

Support for Change

Approaches and models for the development of provision for children and young people's mental health 2008

Chapter 6

Models and approaches for development: Early years and infant mental health



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6. Models and Approaches for Development: Early Years and Infant Mental Health

Table 6.1 The Mental Health of Children and Young People: a Framework for Promotion, Prevention and Care: summary of core sections that relate to early years

Service elements	Selected examples of activities required	Relevant outcomes
Involvement of parents in developing information, resources and services to support their mental health and wellbeing	Development and implementation of a local strategy for the involvement of parents and care providers Key workers seek views of parents	Parents feel their views are valued Developments are informed by parents views
Provision of training and consultation for midwives, public health nurses, nurses, AHPs and social workers; awareness raising for those working in adult mental health services and social services	CAMH staff plan and provide training for health and social care staff; and provide ongoing advice and consultation	Health and care staff are able to support parents in promoting child mental health and taking care of own mental health
Provision of training and consultation for staff in pre-school and childcare settings	CAMH staff contribute to training opportunities for pre-school and childcare staff and provide advice and consultation	Childcare staff recognise the importance of child mental health and their role in promoting it Staff know how to identify problems and access help
Links with education authorities and childcare providers to support the wellbeing of early years staff	Plan and provide range of supports for staff to access before difficulties escalate	Staff feel valued and supported
Contribution to development and delivery of universal parenting programmes	Development of evidence based parenting supports Provision of information and support for parents to enable their participation in programmes	Development of range of informal and formal resources and supports for parents with clear access routes
Involvement in provision of support for individual children and families, including targeted parenting support	Primary health care staff encourage parents to participate in tailored parenting programmes Input by CAMH staff to key worker training on mh and parenting issues	Key workers have full understanding of attachment and how to support this Parents have understanding of how their interactions with their child affect her behaviour and development Parents feel supported

6.1 Key themes affecting development and implementation

6.1.1 Level and nature of mental health need among young children and their families

The Framework for Promotion, Prevention and Care (Scottish Executive, 2005) sets out important core principles and service functions required to provide a comprehensive response to support the mental health of children, young people and their families and carers. The universal early years services across Scotland have a central role to play in implementing the early years context of the Framework by promoting the mental health and wellbeing of families and supporting them.

Optimum physical, social and emotional development requires that a child's physical, emotional and behavioural needs are satisfied. This means enabling children to develop the capacity to build and sustain emotional bonds and relationships and to grow up with opportunities that reinforce their self worth from the earliest point in their lives. Positive life experiences and support in the early years in a child and family's life can have a major positive impact on the child's and the family's future. Professionals' understanding of the child's social, emotional and physical development is key in supporting parents and carers to ensure that children grow up happy and healthy and develop resilience.

Key influences in the early years that can affect the mental health and wellbeing of the young child in the early years and also have consequences over the life course include: the quality of and consistency of parenting and formation of attachments with parents or carers; protection from or exposure to abuse, trauma, loss, bereavement or illness; and the impact of environmental and material disadvantage, exclusion and poverty.

The Scottish Government has recently announced its intention to develop a long-term Early Years strategy, which will ensure effective support for children from pre birth throughout their earliest, formative years. This will include approaches to "build parenting and family capacity" (Scottish Government, 2008a) and will develop professionals and ways of working that enable the needs of children and their families to be met (Scottish Government, 2007a). Providing the best possible environment for the early years is a cornerstone of the recent recommendations from the Ministerial Task Force on health inequalities (Scottish Government, 2008b).

We need to continue to increase our understanding of infant mental health and wellbeing in the context of their families and communities and learn more about interventions that are effective in impacting positively on outcomes for children. Nonetheless, there is now significant evidence to justify, if not necessitate, investment in steps to support families during the early years of children's lives and to create the social and economic conditions that enable parents to provide nurturing and supportive environments for their children.

The consequences of not doing so are likely to lead to adverse health, social and economic outcomes for children as they grow up, for their families and for wider society.

Several analysts have recently drawn attention to the costs incurred by public services (health, welfare and criminal justice services), costs that could be averted by taking steps to improve the early years experiences of infants and young children (Sinclair, 2006; Friedli and Parsonage, 2007).

6.1.2 Drivers for development: key issues that service systems need to address

National policy context

Recent work in Scotland exploring the crucial importance of the earliest years has drawn attention to how we can best support children's emotional and social development and enable them to develop resilience in the face of adversity.

In general terms national policy provides a supportive framework that can support progress towards these goals. Getting it Right for Every Child (Scottish Government, 2007b) establishes common parameters for multi-agency working and information sharing and suggests that partners articulate the rationale and values underpinning actions and interventions as an effective means of fostering common understanding of purpose and roles.

Hall 4 (Hall, 2006) gives direction to community services on thinking and ways of working to better meet needs of families locally. This includes specific guidance on assessment, and signals a shift in patterns of service provision from universal to targeted.

The recent Scottish Government review of the early years workforce has identified core standards for childcare, training and understanding of child development. The Review of Maternity Services makes recommendations on the development of a Core Curriculum for Perinatal Mental Health, including for the first time the promotion of parent-infant relationships and development of knowledge and understanding on promoting infant mental health at an individual and societal level.

More specifically, the Scottish Institute for Human Relations is undertaking ground breaking capacity building work on infant mental health, focusing on building a confident, competent workforce that has the capability to assess situations and apply practical solutions, informed by an understanding of the key issues relating to infant mental health. The effectiveness of relationship based interventions is at the core of such work.

Achieving improved outcomes

There is a growing body of evidence on the long-term consequences of the earliest experiences of infants before and immediately after birth. Research points to the need for professionals, carers and mothers to have an awareness and understanding of normal child development, particularly brain development, and what promotes and what negatively affects development in the antenatal period. Glover (2007) identified that as early as 17 weeks in pregnancy, a stressed mother transmits this to her unborn child.

Studies provide evidence of the effects of cortisol upon healthy brain development and subsequent risk / pre disposition to later mental ill health. (Millennium Cohort Study, 2006).

The implications of these findings are significant for the sorts of supports, resources and interventions made available to expectant and new parents and would suggest the need for collaborative working and partnership between midwives, health visitors and social work staff, coupled with capacity building around the emerging knowledge base and practical interventions which work.

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Long term follow up of children cared for by mothers with untreated postnatal depression has revealed a potential significant impact on the children's emotional and cognitive development. Specific professional input focussing on the relationship between parent-infant is required to ensure the development of positive healthy attachment.

The evidence base for training and development around attachment theory and practical application is also well documented, identifying that an insecure attachment is more likely in children growing up in poverty, with a history of abuse or where the mother is depressed. To improve long-term outcomes, it would seem that an effective and sustainable approach is to educate all professionals concerned with delivering/assessing health, care or education, in attachment and patterns of care. (SIHR, 2008).

Service system issues

The material gathered in the course of the Support for Change project from local areas and reviewed in the literature indicates the following to be among the major issues that service systems need to address to ensure effective supports and resources to promote mental health in the early years of life:

- Awareness and understanding among decision makers and care providers of the importance of infant mental health and wellbeing, likely influences on the mental health of children and their families and steps that can be taken to improve outcomes
- Accessibility of mental health expertise when required, learning from different "models" of consultation, adapted to suit local service systems
- Co-ordination of roles and responsibilities, with clarity and agreement of functions and consistency in approach and practical interventions
- This includes ensuring effective links across disciplines in primary care (e.g. midwives, GP, health visitors), adult mental health services, CAMH specialist services, and social services, particularly due to the volume of different agencies involved with infants and families at any one time
- Involvement and consultation with children, young people and families / carers

Below, we consider these issues that affect services in more depth to explore the implications for development.

6.1.3 Strategic attention to early years and infant mental health

There are inherent tensions between the need to cope with and respond to the immediate mental health needs of the current children's services population and the need to take a longer term strategic focus on achieving potentially more lasting solutions. The latter requires action to support families, including parents-to-be, facilitate early intervention and prevent mental health difficulties in infancy. Taking steps actively to address mental health needs can make a significant contribution towards achieving the longer term health, social and economic outcomes desired for this group.

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In developing local capacity to address the mental health needs of infants and very young children in the context of their families, it may be useful therefore to distinguish between:

- Short term goals: to bridge gaps between services and to build confidence and capability in service systems to support the mental health needs of infants young children and families by offering direct interventions and by working more effectively in partnership
- Long term goals: to bring about culture change in how we support children, young people and families, with greater prioritisation to early intervention, participation, parenting support and to the creation of conditions and circumstances where infants can flourish and develop

6.1.4 Developing a dedicated resource for early years and infant mental health

Although the longer term aspiration may be to develop capacity and capability within mainstream services to promote infant mental health and enable early intervention where required, for the foreseeable future the need remains for investment in service models such as those developed in the case study examples.

These services share common goals to:

- Inform planning and strategic development
- Raise awareness of and understanding of infant mental health and wellbeing, and the mental health needs of children
- Work with parents/carers with a focus on wellbeing, maternal physical and mental health and the impact upon the infant
- Build capacity within community settings to respond to needs and to engender a mental health promoting environment
- Provide a "gateway" for service access, creating linkages across all services which provide to families and children aged 0-3
- Ensure effective and integrated risk assessment systems for all families
- Enable clear communication and information sharing among care providers
- Maintain commitment from all partner agencies

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Examples: factors that shaped the development of early years and infant mental health initiatives

Funding

Availability of funding streams through development monies provided opportunity to develop resources to meet identified need where there had not been means to do so previously. In one area the funding source was a Health Improvement bid through the NHS partner.

Resources pressures meant case study examples had to make hard decisions about staging developments and selecting where to focus. In one area the decision was made to focus on women considered to be "hard to reach/hard to deliver to" in an area of high deprivation. This work targeted communities of specific high need which included drug misuse, alcohol issues, homelessness. It was intended that this work could be expanded over time as a means to achieve whole system change.

A second area used Social Inclusion Partnership funding to act as a lever to engage locally with key stakeholders to prioritise the infant mental health agenda. This enabled the establishment of dedicated staff time to coordinate service redesign and establish an operational model.

Multi-agency working

In one area a multi-agency approach was taken from the outset, starting from local work to assess needs, working together on defining the model required and using national policy such as Hall 4, the review of maternity services and child protection agenda and mental health framework as wider points of reference.

In another area, an established pattern of integrated planning and delivery provided the time and opportunity to foster long-term working relationships built upon mutual trust and understanding.

Examples: service rationale

A common feature of various early years and early intervention initiatives is the incorporation of several levels of provision within a tiered model that encompasses direct work with infants, families and young children along with training and consultation. The adoption of this approach has been driven by a number of factors:

- Resource considerations: in order to make optimum use of universal provision and of specialist mental health expertise, co-working and cross referral become the norm
- Evidence indicating that conventional services tend not to be effective in engaging with those who are "vulnerable" or constitute "high risk", suggesting the need to devise and deliver other means of engaging effectively to provide access to assessment and intervention
- Supporting frontline staff and building capability and confidence are critical. This means developing partnerships to enable staff and services to access relevant training, advice, information and support. This includes enabling frontline staff to understand what may lie behind the presenting behavioural problems that can be difficult to manage. This might entail for example looking at the wider context, the child's history, early attachments and current relationships
- The potential for the structured assessment of "attachment" to be undertaken as part of the Integrated Assessment Framework, a tool which can promote and underpin multi-agency working. This is additionally useful in addressing the concerns frequently expressed by parents over many years about having to undertake repeated assessments with different professionals

6.1.5 Structures and relationships

The breadth and complexity of the service systems that have shared and specific responsibilities for maternity, infant, young children and families include: health care services (including primary care, paediatric services and CAMH services); health improvement; child and family social work services; education; community learning and development; drug and alcohol services. Clear delineation of roles is therefore essential in supporting families and ensuring a focus on mental health and wellbeing in early years.

The project examples considered in Support for Change were structured in a variety of ways, some led by the NHS, others by the local authority, with the locus of interventions taking place in the community and links into hospital settings. This creates complex relationships in terms of accountability and challenges in working with dual systems, but can ensure that the service has strong links across sectors and settings. The use of the Integrated Assessment Framework is likely to be a key factor in facilitating more "joined up" working.

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Examples: forging links

Strategic links

A number of factors within children's services systems have supported the development of effective strategic links, including:

- The embedding of priorities within Integrated Children's Services Plan and Maternity and Child Health Strategy
- Breadth of representation on the steering groups for specific early years initiatives, to include senior officers from social work, education and the NHS. This has helped engender shared ownership
- One area has been working strategically with Children and Families Neighbourhood services in order to build links and inform strategic planning on integration across wider service provision to all age groups

Operational links

Social work services

In both case study examples, social work services were established as a key partner with the NHS and this had helped to foster key service relationships and facilitated an understanding of different organisational cultures. In practice, the development of a "care pathways" approach has brought clarity about referral processes, pre screening and consultation.

CAMH specialist services

Structural relationships between infant mental health services and CAMH specialist services are likely to be influenced by historical factors, service priorities, local service configuration and roles and responsibilities. In one area these relationships were facilitated by an arrangement for dedicated sessional input from a Child Psychotherapist to learning sets for frontline practitioners working with families with infants and small children.

In general, it has proved helpful to develop agreement on roles and responsibilities and accountability, including co-working on individual cases where indicated.

Primary Care services

Links between hospital and community health services and smoother transitions for women pre and post delivery have been facilitated by, for example, joint development and co delivery of parent craft services, involving hospital and community midwives and public health teams (Health Visitors) working with the early years project staff.

Education

Pre school education services have been enabled to participate in joint training in some areas. For example, a decision was reached at strategic level in one area to invest in joint training using the Solihull Approach with health, pre-fives education and social services staff.

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6.1.6 Pathways

Access and referral to mental health expertise

Although some infant mental health projects have focused specifically on providing direct support to infants, children and their families there are no known services working to this model currently in Scotland. However some CAMH teams are beginning to work with the under fives. In addition there are a range of approaches being developed to afford access to mental health expertise, as shown below.

Examples : access routes to mental health expertise

In one area a counselling psychologist combines direct work with training and consultation functions, in varying proportions.

Elsewhere, an early years project has developed smoother/speedier routes to access specialist mental health services. It aspires to have informal consultation with psychological services and where appropriate a referral into specialist mental health services.

One area expanded the referral pathways to the specialist perinatal mental health service, to accept referrals from early years mental health workers. This was facilitated by the development of agreed criteria for pathways into and out of specialist provision.

Other approaches include:

- The development of a collaborative, integrated service to deliver in a community setting, with the capacity to go to where the service user is, rather than where services traditionally exist
- Creating clear gateways to other services, for example one early years initiative has developed and put into practice "a continuum of services" pathway providing appropriate access for the service user when need is identified
- Earlier identification of difficulties to enable fast-tracking and prevent escalation through for example universal antenatal screening and assessment, enabling individual care planning and the involvement of the most relevant agencies at the most appropriate time

Coordination of service provision and good communication underpin all these approaches.

6.1.7 Building capacity and capability to address infant mental health needs and provide early intervention

Establishing a common conceptual framework to understand the mental health issues of the significance of the early years has proved to be an important foundation for local development. For example, in one area, the training programmes and case consultation offered to universal services have helped shape this shared understanding and have reinforced its operationalisation in practice across the childcare workforce. This approach has enabled childcare and maternity services to build confidence and competence in addressing needs through universal services from a perspective that recognises the importance of promotion and prevention and does not only respond to presenting problems and crises.

In addition this has provided a means for frontline staff to gain a deeper understanding of the factors that contribute to a child's behaviour and of the impact of the home and early years environments in promoting mental health and wellbeing.

Examples: building capacity and capability within the community and primary care system

Example 1

In one area the infant mental health-early intervention initiative is able to offer:

- A universal information service
- A template for all local services, offering consistency in describing service provision and easier to keep up to date
- A "care pathway" setting out a continuum of service provision to be adapted according to the needs of the child and family predicated on earlier risk assessment and intervention and provision of intensive support through specific evidence programmes such as Mellow Babies
- A review and redesign of universal child health clinic provision to introduce a one-stop shop
- Parent/education group in partnership with Surestart and pre fives education services, bringing in external speakers on topics identified by parents
- Consultation through learning sets for practitioners which provide a chance to discuss an issue or family and consider best options
- Training cascaded to ensure consistency of approach and maximise its reach, across disciplines, for example the Solihull Approach

The combined effect of these initiatives has been to build capacity, both within and outwith the role and availability of health visiting, and ensure the more effective use of shared resources.

Leadership and vision were perceived to have been critical in enabling the service to develop in this way and to function efficiently and effectively.

Example 2

This service provides the following:

- Targeted service provision for a particular catchment area, developed in 2 phases
- Support from pregnancy, to address complex issues of drugs/alcohol/mental health
- Specific attention to the needs of minority communities
- Ready accessibility through multiple referral routes including self referral combined with the facility to direct people on to a wide range of other local services and resources
- Service delivery in community settings that women already attend or frequent as a strategy to extend reach and engagement
- Individual work undertaken as part of a collaborative, interagency plan

These services are delivered through a dedicated team

6.1.8 Sustainability and impact

Experience in children's mental health service development suggests that the capacity to think and act systemically and to learn from the emerging evidence of what works are important for successful implementation and for sustainability. A key feature of the infant mental health and early years examples identified here is the way in which these initiatives have been designed to combine a range of functions that enable agencies to develop capacity within local service systems in order to enhance longer term sustainability.

Services have purposively planned their interventions with this in mind:

- The profile of early years mental health has been raised at strategic and operational levels
- Training has been designed to maximise reach by building this into core training across health, social services and pre school education provision
- Formal link roles have been designated to enhance liaison between mainstream services and specialist provision for maternity and child services
- One area has implemented a cascade model of training (Solihull Approach) that enables ongoing dissemination and capacity building
- Services have worked closely with health service managers and social work managers to maintain effective working relationships and address emerging issues
- Levels of awareness, understanding and confidence of all staff are being enhanced, through knowing what practical applications will be useful in promoting positive parent-infant relationships and what role they play in that

6.2 Key learning points for implementation and development

6.2.1 Vision and leadership

Strong leadership across agencies is essential to encourage CHP and Local authorities to prioritise early years mental health whilst balancing competing often more immediate priorities.

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GIRFEC provides an opportunity for this to be embedded within "core business". Early years mental health needs to be seen not as an additional set of service requirements but as an underpinning set of values and principles that support child and family policies, including health care, child welfare and protection, and learning and education.

6.2.2 Creating environments that promote and support mental health in the early years

To ensure systems of care are able to respond to the nature and the scale of mental health needs among the early years population and families, requires the facility to undertake a mix of direct and indirect work. This helps build capacity and reinforces the primary role of family and other care givers in promoting the mental health of the child. It also ensures maximal coverage with the resources available.

Figure 6.1 shows a model of how a dedicated resource of mental health expertise can serve a range of functions in supporting the service system to achieve better outcomes. Table 6.2 provides a representation of levels and intensity of intervention and the roles of services in delivery of care, support and treatment.

Support for practice development

The provision of consultation support to frontline workers, such as midwives, Surestart staff, family centre workers and health visitors, is a valued resource that can enrich the individual care and contribute to joint work/care planning and review.

The need for supervision support and protected learning opportunities for frontline staff were common themes identified across the case examples and from the SIHR Infant Mental Health scoping exercise. This could be facilitated through learning sets or through multi-agency forums to share information and experience on service models and emerging practice.

Access to perinatal mental health and adult mental health teams for assessment and treatment

There is scope to build on the groundbreaking work underway in some areas to develop pathways that would enable families to access appropriate resources and supports and to clarify the responsibilities, roles and relationships within the local service system. This work needs to be informed by:

- An understanding of the influences on mental health early life and how they are acted out in subsequent behaviours and outcomes
- Evidence of what works, including existing examples of practice as discussed here
- An awareness of key transitions between services

Prioritising early interventions

Some areas are currently reviewing examples from North America of early intervention models for young children who are looked after to discern elements that might be appropriate for adaptation in Scotland. This work has been driven by the need to identify how to intervene earlier to address the lack of stability / breakdown in family relationships and placements and the accompanying high levels of mental health need among some groups of children (see the separate section on LAAC children for more information).

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Programmes which may offer some direction for early intervention with young children who are looked after include:

- Fostercare therapeutic interventions, following the Oregon Early Intervention Model of wrap-around services, to move towards permanency (Fisher et al, 1999)
- Attachment and behavioural catch-up (ABC) targets toddlers in foster care, and young children displaying difficulties in regulating emotions (Stovell and Dozier, 2000)
- The New Orleans Approach based on the Tulane Model, which is underpinned by attachment theory and looks at children who have experienced issues relating to neglect

These models highlight again the key theme of training and professional development relating to the influences in our earliest years which have significant impact on later life outcomes.

6.2.3 Planning and development

Structural issues

A clearer lead on mental health in infancy, early years and parenting would be valuable to enable CHPs and local authorities to see how early years mental health fits within and contributes to existing plans and priorities for children locally. This would include identifying outcomes and indicators that can be measured.

A strong focus on building the confidence and capacity of frontline workers is recommended, coupled with a focus on enabling and supporting parents and carers, using a strength based model and including those agencies and individuals working with marginalised parents and those with additional specific needs.

The development of pathways that clarify the links and relationships between services and establish agreement on responsibilities for maternity, infants and young children is central.

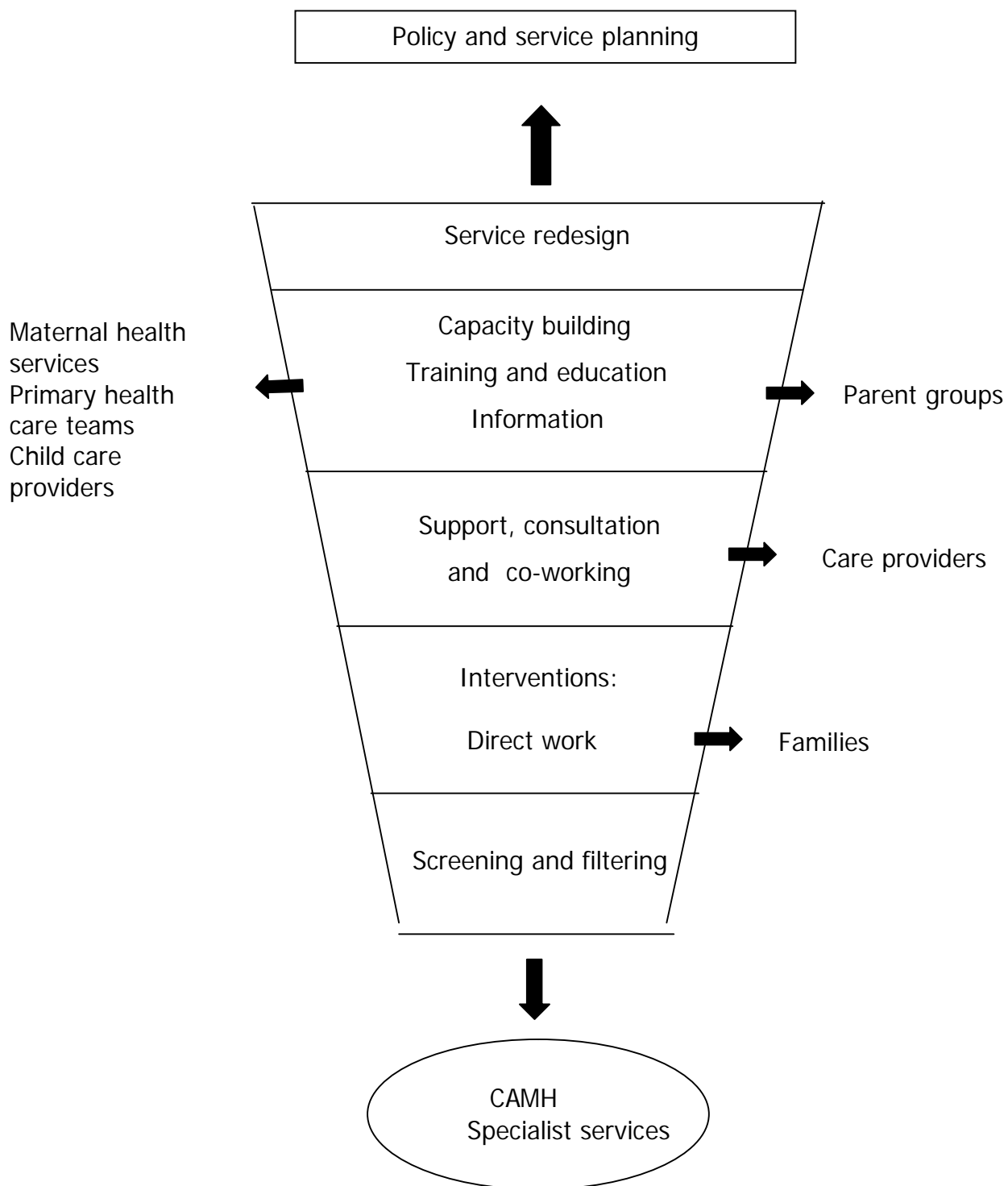
Funding

There are inherent tensions in using short term projects as the vehicle to bring about systemic changes and build longer term capacity in mainstream areas of service delivery and resource provision. There are also tensions within local priorities between a need to invest earlier in the lifespan and at the same time fund interventions to support those children who are experiencing difficulties.

Participation and involvement of young children and families

As in other areas of children's mental health service development, there is clearly more work to be undertaken to promote participation and involvement of families, listening to what parents have found helpful at key points in their experience.

Figure 6.1: Model of a Mental Health Resource for Early Years and Infant Mental Health



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Table 6.2: Infant mental health (IMH) and early years

Level of service	Activity / intervention	Delivered by
<p>Universal services (Tier 0-1)</p>	<p>Information and resources for parents and prospective parents</p> <p>Universal parenting programmes: group and peer support programmes</p> <p>Support, training and education for front line staff who work with parents and families</p> <p>Input to service planning and development</p>	<p>Universal early years services: maternity and child health and primary health care services; child care and pre-school services; social work services</p> <p>Supported by IMH specialists</p>
<p>Additional support (Tier2)</p>	<p>Targeted support to identify and address risk factors for mental health e.g.:</p> <ul style="list-style-type: none"> • Early detection of and support for mothers at risk of mental ill health • Screening and brief intervention to reduce substance misuse in pregnancy <p>Home visiting programmes</p> <p>Consultation and co-working</p>	<p>Health visitors, midwives, child care and social work services</p> <p>Supported by IMH specialists</p>
<p>Intensive support (Tier 3- 4)</p>	<p>Intensive therapeutic interventions (e.g. Mellow Babies)</p> <p>Integrated multi-disciplinary and interagency planning care and support</p>	<p>Dedicated specialist IMH service</p> <p>CAMH services</p>

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Case study profile: Early years and infant mental Health

Area A

Origins

Established in 2003

Grew out of a vision and drive, service review, staff shortages. Escalating child protection desire to improve outcomes for children and families locally

Funding

In 2003 SIP funding initial £60,000

Partnership "in kind" to mainstream - premises, catering, transport, staff commitment

Staffing

- Project co-ordinator (Health Visitor/Child Protection Advisor)
- Project Counselling Psychologist (50% WTE)
- Universal to target service redesign/re focus - impacted upon childcare services locally, to "work differently"

Interventions

Training offered to Children's services across Health, Social services and preschool education.

Consultancy - "Learning sets"

Service provision - universal to high tariff cases

Intensive interventions - Mellow Babies

Outcomes - external evaluation (Report produced - available direct from the III Project)

Developments desired/planned

Disseminate training - core to all new staff

Area B

Origins

Established in 2007

An initiative to focus from pregnancy in response to complex issues being identified, re-thinking on how to engage the most hard to reach

Funding

3 years funding from Health Improvement fund, NHS Lothian

Staffing

- Project team manager
- 3 project coordinators (work geographically)

Interventions

Provides a service to women, according to identified needs, risk assessment

Work in partnership with core services

Developments desired / planned

To cascade model of working, secure long-term funding

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