PNIMH-PB / IMH-IAG
Service Development Guide

INFANT MENTAL HEALTH SYSTEMS AND IMH SPECIALIST TEAMS

A guide to service development for NHS boards, HSCPs and IJBs

Programme for Government 2019-20

- "create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma"

What is the Vision for IMH?

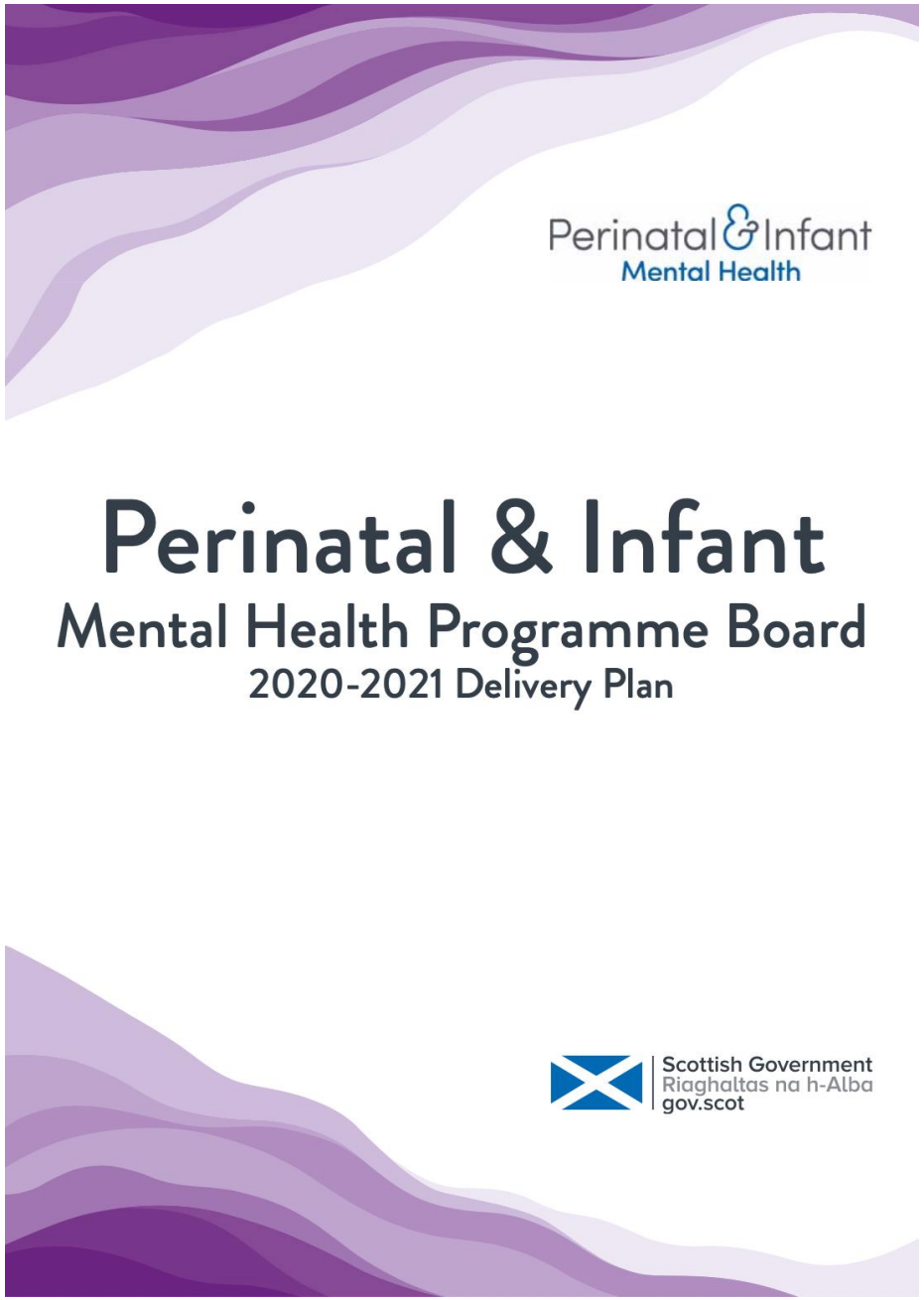
- There is a shared understanding, and definition, of ‘infant mental health’ and the importance of parent/infant relationships across policy and practice, families and their communities
- Parents and carers are supported to build positive relationships with their babies
- Prevention of relationship difficulties and mental health problems is paramount
- Where concerns are identified, early intervention is offered, with universal service providers being able to access specialist services via clear care pathways so that babies and their families receive the right care at the right time from universal, and if necessary, specialist services

The Way Forward

- A whole systems approach to infant mental health (IMH) services should support the development of a stepped care approach to service delivery ensuring the right intervention and support is delivered at the right time. Health promotion and the prevention of individual and relationship problems should be universal, with early intervention being offered to those identified as in need by a range of services and professionals. Specialist IMH services will have a vital role in supporting colleagues in Universal and non-specialist service to be confident in both identifying the need for and delivery of evidence-based early interventions and ensuring timely access to specialist intervention when required.
- Timescales are critical in this context as when developmental trajectories go awry there can be a rapid escalation of infant **distress** to **disturbance** and ultimately **disorder**. Intensive intervention will be required for the latter.
- Additionally, brain development is at a critical stage and the absence of an optimal environment can lead to adverse consequences including the failure to develop the capacity for self-regulation, empathy and the ability to make and sustain intimate relationships. The early experiences of infants and children, including the interactions between children and the significant adults in their lives, affect their developing brain.
- Well targeted prevention and early intervention programmes can substantially reduce the risk of future mental health difficulties, which in turn could reduce the need for referrals to CAMHS, and, ultimately, improve the health and wellbeing of Scotland's children and young people, and parents.

The Function of IMH services

- IMH Services should address concerns about the infant, for example about general development or specific areas, such as motor coordination or communication and language. Mood, behaviour and attention are less measurable but parental concerns should be acted upon. In some cases there will be specific difficulties, for example with sleep or self-regulation. These concerns exist in the context of relationships and should not be addressed without close attention to the primary relationship. Concerns about the mental health or actions of parents or primary caregivers also need to be addressed.
- IMH Services should address the child's context and offer evidence-based relationship focussed interventions. Some of these will involve assessment, diagnosis and understanding of the aetiology of neurodevelopmental disorders (including autism spectrum disorders, ADHD, FASD and those arising related to inherited conditions or in-utero insult). Difficulties in key dyadic relationships should be addressed. The evidence suggests that interventions promoting the caregiver's own inter-subjectivity and sensitivity to the infant's cues will promote the early relationship and support the infant's emotional development. This is particularly true in the context of trauma where interventions which focus on a parent's attunement and mentalisation will enhance sensitivity and help parents to process their infant's emotions, thus helping them to tolerate frustration, develop the capacity to self-regulate, prolong attention, and become more autonomous.
- IMH services should work closely with universal services to promote development of the infant caregiver relationship as key to infant wellbeing , and to ensure universal services are confident to identify when infants or caregivers require specialist input.
- A wider systemic approach should consider how best to support the building of healthy communities where vulnerable families receive help and support (scaffolding) to attend to practical tasks which may appear overwhelming at times. The wider context includes housing, finances, neighbourhood and childcare. Expansion of the latter could helpfully include supportive relationships and guidance.



The IMH Delivery Plan had 10 Actions including:

- Leadership and Coproduction
- Raising Awareness and Promoting Understanding
- Developing a Framework and Model
- Deliver resources in 3 waves
- QI Approach and Learning from Wave 1 to be shared
- Support for Neonates with Complex Difficulties
- Training and Workforce Development and Retention
- Evaluation of Impact
- Innovation

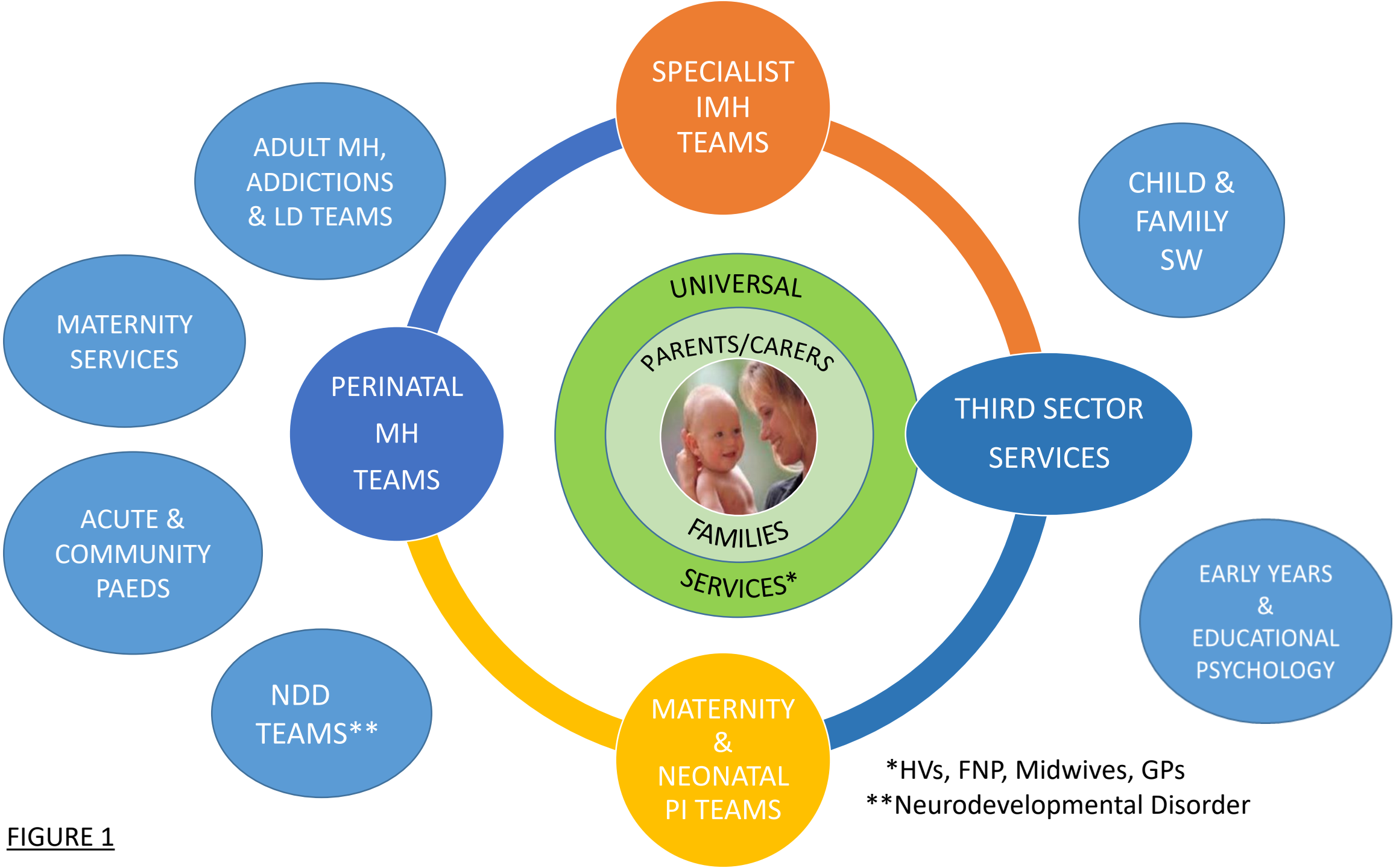

SPECIALIST IMH TEAMS
ADULT MH, ADDICTIONS & LD TEAMS
CHILD & FAMILY SW
MATERNITY SERVICES
PERINATAL MH TEAMS
UNIVERSAL
PARENTS/CARERS
FAMILIES
SERVICES*
THIRD SECTOR SERVICES
ACUTE & COMMUNITY PAEDS
EARLY YEARS & EDUCATIONAL PSYCHOLOGY
NDD TEAMS**
MATERNITY & NEONATAL PI TEAMS
*HVs, FNP, Midwives, GPs
**Neurodevelopmental Disorder

FIGURE 1

Models of Specialist Service - 1

- IMH services in all health board areas should include all participants shown in FIGURE 1 as part of an integrated system
- In larger health boards a stand-alone specialist Infant Mental Health team should work closely with other services
- In smaller health boards it may be more practical to have specialist PIMH (Perinatal and Infant Mental Health) teams
- Regional networks should be developed to provide more specialist input to the smallest health boards when required
- Regional Mother and Baby Units should have embedded IMH specialists

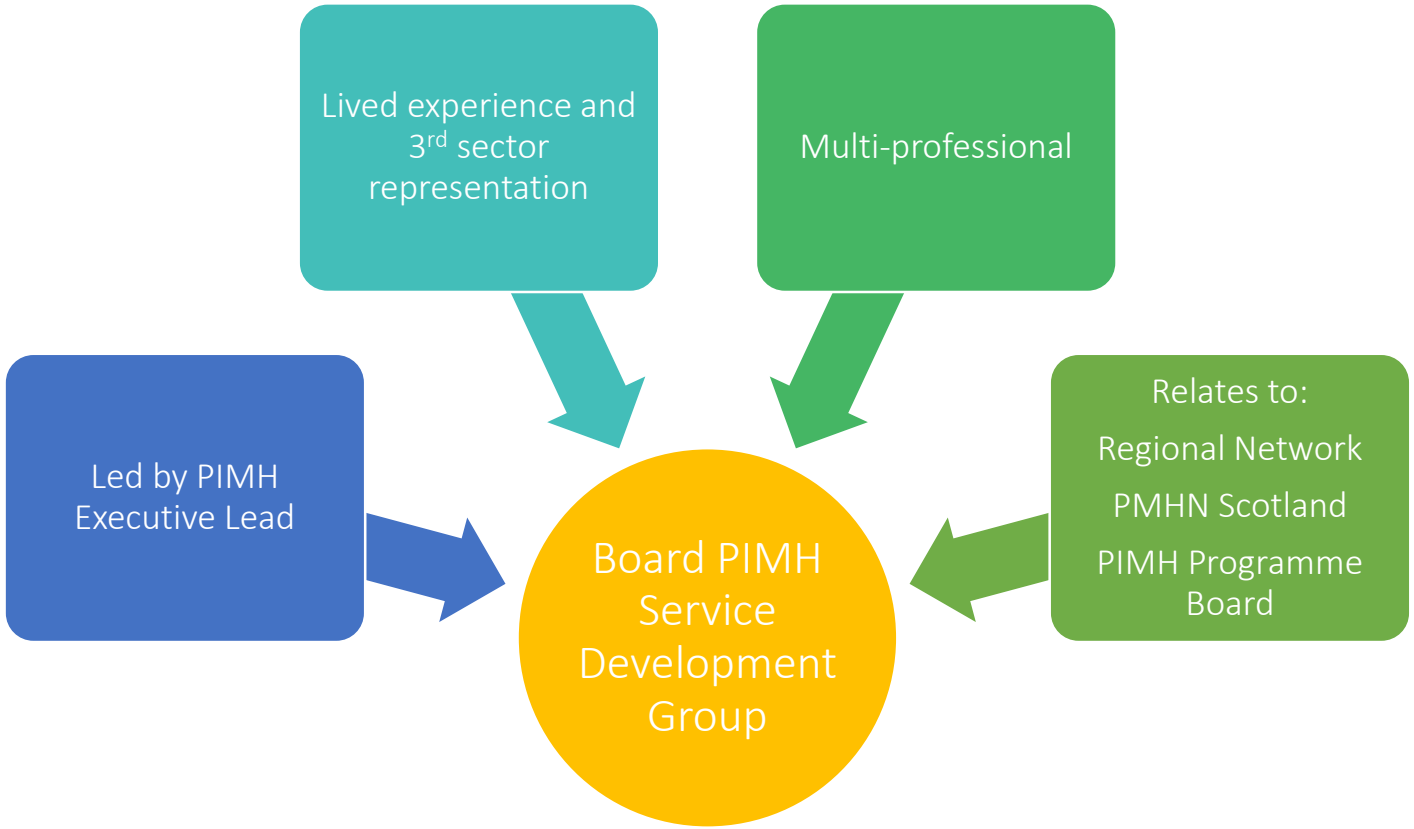
Models of Specialist Service - 2

In health boards with a birth rate of >3000 per year, specialist IMH practitioners/parent-infant therapists will be located in a number of services:

- Stand-alone IMH services addressing the needs of infants and their families from conception to 3 years of age experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma. Ideally these teams should be multiagency. They should have close links to and support those working in universal health services, perinatal mental health services, MNPI services and other agencies, including Third Sector
- Specialist Perinatal Mental Health Services
- Maternal and Neonatal Psychological Intervention teams
- Third Sector services*

* Some health boards will have a strong Third Sector presence while others may not

Leadership and Coordination



Principles underpinning service development

- Clear governance structure
- Informed by GIRFEC, The Promise and the UNCRC
- Co-produced by experts by experience and multiagency partners
- Attention to workforce development, recruitment and retention in partnership with NES
- Development of clear care pathways, standards and outcome measures
- Work across all sectors to address inequalities
- Work across all sectors to build a sustainable system
- Address infrastructure (suitable premises, IT systems)

Infant Mental Health Services

9 tips for service development