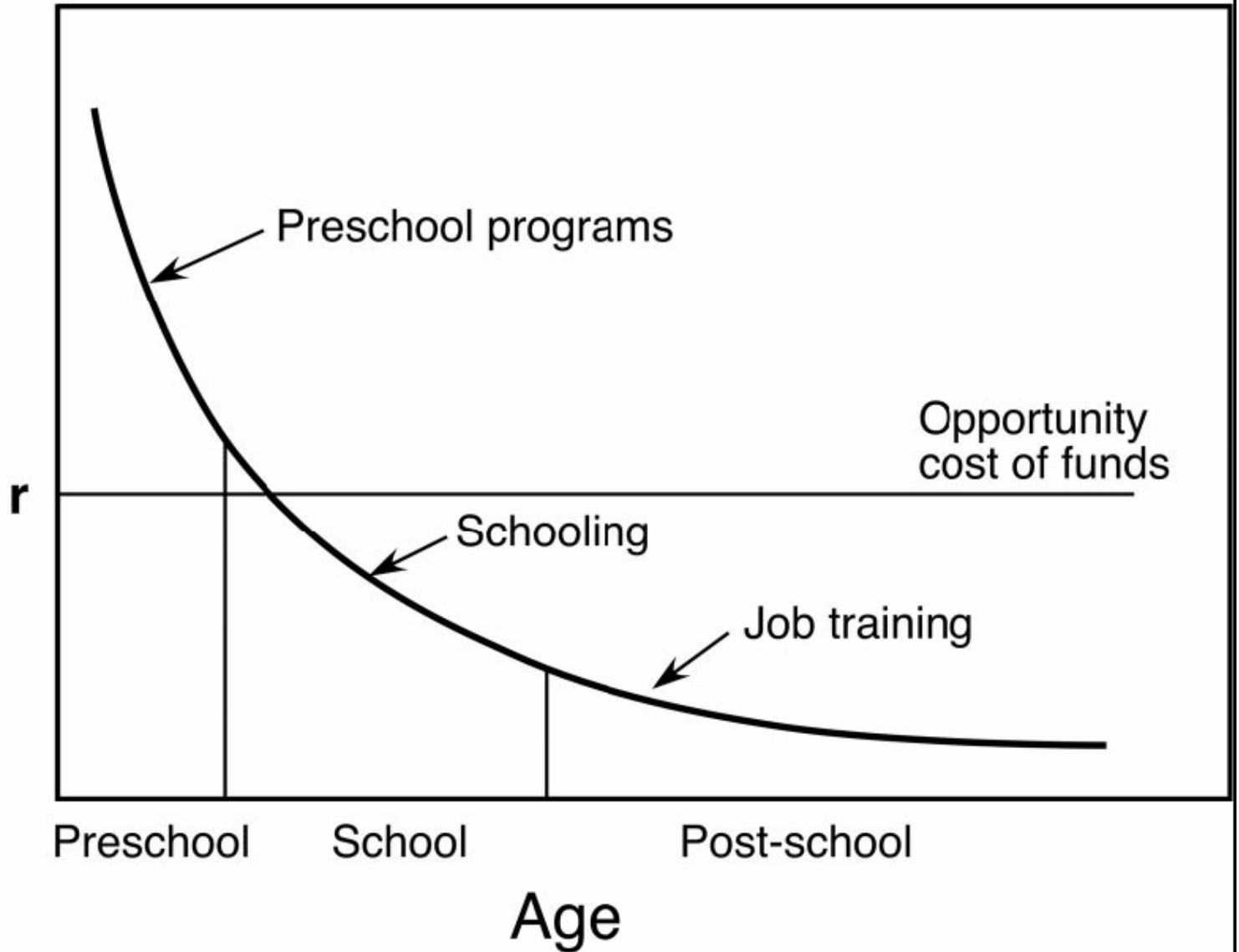
- Review McDonnell
  - Review of 7 studies
  - Mostly clinical services
  - Range 0.1-24%
- Review Roberts
  - 54 studies including preschoolers
  - Median rate 8% for preschoolers
- Copenhagen study 1  $\frac{1}{2}$  year olds
  - 211 out of 306 randomly selected children
  - 0-3 Diagnostic criteria 16-18%
  - Parent child disturbances 8%

Overall estimates are not robust but 15% as indicative

# Treatment

Programme	Focus of Intervention		Evidence-Based
	Child	Parent/ Family	
Infant-Parent Psychotherapy	X	X	**
Child Parent Psychotherapy for Family Violence	X	X	****
Watch, Wait and Wonder	X	X	***
Parent-Child Interaction Therapy	X	X	****
Circle of Security	X	X	**
Mellow Parenting	X	X	**
Developmental, Individual-Differences, Relationship-Based Model (DIR)	X	X	**
Parent training programmes		X	****

Rate of Return to  
Investment in Human Capital





promotion



prevention



assessment



treatment

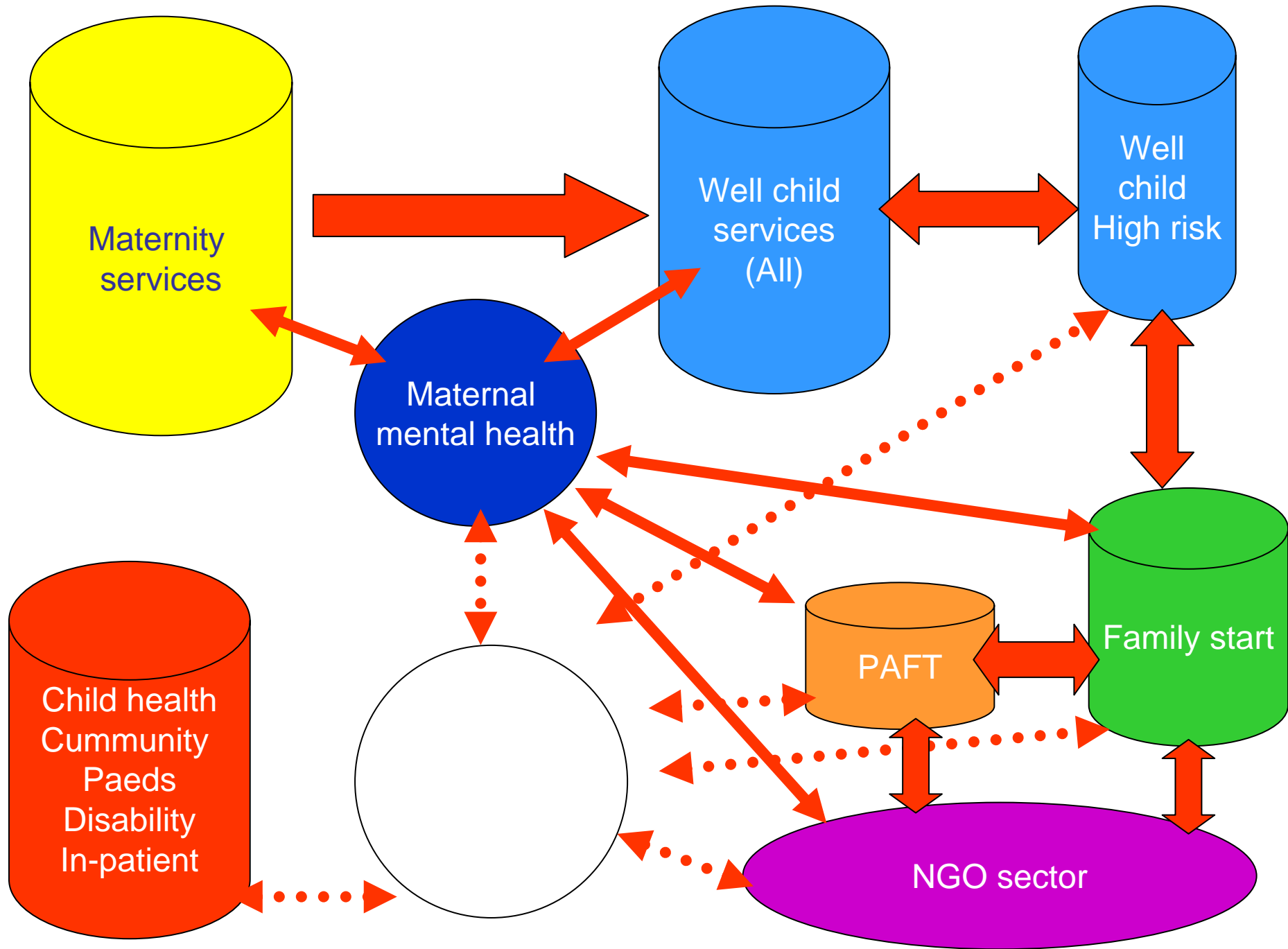
# Implications for New Zealand

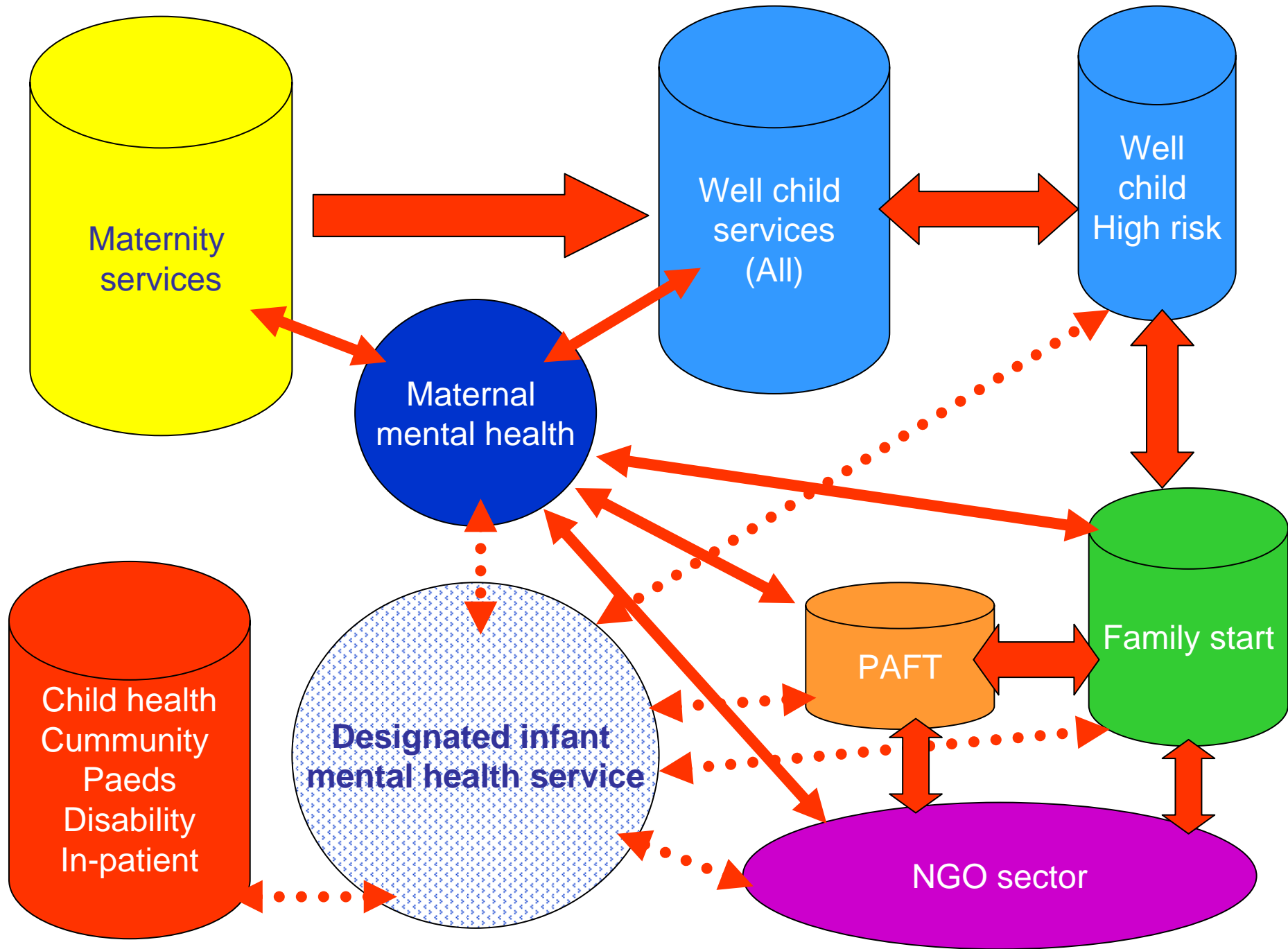
- There are programmes targeted to babies, toddlers and their families in
- These are not resourced to meet the need.
- Time pressures and for a number of staff the lack of training, mean that attention to the social and emotional needs of infants and families are receiving cursory, if any, attention.

# New Zealand needs

- Young population esp Maori and Pacific
  - High birth rates
  - High teen pregnancy rates esp Maori
- Cluster of risks in these populations
  - Poverty
  - Substance abuse
  - Parental mental illness
  - Family violence
  - Teen parents

*A critical gap in services*





Health promotion

Illness prevention

Assessment

Treatment

Infant  
mental health service

## Roles

Assessment

Treatment

Supervision

Training

Collaboration

# Some thoughts

- Most children will not be seen by any services
  - CM 28000 0-3 year olds
  - 1% access = approx 400 per year
  - Family Start aiming for 730 families
  - PAFT aiming for 500 families
- Access/acceptability of services for Māori, Pacific, Asian

# Developing services



Love your babies



Set limits for  
your toddlers

# What interventions should we have? (for discussion)

- Nurse visitation (Olds model)
  - Prevent abuse, enhance health care
- Attachment
  - DIR/Circle of Security/WWW/Mellow parenting
- Behavioural management
  - Triple P/Incredible Years/Oregon Social Learning Centre Models/PCIT
  - Atawhaingia Te Pa Harekeke and Ahuru Mowai
  - Va model for Pacific
- Management of specific problems

# Borrow model of levels of intervention for attachment

- Model good attachment
  - "getting to know you"
  - Video for Dads
- Early intervention
  - Parents/and or babies at risk
- Primary care level intervention
- Enhanced intervention

# Need to consider

- Complexity and cost of training/roll out
- Applicability to populations in New Zealand
- ? Need for local adaptation and research

# Lessons from Sure Start

- Lack of appropriate assessment
  - No randomisation
  - No standardisation
- Patchy roll-out
- Length of follow-up
- High political importance impacting on good practice

The need for interventions that are shown to be effective for a NZ population (Tania to follow)

# INFANT MENTAL HEALTH

A good  
investment!



