



~~2021!~~

SIMH-DC ~~2021~~
WINTER LEARNING DAY

Levels of Care in IMH Delivery

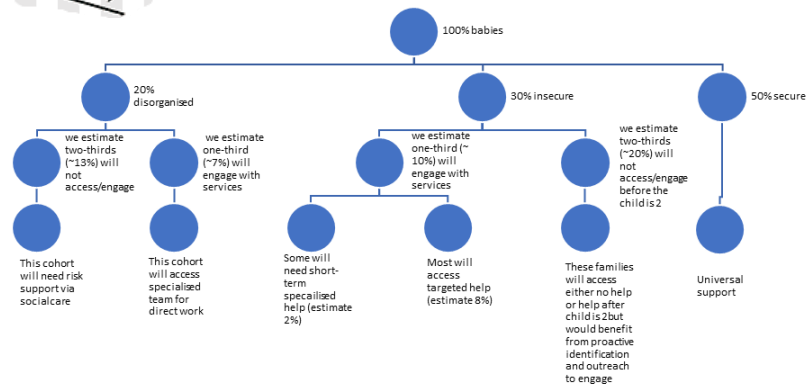
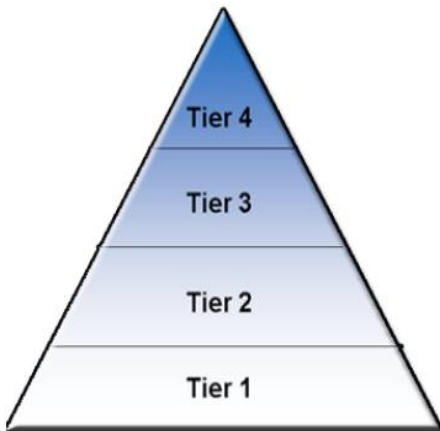
Wook Hamilton
National Development Manager
Parent Infant Foundation



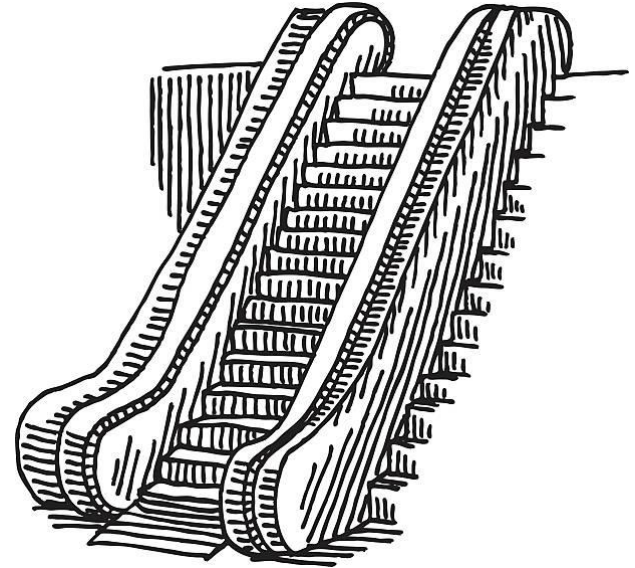
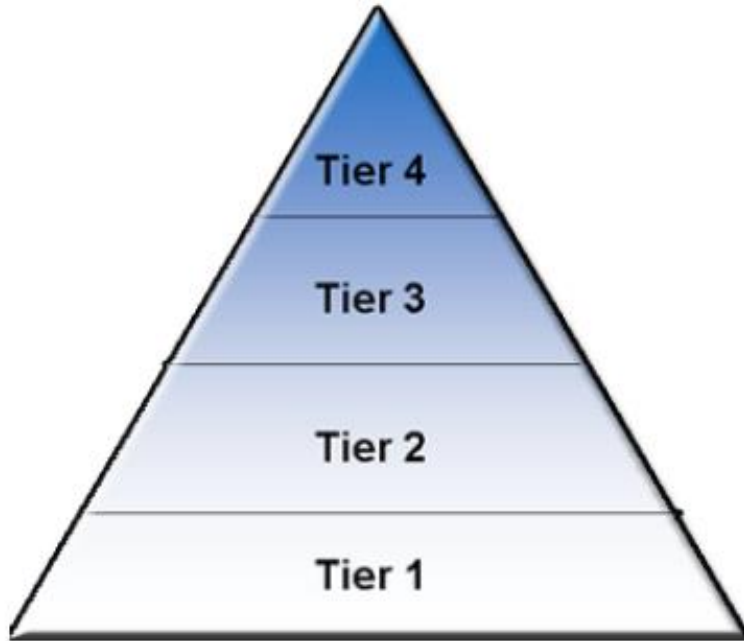
Overarching Principles: reminder

- Motivated people! From across services and including families (steering group)
- **Understanding of local need and national priorities**
- **An overarching vision (nationally and locally) and its aims (Theory of Change)**
- A skilled workforce
- Clear pathways & robust governance structure
- Sufficient funding
- Sustainability
- An understanding of what's needed at Board level to move forward, and how to measure/track that

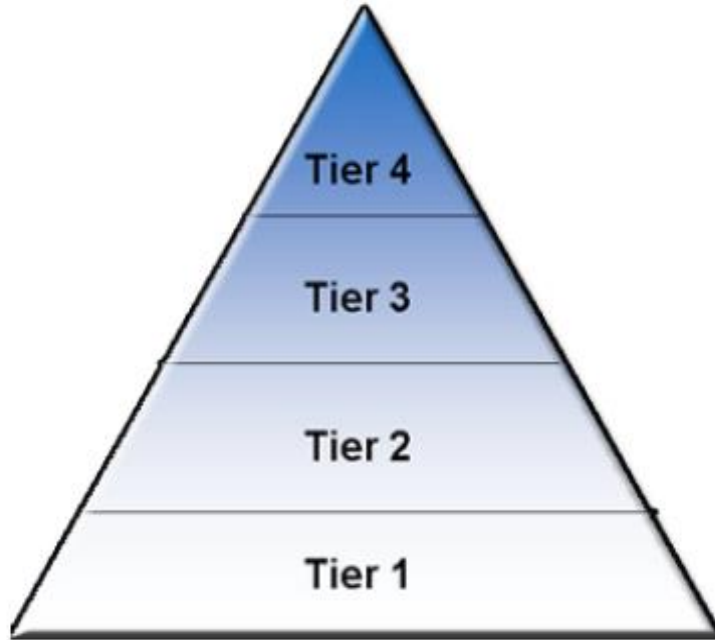




A tiered or 'escalator' model of services



A tiered or 'escalator' model of services



- Higher tier = more specialist staff
- Moving between tiers can be complex & inflexible
- IMH support can be complex at any level
- Family pathways not always linear





The Thrive Model

*"The THRIVE Framework provides a set of principles for creating coherent and **resource-efficient** communities of mental health and wellbeing support for children, young people and families.*



*It aims to talk about **mental health and mental health wellbeing** help and support in a **common language** that everyone understands.*

*The Framework is **needs-led** which means that mental health needs are defined by the children, young people and their families, alongside professionals, through **shared decision making**.*

Needs are not based on severity, diagnosis or care pathways."



Principles of the model

- ✓ Assess families early and identify those in need of support



Principles of the model

- ✓ Match families needs to the right level of support



Principles of the model

- ✓ Equip staff with the skills they need at each level of intervention



Principles of the model

- ✓ Maximise access for families and connectedness between the services



THRIVE model

What input is offered to each group



State of being of people in each group

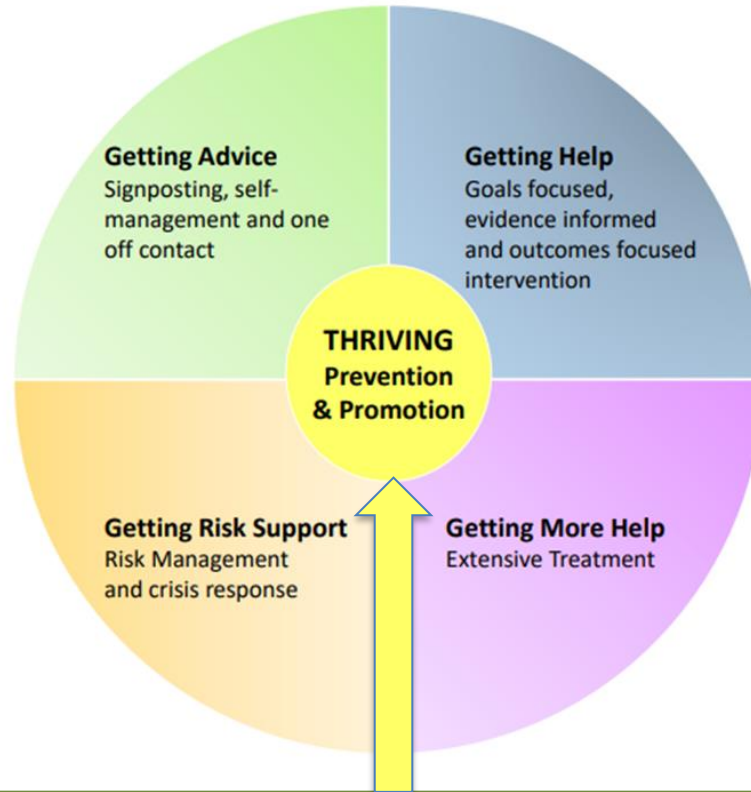


SIGNPOSTING, SELF-MANAGEMENT & ONE OFF CONTACT:

- One-off consultation and advice to services
- Supporting practitioners to use infant observations to promote thinking about the baby

RISK MANAGEMENT AND CRISIS RESPONSE:

- Offering infant observations
- Offering assessment and formulation
- Offering specialist PIMH risk assessment



- Promoting importance of infant mental health
- Offering training to local early years workforce
- Sharing information
- Support services to champion infant mental health

GOALS FOCUSED EVIDENCE INFORMED OUTCOMES FOCUSED INTERVENTIONS:

- Short-term goals focused consultation with professional, parents & carers
- Short-term goals focused therapeutically informed parent-infant work
- Home Start Peer mentor support and PIMH coordinator

EXTENSIVE TREATMENT:

- Specialist assessment
- Extensive specialist therapeutic input to improve parent-infant relationship
- Supporting parents who have children who are at risk of removal from their care
- Consultation to the network to support risk management and care planning



Signposting, Self-Management and one off contact

HMR EAS will support families who are Getting Advice by:

- Supporting services via one-off consultation and advice
- Supporting practitioners to use Newborn Behavioural Observations/infant observations to promote thinking about the baby

Risk Management and Crisis Response

HMR EAS will support families who are Getting Risk Support by:

- Offering infant observations
- Offering assessment and formulation
- Offering specialist PIMH risk assessment
- Offering consultation



Goals focussed evidence informed and outcomes focussed intervention

HMR EAS will support families who are Getting Help by:

- Offering short term, goal-focused consultation to professionals and parents and carers
- Offering short term, goal focussed therapeutically informed parent-infant work
- Offering Home Start peer mentor support and PIMH coordinator input

Extensive Treatment

HMR EAS will support families who are Getting More Help by:

- Offering specialist assessment
- Offering extensive specialist therapeutic input to improve parent-infant relationship
- Supporting parents who have children who are at risk of removal from their care
- Consultation to the network to support risk management and care planning

The EAS supports Thriving families by:

- Promoting the importance of infant mental health
- Offering training to local services regarding recognising difficulties in parent-infant relationships and knowing how to help
- Sharing information and resources that promotes the development of healthy parent infant mental health
- Supporting services to champion parent-infant mental health



How do we work out sufficiency using this pathway?

1. Use proxy of what we know about attachment styles
2. Estimates of how many families will need each level of support.





White, middle-class population

15% “disorganized”

25% “insecure”

55% “secure”

Most commonly related to significant adversity including child maltreatment

Associated with poorest outcomes

Needs specialist therapeutic intervention

Related to a wide range of risk factors

Difficulties may emerge in early years or later life

Some may need specialist interventions, some may respond well to targeted work

Unlikely to cause poor outcomes

Universal services sufficient



Higher risk populations

20% "disorganized"

Most commonly related to significant adversity incl child maltreatment

Associated with poorest outcomes

Needs specialist therapeutic intervention

"insecure"

Related to a wide range of risk factors

Difficulties may emerge in early years or later life

Some may need specialist interventions, some may respond well to targeted work

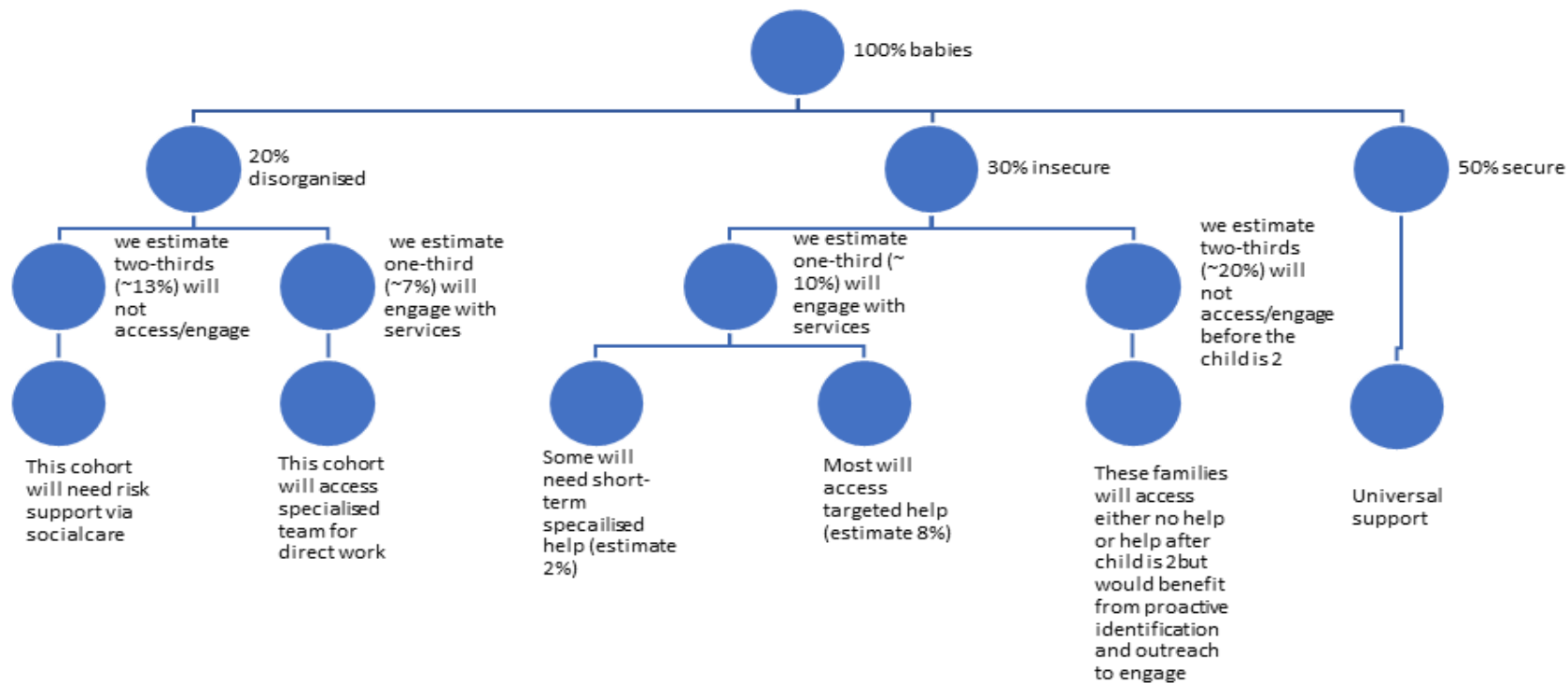
"secure"

Unlikely to cause poor outcomes

Universal services sufficient



An estimate of need and demand



An estimate of need and demand

13% will probably need risk support via social care	7% will access specialised team for direct work	2% will access specialised team for short-term direct work	8% will access targeted services	20% will not access/engage until after child is 2	50% will need universal support only
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Questions for your area

- How does Thrive relate to "sufficiency" in your area?
- How would you go about plotting existing resources into the Thrive model?
- What needs would remain? Where would the gaps be?





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