

Infant Mental Health: Hidden in Plain Sight

Infant Minds Matter

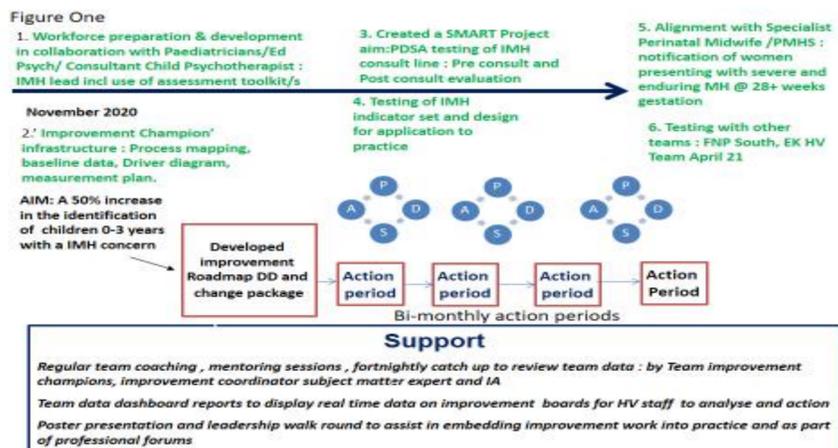


The *concept* of mental disorders in infancy is not widely recognized. This lack of widespread recognition of disorders of infancy is particularly concerning due to the unique positioning of infancy at the beginning of the developmental process. Applying local modelling to IMH incidence data, a recent scoping exercise in Lanarkshire suggested 16% (n=3,310) of under 3s may have mental health disorders and in need of specialist mental health service input. The period between pregnancy and three years is increasingly seen as a critical period in shaping children's life chances, based on the evidence of brain formation, communication, language development, and the impact of relationships formed during this period on infant mental health. It is therefore also a critical opportunity to intervene to break cycles of poor outcomes. Our **Theory of Change**: An IMH change package including evidenced based observation tools will improve identification and support in a timely manner for infants and families who have experienced adversity.

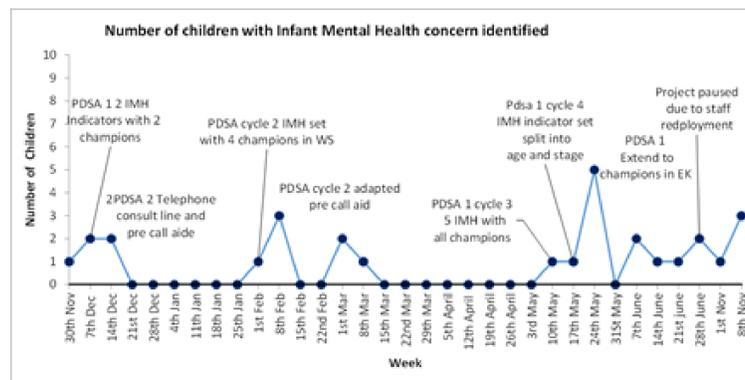
Project AIM: 50% increase in the identification of children 0-3 years with a IMH concern by December 2021

Methodology

Using the IHI Breakthrough series in figure one below we tracked our improvement journey underpinned by a model of coaching and support.



Results/ Outcomes



Overall 29 children with concern were identified using the IMH observation indicator set, 4 infants were outwith the age range criteria with 25 (86%) infants discussed at the specialist consult service and 20 (80%) have been identified as needing priority specialist support . Our process data demonstrated 100% reliability in staff using the IMH Indicators in the assessment process, pre consult aid and post consult outcome evaluation.

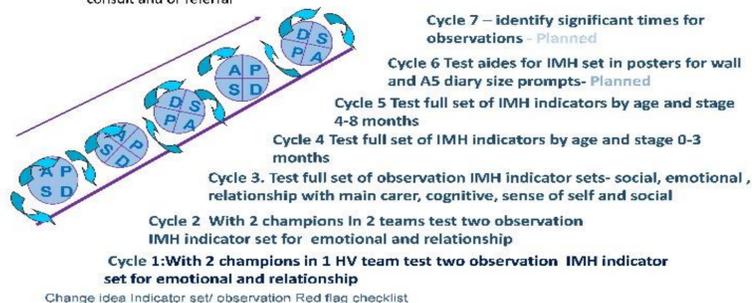
Process Change

The change package contained the following key elements 1. A direct telephone advice & consult line/pre call aide and post call evaluation with the IMH Lead/Consultant Child Psychotherapist specifically for HV staff targeting those infants/toddlers 0-3 years presenting with IMH, emotional & behavioural developmental concern. 2. IMH 'Observational Indicator Set' developed as part of the IMH Service which aims to assist professionals and workers of all agencies to identify when to be concerned about the mental health of an individual infant. HV/FNP staff are testing 5 domain areas in the indicator set to inform and assist their assessment and decision-making of the mental health and mental health needs of individual infants. 3. HV 'link role' - staff prepared to act as a link between specialist services and the staff in clinical areas where they work acting as a role model and visible advocate for IMH having up to date knowledge, skills & understanding about best practice.

The PDSA ramp in figure 2 below outlines the iterative cycles for the IMH indicator set change idea.

Figure 2:- Ramp 1 Objective To establish a reliable and accurate method of observation to identify Infants at risk or with a mental health concern

Measure: % reliability of staff utilizing the IMH indicator set to identify IMH concerns for consult and or referral



Qualitative data highlighted 75% staff reported the indicator set improved understanding of the presentation and development of an infant from an IMH perspective, 100% felt the consult helped clarify whether or not there was mental health concerns about the infant, 88% reported the consult helped them carry out their role in supporting the mental health of an infant through their work with the parent/carer, 88% considered the consult helped identify further questions needing exploration about the nature/level of concern and 100% reported the consult helped identify the need to escalate a RfA to another service e.g.

CAMHS/SWD/Paediatrics/SLT.

Key Learning Points

- The specialist service consult line has shown to be an important link to support frontline HV staff in the area of IMH concern. The data measures which have been developed as part of the improvement project will inform the ongoing development and strategic evaluation of both the NHS IMH service as an early adopter site and in the national evaluation process.
- The importance of increasing IMH awareness, knowledge, skills and capacity is an important feature in the priorities for health visiting services.
- An IMH 'link HV' role is now emerging as a means of improving the quality of care delivered to families through communication, networking and motivating other staff to improve practice and ensure the consistency of key messages offering a sustainable body of local expertise.
- A gap in service provision has been identified for children 3-5 years of age presenting with EB concern but out with IMH age group service access (0-3).
- High risk PMH antenatal notifications and ongoing IMH interventions/support strategies delivered by HV have had an impact on practice in enhancing surveillance and support to ensure desired outcomes. Applying both HV skill mix and/or interagency support to deliver an effective IMH service has to be a feature going forward.
- Infant mental health observational set used as part of the referral process to the new specialist service
- Parental feedback suggested that parents felt empowered and more confident in building parent/infant relationships and supporting their infants to achieve developmental milestones in emotional wellbeing and social relationships.

Scale and Spread

The IMH consult line and RfA access to the specialist service is currently being scaled up across NHS health visiting and family nurse teams. Learning and the indicator set is being shared with colleagues in NHS Fife.

Areas which could be spread include a formal focus on IMH Workforce Development across multiagency discipline groups and standardisation of learning/development programmes across Scotland, application of IMH Indicators in practice, a IMH telephone consult line service model and the focus on a National Key Performance Indicator in the critical area of IMH.

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