

Local Authority Child Public Health Briefing(3): The health visiting contribution to children's mental health

The Public Health Challenge

The capacity of Child and Adolescent Mental Health Services (CAMHS) is under public scrutiny with services struggling to meet the demand from mental health problems, usually for school age children and young people. There is an urgent need to reduce demand through earlier intervention and prevention.

According to Public Health England (PHE, 2015a) 'early childhood experiences have been found to have a lasting impact upon a child's mental wellbeing. Initiating improvements in the mental wellbeing of this age group may thus deliver tangible improvement across their whole life course. Raising levels of mental wellbeing across children and young people can improve life satisfaction and feelings of worth in individuals involved, while at the same time improving the economic prospects of an area by reducing the overall burden of ill health.' (PHE, 2015a: 4).

Infant mental health is defined as 'the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

- Promotion of healthy social and emotional development;
- Prevention of mental health problems; and
- Treatment of the mental health problems of very young children in the context of their families'.

ZERO TO THREE: Infant Mental Health Task Force
bit.ly/1QXgPIm

This definition can also appropriately encompass prenatal experience. The emphasis on the first three years of life reflects the critical formative importance of early childhood experiences in these 'foundation years' (Field, 2010).

Shifting the curve

The prevention paradox (Rose, 2008; Marmot, 2010) explains that the greatest impact will be achieved by addressing needs across the population as a whole in order to improve health as well as reducing the severity and number of children and others with the greatest needs, these make the greatest demands on public services over the long term. Infant mental health is crucial for all babies and infants in the early critical days (sometimes denoted as '1001 critical days' (WAVE, 2013)). Adverse childhood experiences embed social disadvantage biologically due to the impact on the developing brain of 'toxic stress', for example due to exposure to domestic violence; while sensitive and responsive care from primary care-givers,

parents and others within the family circle, shape a sturdy architecture of brain development and secure attachment. This is the foundation for the healthy social and emotional development essential for readiness for learning in the school age years and future mental health. While toxic stress may be more prevalent in families with multiple social and other disadvantages, issues such as perinatal mental health problems, domestic violence and abuse, or drug and alcohol abuse are found throughout the population. These contribute to insecure infant attachment which is estimated to be present in around 40% of the population (Andreassen and West, 2007). Such children are more likely to have difficulty in regulating their own emotions and behaviours needed to interact effectively with others, to be resilient, and to fully benefit from learning opportunities in school. Hence universal supportive and preventative services are essential to 'shift the curve' and prevent the later development of mental health problems.

The evidence base

Recent developments in developmental neuroscience have strengthened the evidence base for the critical importance of early infant mental health for subsequent health and development, including readiness for learning and as a foundation for forming healthy social relationships in later child and adulthood. Marmot (2010) has demonstrated the health gains at population level to be achieved through improving health and reducing inequalities in the earliest years of life; and Heckman has depicted graphically the return on investment and the costs of failure. Moreover WAVE (2013) has demonstrated that 'early years' interventions are a rare opportunity to spend money in a way that delivers social and economic benefits at the same time' (p.101).

Interventions

The revitalised health visiting service and full implementation of the Healthy Child Programme (HCP) (PHE, 2015b) includes a mandated antenatal visit establishing the basis for the transition to parenthood. As well as promoting good antenatal care, this early contact provides a relational basis for assessing perinatal mental health for mothers and fathers and supports parents to 'mentalise' their unborn child as a real individual to be nurtured, laying the ground for parental bonding.

The Healthy Child Programme (HCP) provides the framework for health visitor-led mental health promotion

in pre-school children. Interventions may be at a universal or targeted level. Universal support to families in the HCP includes activities to promote the development of emotionally secure children and families by, for example, promoting the self-esteem of the parents, child-caregiver attachment and positive parenting practices. It also includes working specifically with women experiencing postnatal depression or domestic abuse, with children with behavioural problems, managing child abuse and bereavement. Providing it is done as a universal service, health visitors leading the programme [can] ensure the programme is delivered across many social and ethnic boundaries, and with excluded groups such as the homeless, travellers, asylum seekers and the families of prisoners, who face particular mental health challenges as a result of their life styles. (WAVE, 2013: 71).

Health visitors have developed their skills based on in-depth applied knowledge of attachment such as by adoption of the **Solihull Approach** and, more recently, use of tools such as **Newborn Behavioural Observation** (NBO) and **Baby States** to promote parental sensitivity and secure infant attachment. WAVE (2013) advocates full implementation of the Healthy Child Programme and further enhancement by the use of such tools to assess and promote infant mental health. Embedding such approaches in practice provides the bedrock for establishing infant mental health pathways to specialist services, reducing demand on CAMHS.

Health visitors are pioneers of universal perinatal mental health services and are critical to the implementation of pathways to specialist services. In accordance with recent developments, health visitors not only seek out unrecognised postnatal depression and offer therapeutic 'listening visits' but increasingly identify both anxiety and depression in mothers and fathers antenatally and postnatally and develop trusting relationships to support families directly or through referral pathways (NICE, 2014).

Success factors

The quality of relationships between health visitors and parents is key to public acceptability and effectiveness of promoting sensitive and responsive parenting. Health visiting services should be staffed and organised in order to facilitate and support such relationship based interventions (Cowley et. al, 2013).

The capacity to attend and be responsive to the needs of young children and their carers requires health visitors to maintain personal and professional resilience to remain courageous and compassionate as well as proficient in unpredictable and uncontrolled environments. The support and supervision of health visitors, including a restorative function, is key to the quality of professional relationships, judgement and decision making.

The role of the Institute of Health Visiting

Institute of Health Visiting experts have produced training packages for a national network of Champions for

- Infant Mental Health
- Perinatal Mental Health
- Domestic Violence and Abuse
- Safeguarding and Child Protection

The iHV has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years including 'Transition to Parenthood and the Early Weeks' and 'Maternal Mental Health (Perinatal Depression)'.

The iHV has developed resources to support practitioners and managers/employers to maintain resilience with compassion. bit.ly/1OVouIm

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