Keeping the Baby in the Room – Developing Specialised Infant Mental Health Services in Scotland

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Parent-Infant Foundation mission and vision

- Our vision is that all babies have a sensitive, nurturing relationship to lay the foundation for lifelong mental and physical health

- Our mission is to support the development, growth and quality of specialised parent-infant relationship teams across the UK

The UK work of the Foundation

- Awareness Raising on the importance of parent infant relationships
- First1001 days movement
- Infant Mental Health Awareness Week
- UK professional network
- Scottish Development Community
- Wales Development Lead
- Development and Implementation Support
- Political Influencing
- Resource Library
- Research collaboration
- Learning Events

Why focus on relationships

We know :

- The quality of close caregiving relationships from conception to age 2 is the most important predictor of childhood social and mental health outcomes
- Caregivers support the baby's mental health when they are able to provide nurturing, sensitive, attuned care and value their baby as an individual
- At least 10% of babies in Scotland don't receive this type of care

What is a parent-infant relationship team?

- ✓ Primary aim to **improve the relationships between parents and their babies under two.**
- ✓ Accept referrals from **pregnancy to child's second birthday**
- ✓ **Multi-disciplinary**
- ✓ Offers tailored packages of support at **different levels of need**
- ✓ Includes **dyadic (or triadic) work**
- ✓ They offer **indirect work** through, training, consultation, supervision and reflective practice groups to local early years workers

What distinguishes specialised infant mental health work?

A bit about Scottish Context

- Small country - <6 million
- Geographically, socially and economically diverse
- Devolved Parliament - progressive and ambitious for children's rights
- New national SG investment 2019-23 in perinatal and IMH services

Scottish Context cont.

- Large “ Looked After” population
- Child and Adult mental health- distinct training and care pathways
- Long CAMHS services waiting lists
- Sparse historic IMH provision
- NSPCC GIFT, Fife, Lanarkshire – some existing expertise

What are we aiming for?

“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”

PIF role to Support Development of Specialised Services through :

- Building cross sector relationships
- Peer support network (SIMH-DC)
- Bespoke consultation to Health Boards
- Bringing a range of expertise and wider UK connections

Scotland Development Lead

- 2020-2022 – Dr. Rachel Fraser, Consultant Psychologist with specialist Perinatal and Infant Mental Health expertise
- 2022 – Lucy Morton, Qualified Social Worker, Expertise in child protection, service development, whole system approaches

Service Development Work

14 diverse Health Board areas

No prescribed model of service development or structure.

Survey of Smaller Services – Sep/ Oct 24

- Individual and group meetings with lead clinicians of smaller services - more detailed sense of individual needs and contexts

Matched Health Boards

- Lucy Morton- Highland, Lanarkshire
- Rosie Simpson – Argyll and Bute, Grampian, BeST, Western Isles
- Dr Nicola Canale – Borders and Dumfries and Galloway
- Dr Julia Donaldson – Orkney , Shetland
- Emerging Themes
- Different stages of development, variety of contexts, staffing, budgets
- Mapping Key Task

Examples of Service Development

TWO AREAS LOTHIAN AND HIGHLAND - CONTRASTING CONTEXTS

DIFFERENT MODELS OF DEVELOPMENT

SOME ISSUES THAT ARISE

SHARED LEARNING AND NEXT STEPS

Lothian

- Large population
- Discreet, well-resourced Perinatal and Infant Mental Health services
- Strong leadership
- Multi- disciplinary Teams
- Joint Funding and Delivery with 3rd Sector partners

Highland

- Large area , sparse population, isolated families and communities
- Strong 3rd sector inc Homestart
- Small, integrated service- perinatal, IMH, MNPI,
- Shared leadership
- IMH Consultation only so far

Common Elements of Success

- Genuine trust and goodwill
- Shared curiosity about professional roles and team dynamics
- Good governance, wider systems support
- Acceptance of the equal status of infants as candidates for mental health care in their own right

Service Development next steps..

- Deepening culture of trust, peer support, building security in the system
- Remaining curious about different models of service, working with 3rd Sector partners, Service specification
- Develop impact measures relating back to Programme aims and wider equalities, infant's rights agendas
- Scottish Centre for Research, Development and Policy Influencing – The Secure Base

Secure Base Initiative

Background

- No Scottish Centre for IMH Training, Consultation, Research
- Options Appraisal commissioned – Hub and Spoke model recommended
- Steering group of academic, policy and clinical stakeholders

Secure Base cont

- Meetings with Trustees, SIMH-DC
- Sep 24, refined vision- iterative approach toward **The Secure Base – Scotland's Hub for Infant Mental Health Research, Policy and Practice**
- May 25 – Core group agrees PIF would continue to lead project and recruit PM
- Now - actively fundraising, gaining traction at SG level

Next Steps

- Recruit Project Manager
- PM to develop Governance and Funding approach and coordinate partners
- Link to Nancy's influencing and wider stakeholder and coalition work
- Launch plan and 1st meeting

Elements of Success to date..

- Genuine trust and goodwill, focus on relational aspects
- Shared investment in national approach
- Willingness to forego institutional advantages for collective strength
- Privileging infant perspectives, recognising historic imbalance in mental health/ relational care and co-production initiatives