



Infant Mental Health (pre birth - 3 years) Best Practice Guidelines North Highland

**Maternity Services
 NHS North Highland/Highland Council**

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Summary of guidelines

- The development of emotional, social and cognitive skills required throughout life are influenced by pre-birth and early years experiences
- The risk factors for preventing the development of a secure attachment relationship between parent(s) and infant should be considered when assessing a child and family's health and wellbeing needs
- Early assessment, early support and early intervention through a multidisciplinary and multiagency approach should be available to all children and families using the principles of the Highland Practice Model (GIRFEC)
- A variety of practitioners and settings throughout the life course can facilitate positive infant mental health
- The role of universal services including maternity, health visiting, GPs and education are crucial in the provision of effective child and family support
- All staff should be provided with the appropriate training and development required to meet their needs in relation to the promotion of positive infant mental health
- All practitioners working with children and families should use opportunities to promote positive infant mental health through strategies that support attachment as described in the tiered approach

1. Introduction

The foundations for health and wellbeing are laid down from the earliest moments of pre-birth life and the early years' experiences of nurturing and attachment that a baby receives will have a huge influence on that infant's ability to develop emotional, social and cognitive skills necessary throughout its life.

The need to promote good infant mental health is crucial to ensure that the Scottish Government's vision for all children to be confident individuals, effective contributors, successful learners and responsible citizens is met. This vision will be achieved more easily by using the principles of the Highland Practice Model (GIRFEC) that promotes early assessment, early support and early intervention to ensure the best outcomes for all children.

2. Scope of the guidelines

These guidelines offer practitioners working with pregnant women and parents with infants up to the age of three with a standardised, evidence-based approach to best practice to support positive infant mental health. They provide suggestions for an appropriate staged approach to service delivery dependent on assessed level of need. They should be used alongside other policy and guidance that supports and promotes the wellbeing of children and families.

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Universal health service provision is pivotal to ensuring that the Quality Ambitions within the Healthcare Quality Strategy are achieved. These ambitions are that services are person centred, safe and effective. These guidelines will assist in ensuring that Quality Outcome 1:

‘Everyone gets the best start in life, and is able to live a longer, healthier life’ is realised, through working in partnership with women, their children and their families and the wider teams providing child and family services that promote health, enable self-care and improve the quality of life.

These guidelines have been developed to support the continuation of the important interface between services delivered by NHS Highland and Highland Council Health and Social Care. Although primarily written as a North Highland document, the principles of best practice will be applicable to practitioners working within Argyll and Bute.

The Planning for Fairness process has been applied to these guidelines to ensure equality and diversity.

3. National infant mental health policy

The Scottish Government’s Mental Health Strategy 2017-2027 recognises the importance of prevention and early intervention in minimising the prevalence and incidence of poor mental health across the lifespan. Professionals are urged to identify and address needs at the earliest opportunity to prevent problems from escalating. In addition, they should be aware of risk and protective factors in parents lives so as to reduce the likelihood of problems developing. The importance of good quality relationships in the earliest days and months of an infant’s life is stressed, particularly with their caregivers (SG, 2017).

The Mental Health Strategy also references the potentially significant impacts of adverse childhood experiences and the role all professionals have in reducing the risks of adversity upon a child and promoting resilience, NHS Highland produced its annual Public Health Report in 2018 with a focus on childhood adversity. The report supports an approach focused upon trauma informed care, in which all professionals have a role in being aware of and responding to trauma. In relation to infant mental health, we must consider the key messages of the importance and value of preventative spend, and also the power of secure relationships with adults in building resilience to buffer the effects of adversity (NHS Highland, 2018).

We must also consider the impact of adversity on an infant’s parents/caregivers. Routinely asking about exposure to adversity provides the opportunity to understand a parent’s struggles in the context of their own life events and consequently can help develop supportive strategies tailored to their needs.

In developing these guidelines, we made contact with other NHS Boards and, while there are a number of infant mental health strategies in place, were not able to reference another ‘Best Practice Guideline’. The following policy documents were however particularly useful in establishing evidence-based practice and these guidelines are therefore based largely on the recommendations they offer:

Infant Mental Health: A Guide for Practitioners provides a summary of the practice identified by a review of evidence available as that “*most likely to promote the improvement of infant mental health*”. This document offers recommendations as to how NHS Boards across Scotland might address the needs of infants and families to ensure their good mental health (Heads Up Scotland, 2007).

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“The Matrix” – A Guide to delivering evidence-based Psychological Therapies in Scotland (NES, 2015) provides a summary of evidence-based interventions for several areas of mental health difficulty, including infant mental health. The Matrix rates the quality of evidence available for each recommended intervention. The guidance states that the focus within this area is ‘primarily on the relationships that scaffold the infant’s development’. Treatment models include parental groups, home visiting programmes and dyadic interventions. It is also recognised that the evidence base is emerging. A number of the interventions currently delivered within Highland are recommended within the Matrix, and any developments for an increase in capacity should take account of this important guide.

4. Factors influencing infant mental health

Although all children should be provided with the best possible start in life to achieve their full potential, not all children are born with the same opportunities to develop good mental health. Learning or developmental problems, disability, parents with difficulty in ensuring good attachment relationships due to factors such as maternal perinatal mental health problems, lifestyle factors such as alcohol or drug use, or domestic abuse will all have the potential to impact negatively on an infant’s mental health.

Infants are more likely to develop good mental health and flourish in other ways if they experience positive relationships and sensitive care from their primary care-givers. Even if one parent finds this difficult to provide due to their own issues, the other parent and/or the wider family network can help provide what the developing child needs.

Parents may need assistance to enable them to understand and meet the needs of their infant reliably and consistently particularly when they may be bringing up their children in difficult environmental circumstances. This may be due to factors such as poor housing, unemployment, lack of community support including access to play and leisure, access to services such as childcare, or poor transport.

Therefore the ability to identify those factors which may make an infant more vulnerable to poor infant mental health, or which might positively assist in the development of child and family resilience, will be useful for practitioners who will have contact with children and families and may need to undertake an assessment of needs and risks.

4.1 Risk factors for poor infant mental health

A number of risk factors for poor infant mental health are identified by Infant Mental Health: A Guide for Practitioners (Heads Up Scotland, 2007) and ‘The Matrix’ A Guide to delivering evidence-based Psychological Therapies in Scotland (NES, 2015). It is recognised that the risk to an individual infant is likely to comprise of a combination of individual and systemic factors. The following main factors are identified for the purposes of allowing those working with families of infants to be alert to possible risk but to consider an individual infant’s circumstances as a whole.

Risk factors located within the infant:

- Prematurity
- Traumatic birth
- Illness (including low birth weight)
- Congenital and obstetric complications

Risk factors located within the infant and influenced by parental response:

- Challenging temperament and personality
- Regulatory disorders
- Sleep disorders
- Difficulties with feeding

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Risk factors located within the infant’s environment:

- Parental poor health (including poor mental health)
- Attachment difficulties
- Poverty and social exclusion
- Abuse, including neglect
- Parental drug or alcohol use
- Teenage pregnancy/immature parents

This is not a definitive list and other social and family factors must be considered (e.g. having a sibling with additional physical or learning needs whose care may be the immediate focus for the parents or other family dynamics) The ecological approach to assessment in Highland (GIRFEC) will capture the wider world in which the child lives that may impact on infant mental health. Services that have early contact with families such as GPs, maternity services and public health nurse/health visitors (PHN/HVs) are in a position to identify risk factors for poor infant mental health through the individual assessment and information gathering that they undertake. Furthermore they are well placed to ensure that early support and intervention occurs to support those families with identified need through working together with colleagues across services and partner organisations.

5. Promoting positive infant mental health

The importance of promoting positive infant mental health should be seen as an investment in promoting positive outcomes for all children. Having the ability to identify factors which may promote infant – parent/carer attachment should be viewed as an important element when developing parenting work and promoting and supporting good quality service provision.

The promotion of positive infant mental health and a focus on parent/child relationships should begin as early as possible and practitioners who work with children and/or their families should use opportunities to nurture and develop positive relationships through the everyday work that they do.

The House of Commons Health and Social Care Committee report, The First 1000 days of life (House of Commons Health and Social Care Committee, 2019) suggests that High-quality local services for children, parents and families should be founded on the following six principles:

- “proportionate universalism”, so services are available to all but targeted in proportion to the level of need,
- prevention and early intervention,
- community partnerships,
- a focus on meeting the needs of marginalised groups,
- greater integration and better multi-agency working; and
- evidence-based provision.

There are opportunities in childcare settings to promote positive infant attachments and the Pre-Birth to three national guidance (Teaching and Learning Scotland, 2010) is to be superseded during 2019 by “Realising the ambition”, which offers practitioners working with the very youngest children important information on brain development and the importance of attachment which reflects the principles and philosophy that underpins the Early Years Framework (SG, 2008). These practitioners can also act as positive role models for parents through demonstrating interventions that focus on improving sensitive and attuned responses to children.

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5.1 Early Years Settings

Childminders and day nurseries also play an important role in supporting positive infant mental health and can demonstrate that competencies are being met through regulation and inspection by the Care Inspectorate. Registered providers are required to meet national Health and Social Care Standards:

1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.

1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials (SG, 2017).

Providing nurturing environments and positive interactions with babies and very young children through developing play and exploring new activities offers invaluable ways to equip them with a sense of wellbeing and feeling valued and respected.

5.2 Education

Schools have a role in promoting positive parenting through the Curriculum for Excellence. They are also influential in developing parent skills indirectly through supporting the development of self-regulation, prosocial behaviour and executive function. Highland schools have a framework and guidance for Promoting Positive Relationships, as well as access to effective programs such as Resilient Kids (Highland Council Psychological Service) and Education Scotland's programmes, Compassionate and Connected Classrooms, and the Nurturing School

6. The role of maternity services

The Scottish Government *The Best Start* sets out its 5 year plan for maternity and neonatal services, with a vision that *"all mothers and babies are offered a truly family-centred, safe and compassionate approach to their care, recognising their own unique circumstances and preferences."* It goes further to emphasise the importance of the wider family in achieving these outcomes stating that *"Fathers, partners and other family members will be actively encouraged and supported to become an integral part of all aspects of maternal and new-born care."*(SG, 2017)

Each woman will be allocated a primary midwife who will co-ordinate her care with the wider maternity team working closely with the woman's GP and obstetrician and Health Visitor.

The role of maternity services is to undertake a comprehensive assessment of a woman's medical, obstetric and social history and on-going assessment of her health and wellbeing needs at every contact through pregnancy and up until approximately 10 days following birth when handover to the PHN/HV takes place.

Every pregnant woman in Scotland is encouraged to book with her named midwife before the 12th week of pregnancy and her on-going care will be based on assessment of risk and need built on the core criteria described in the pathways for maternity care Keeping Childbirth Natural and Dynamic, (NHS QIS 2009).

It is generally the community midwife caseload holder who undertakes the role of the primary midwife in Highland. The majority of antenatal care is undertaken by the community midwife and includes on-going

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assessment of the anatomical and physiological changes associated with pregnancy, undertaking screening and surveillance, health improvement and promotion, detecting deviations from normal, dealing with emergency situations and births in community settings. Women are also supported around wider health and wellbeing issues with the primary midwife ensuring that appropriate, timely and effective intervention is in place.

In the context of promoting positive infant mental health, midwives have a key role to play by discussing with prospective parents their baby’s growth and development during the differing stages of pregnancy and encouraging them to bond with their unborn baby. Preparing parents to understand the needs and capabilities of a new born during pregnancy will help them to consider their baby’s wellbeing and identify factors that may inhibit the development of positive infant mental health.

6.1 Assessment of risks and needs

The primary midwife will undertake a full assessment of risk and need and should ensure that they have access to health and social information from the woman’s GP in order that a full assessment can be made. In addition to the information gathered at the booking appointment all pregnant women will have a wellbeing assessment based on the *SHANARI* indicators by around 16 weeks in accordance with the [North Highland Vulnerable Pregnancy Pathway](#) and allocate a Health Plan Indicator. HV/PHN will be informed of women who have an additional plan at an early stage to allow for partnership working and early preparation for handover.

Early assessment during pregnancy can identify when a woman may require additional support to ensure that she and her baby achieve the best health and wellbeing outcomes. Assessment of risk and need is undertaken at every contact with a pregnant woman. Where additional support needs are identified out with health from other agencies such as social work during pregnancy, the Antenatal Plan should be used to request resources or services. It will form part of the woman’s documentation of the care she has received and is an important part of record keeping and documentation that will be audited by Maternity Services.

The Antenatal Plan offers an assessment based on the principles of the Highland Practice Model (GIRFEC), incorporates a single agency/multi professional “my world assessment “ and chronology and does not contain any confidential health information. The Antenatal Plan encourages the woman to be involved in the assessment process and uses a strengths-based approach that puts her firmly at the centre of her care planning. The assessment and Antenatal Plan must be shared with the GP, obstetrician and PHN/HV in accordance with information sharing procedures.

It is important to support the development of secure attachment for babies whose parents may have additional support needs for issues such as depression or other mental health concerns, addictions, domestic abuse or learning disabilities. In terms of supporting positive infant mental health, any risk factors to poor infant mental health should alert the primary midwife to the need for additional assessment using an Antenatal Plan where additional resources or requests for services are required.

The Pathway of Care for Vulnerable Families: Conception – 3 years (SG, 2011) may assist with identifying some of the most vulnerable women and families who may require an Antenatal or Child’s Plan and should be used by all professionals working with 0-3 year olds alongside the Pathways for Maternity Care and Universal Health Visiting Pathway.

There is a suite of Highland best practice guidance for pregnancy and the early years available to staff when undertaking assessment of risks and needs, which may assist them when considering any concerns around attachment. This includes perinatal mental health, women, pregnancy and substance use, working with pregnant women and new parents with learning disabilities and domestic abuse; pregnancy and the early years and these should be used to help inform decision making alongside other policy and protocols.

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All of the guidance can be accessed on the NHS intranet policy page and for staff working in Highland Council it can be located on the For Highlands Children site <http://www.forhighlandschildren.org/4-icspublication/>

6.2 Supporting parenting

Being a parent can be one of the most difficult, challenging and yet joyful experiences that anyone can have and therefore ensuring that prospective parents receive appropriate advice and support is vital to ensuring positive infant mental health and the development of secure early attachments that all children require.

Midwives, PHN/HVs and GPs are the key providers of parent information during pregnancy and the early years, the [Highland Information Trail](#) is updated annually and guides professional and families to the resources available to support and improve maternal and child health across Highland. Much of the focus of the work during pregnancy is around support for the mother, in terms of supporting positive infant mental health it is important that fathers and partners are included in discussions or sessions. There is a growing recognition that parenting capacity should not just focus on the child's mother, as fathers/partners and the wider family can offer babies and children the nurturing experience that they require to develop positive mental health, particularly when the mother may be experiencing difficulty.

The [Baby Box](#) is available to all prospective parents in Scotland and helps families prepare for the arrival of their baby by giving them a safe and comfy place to sleep along with essential items such as a baby sling carrier, nappies, thermometer and clothing. It also provides an informal opportunity for the midwife to do some antenatal education and to base parenting discussions around.

The Scottish Antenatal Education Pack (NHS Health Scotland, 2011) contains a variety of activities and discussion topics in the form of a toolkit that can be used with parents to promote positive attachments. It has been developed for use antenatally and through into the early postnatal period.

In Highland we also offer supportive key messages to all parents through the Words Up Baby materials. Midwives and scanning technicians are trained in how to use these with parents to open up conversations about attachment and interactions with their babies even from before birth. The same messages are taken up by Health Visitors and Early Years Practitioners and now run up to the end of primary school.

Maternity units and community midwifery teams throughout Scotland have been issued with the toolkits. The pack has been designed to ensure that parent education is of a consistently high standard across Scotland and is delivered using appropriate adult education methods that promote the use of motivational interviewing and behaviour change as the most appropriate way to engage with parents.

There is also an expectation that the toolkit workbook will be available to other services that provide parent support through health and social care such as PHN/HVs, social care staff, primary mental health workers, partners in the third sector (private and voluntary) and NHS staff to provide consistent, evidence based parent education.

The information and resources in the pack can be discussed either on an individual basis or in group discussion at pre-birth parenting classes to encourage parents-to-be to consider what life with a baby will be like, the needs of a baby and the importance of their attachment relationship. Midwives should ensure that they work with local partners to ensure community development and asset based approaches are developed that will support and enable parents to be equal partners in their baby's care.

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A local Highland Parent Support Framework sets out the types of support available to help parents with children pre-birth-16 years+. It includes examples for both universal and additional levels of parenting support available.

7. Role of health visiting services

During pregnancy and the early postnatal period, although maternity services provide the majority of care for women, there is a requirement in the new health visiting pathway (see below) that the PHN/ HVs relationship with the family should also start before birth, to enable a positive and seamless transition between services. This is particularly important when the need for on-going additional support has been identified by the primary midwife. Where an Antenatal Plan is in place, it is likely that this will specify further needs for pre-birth PHN/HV involvement including community early years practitioners.

In the Highland practice model, and in accordance with the Pathway of Care for Vulnerable Families (0-3) (2011) every child is assigned a named PHN/HV. The role of the Named Person is fundamental to meeting children’s needs and the PHN/HV caseload holder provides this role on handover from their primary midwife. This will ensure that children have one point of contact to enable universal provision of health and wellbeing needs and a starting point where any additional need can be identified, analysed and met through the coordination and delivery of early intervention.

The handover of care between midwife and PHN/HV should be in accordance with the – Revised procedure: The communication and handover of health and social information between midwife and public health nurse/health visitor (Highland 2018). The procedure details the need for handover to begin at booking and supports and encourages joint working between midwives and PHN/HVs as early as required to achieve the best outcomes for mothers and their babies. https://www.forhighlandschildren.org/4-icspublication/index_163_58865541.pdf

At their first visit after the birth, the child’s PHN/HV will explain their role to the family and insert their name into the Personal Child Health Record (Red Book) given to parents to keep. The Red Book contains details of child assessments and immunisations, developmental expectations at age and stage and the GIRFEC practice model.

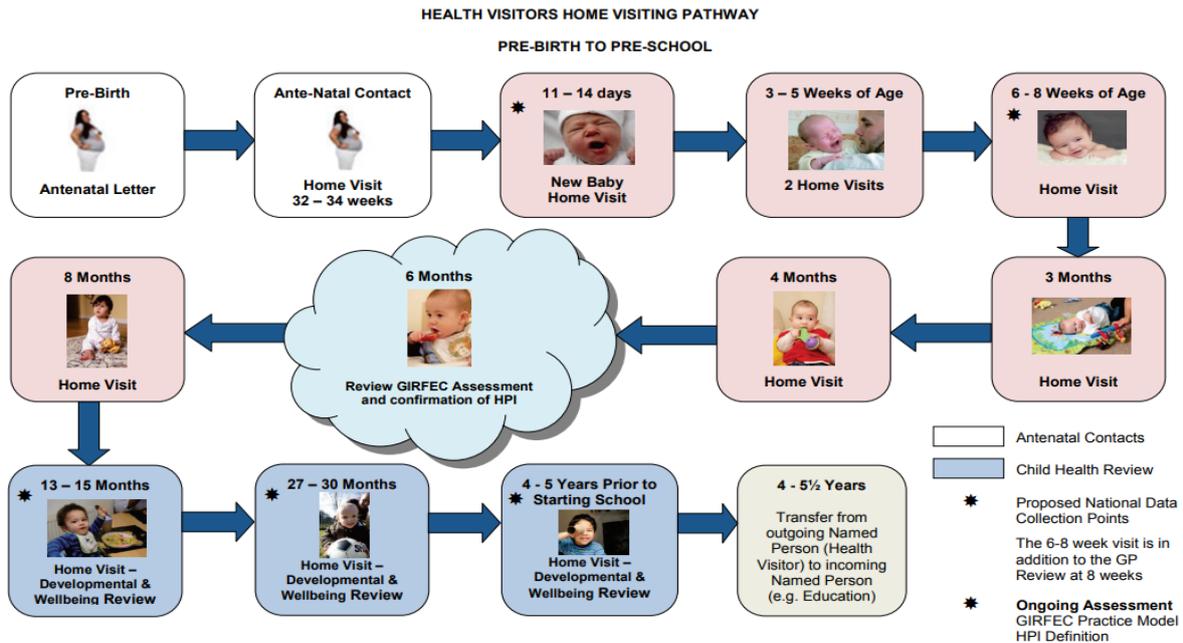
7.1 Universal Health Visiting pathway in Scotland

The Universal Health Visiting Pathway in Scotland: Pre-Birth to Pre-School sets out a core home visiting programme offered to all families by Health Visitors as a minimum standard (SG, 2015). Along with these core home visits PHM/HVs exercise the function of a Named Person on behalf of their Health Board are required to be available and responsive to parents to promote support and safeguard the wellbeing of children by providing information, advice, support and help to access other services. The Pathway is based on several underlying principles of:

- Promoting, supporting and safeguarding the wellbeing of children
- Person-centeredness
- Building strong relationships from pregnancy
- Offering support during the early weeks and planning future contacts with families
- Focusing on family strengths, while assessing and respectfully responding to their needs.

The programme consists of 11 home visits to all families - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years.

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In addition to delivering the child health programme at the appropriate level, public health nursing teams are able to support positive infant mental health in community settings. For example, by offering baby massage instruction sessions, running groups for prospective/new parents to meet and connecting with voluntary-run groups such as Home-start, young mums’ groups and toddler groups and being able to signpost parents to sources of advice and support (for example financial/benefits advice).

8. Community paediatricians

Community paediatrics provides a secondary specialised service to children with a range of support issues, complex health needs, developmental disorders and disabilities. As problems in child development tend to be multifactorial, the service provides expert assessment, diagnosis and follow up of children which may include intervention from other specialist services such as speech and language therapy, physiotherapy or occupational therapy.

Community paediatricians will also liaise with child and adolescent mental health services for children identified with a higher level of need.

9. Child and adolescent mental health services (CAMHS)

CAMH services are provided centrally and locally, with the central base being the Phoenix Centre (Raigmore Hospital). Services are offered direct from the Phoenix Centre or at peripheral clinics across Highland depending on demand and staffing levels.

Services are offered by a multi-disciplinary team (working at Tier 3 and 4) and include Primary Mental Health Workers (PMHWs, working at Tier 1 and 2) within Highland Council Health and Social Care Children’s Service. PMHWs are locally based across Highland and offer consultation, training and direct work with families where focussed, targeted, therapeutic intervention at an early stage is indicated. PMHWs are available to offer consultation to professionals about mild to moderate infant mental health

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concerns. Further explanation is offered in the publication *Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand and Workforce: CAMHS Tier Model (ISD, 2019)*
https://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/_docs/CAMHS-Tier-Model.pdf

Referrals to Tier 3/4 CAMHS should be considered when there are significant attachment or separation difficulties, family relationship problems, perinatal mental health difficulties which are impacting on infant mental health or post trauma. Issues arising from abuse or neglect must have been addressed by social work services and the infant should be living in a safe environment. Tier 3/4 CAMHS may become involved when families are experiencing pre-school behaviour problems, however this would only be following an identified additional need by the PHN/HV or GP and following other early intervention methods. Tier 3/4 CAMHS are also available to offer consultation to professionals around moderate to severe infant mental health concerns.

The Paediatric Health Psychology Service based within CAMHS offers consultancy to staff working with children and young people with a medical illness, as well as working directly with ill children, young people and their families. At present, they also offer one-off appointments to all parents who have a baby being cared for on the Special Care Baby Unit (SCBU). The purpose of this appointment is to allow one or both parents time and space to explore and process any traumatic feelings experienced with the arrival of their new baby and to identify further services if needed. All families are given information about this service in the information pack received on their child's admission to SCBU. Parents can contact the service directly or have a professional do so on their behalf.

CAMHS also work closely with paediatric services and offer joint appointments for families who have child health concerns in addition to mental health concerns, or if the nature of the difficulty is unclear at initial assessment.

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