North Cork Infant Mental Health Network Model Research outcomes:

1. Increased clinical knowledge and enhanced clinical skill

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<th>Infants</th>
<th>Parents</th>
<th>Early Years Practitioners</th>
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<td>The intervention is infant centered and begins with the consideration of “what is it like for the baby?”. The infant’s emotional development stages from 0-36 months are as important as physical and intellectual milestones.</td>
<td>Learnt of the importance of the child-parent relationship and reported improved interactions with their infants.</td>
<td>Increased knowledge of brain development and increased understanding of key issues of attachment; risk and protective factors; child development; psychoeducation.</td>
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2. Changes in service policy and delivery.

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<td>Infant and parents are worked with together and the emotional needs of the infant are considered to be fundamental to the support given.</td>
<td>Experience a relationship based intervention; parents are supported to consider their own experience of childhood and parenting.</td>
<td>Results identified increased clinician home visits as a change in service delivery and the provision of psycho-education to parents; practitioners reported feeling more confident to have difficult conversations with parents and be able to support parents; also reported was an increased knowledge of the significance of intergenerational transmission of risk for infants.</td>
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3. Enhanced outcomes for babies and their families.

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<td>Research pointed to improved attachment outcomes for infants within the context of the infant-parent relationship.</td>
<td>Research reported improved infant-parent interactions.</td>
<td>Those working with teenagers and adults also reported improved understanding of the significance of early childhood experience and the lifespan application of IMH knowledge.</td>
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4. Improved understanding of reflective practice and of the concept that a child’s behaviour has meaning.

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<td>Early experiences for infants and toddlers matter and an infant’s capacity to grow up happy and well are linked to these early experiences.</td>
<td>Research reported improved parental capacity for reflection on their interactions with their infants; research also pointed to parents seeing mental health supports for themselves.</td>
<td>INFANTMentalHealth Network North Cork</td>
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Acknowledgements

The Infant Mental Health Research steering group would like to acknowledge that Infant Mental Health practice in North Cork was led in 2000 by the pioneering work of Catherine Maguire and Rochelle Matacz, Senior Clinical Psychologists and Infant Mental Health Specialists, HSE Cork North Child and Family Psychology Services with support from Yvonne Finn Orde, General Manager HSE and Brid O’Sullivan, HSE Principal Community Work Department.

The research steering group also extends its thanks to Dr. Deborah Weatherston, Executive Director, Michigan Association for Infant Mental Health for her editorial work in the research and the consultation supervision and mentoring of IMH North Cork since its inception. Others we wish to thank are research assistants, Emma Hennessy, Geraldine Harmon and Hannah O’Connor who assisted us at various stages of this project. The IMH Network members of Mallow and Fermoy must be commended for their participation and ongoing commitment to the well being of babies, toddlers and their families in North Cork. Finally, this research was funded by the HSE Cork North Community Work Department.
What is Infant Mental Health?
Infant Mental Health (IMH) refers to the developing capacity from birth to 3 years of age to experience, regulate, and express emotions; to form close relationships; and to explore the environment and learn all in the context of family, community and cultural expectations for young children.

Why does IMH matter?
Early experiences for infants and toddlers matter. What happens during the infant stage of development lays the foundation for psychological social and emotional functioning, health and wellbeing. IMH provides a unique opportunity to ensure the interactions that occur between the infant-parent/caregiver relationship are promoted and supported. Adverse early childhood experiences impacts on the young child’s social and emotional development. Untreated, the effects of these will continue to impact negatively on physical, social, emotional health across the lifespan. There is a high economic cost associated with frontline clinical interventions when children reach puberty as opposed to the much lower economic cost associated with preventative services in early years. Decreasing the prevalence of long term mental health problems by intervening at the earliest point in development is a cost effective strategy. IMH enabled health professionals work closely with families to support their child with the core competencies in IMH principles and practice. At a national policy level the research identified the need for development of accessible IMH endorsement/certification programme, thus providing an effective method of training professionals working with infants, toddlers and their families. Frontline IMH service is provided with access to Interdisciplinary training to support early intervention at community level. IMH is implemented in a revised Primary Care strategy as a universal programme, thus improving the effectiveness of IMH training for all health professionals.

IMH network model:
The North Cork IMH network model contains a number of unique elements:

1. Phase 1: the development of accessible IMH endorsement/certification programme for health and social care professionals.
2. Phase 2: the development of a common component, case study discussions and a reflective practice.
3. Phase 3: meetings include a continuous focus on learning, development, healthy attachment and regulation.

What is the North Cork Infant Mental Health Network Model?
An inter disciplinary, community-based network comprising of early years professionals working in statutory and community teams. The focus of the IMH network model is on learning, development, of workforce capacity and integration of IMH principles in the community. Central to the IMH network model is the development of a common language across the lifespan. This IMH language muscle grows by increasing knowledge of what contributes to optimal social and emotional development, healthy attachment and regulation of emotions in infancy and early childhood and decreasing the prevalence of long term mental health problems by intervening at the earliest point in development.

Rationale:
The North Cork Child and Family Psychology service developed the IMH network model in 2005 in response to the increasing numbers of infants and toddlers presenting with problems associated within attachment, parent-child interaction difficulties and emotional regulation issues. No service framework existed for the provision of services to the 0-3 age group. In 2009 the North Cork Child and Family Psychology team members met with the HSE North Cork Community Work team to explore how IMH networks could be developed in the North Cork community to consolidate and integrate IMH learning into service delivery.

The North Cork IMH network model has three phases:

Phase 1: Introduction to IMH
- Core component of IMH network model: Introduction to IMH: lectures facilitated by IMH specialists on key IMH principles and attachment and an introduction to social and emotional regulation.
- IMH networks
- Introduction to IMH
- Core component of IMH network model

Phase 2: IMH master classes
- IMH master classes: three day master classes providing a review of key IMH principles and attachment in social and emotional regulation, principles of IMH assessment and intervention models. IMH participants are drawn from HSE Child and Adolescent Mental Health services, Adult Mental Health services, HSE Community Work, Tusla Community Work, Tusla Social Work, HSE Public Health Nursing, Speech and language therapy, Child and Family Psychology, Occupational therapy, Community childcare projects, Family Resource Centres, Domestic Violence services and youth based community projects.

Phase 3: IMH networks
- IMH networks: monthly meetings jointly facilitated by North Cork Child and Family Psychology and Community Work Departments.
- Meetings include a continuous focus on learning, competency development in IMH, a theoretical component, case study discussions and a reflective practice.

Evaluation of North Cork Infant Mental Health Network Model:
The North Cork Community Work Department contracted Assistant Psychologists attached to the North Cork Child and Family Psychology service to evaluate the IMH network model. Dr. Deborah Weatherston, Executive Director, Michigan Association for Infant Mental Health was contracted for research editorial. Staff members from the HSE Child and Family Psychology service, Adult Mental Health Psychology Service, the North Cork Community Work Department and Tusla Child and Family Agency Community Work team then compiled the research report.

This research combined quantitative and qualitative tools. This document summarises the full research report outlining the key strengths and challenges of the IMH network model, the potential outcomes for infants and their families when IMH practice is applied, the impact of IMH knowledge for frontline early years practitioners and recommendations at national level.

The full research report is available to download from www.hse.ie/infantmentalhealth and www.tusla.ie

Recommendations from North Cork IMH network model highlighted by the research:
1. Expand the Infant Mental Health Network model nationally.

The research shows that IMH network groups work and are cost effective. This model should be expanded nationally so that frontline clinicians and community based practitioners working with infants, toddlers and their families are provided with access to Interdisciplinary training to develop care competencies in IMH principles and practice.

2. Create sustainability:
This research has demonstrated that the IMH network model can be sustained with support from the Community Work Department, once established. The IMH network model outlined provides a balance between promotion, prevention and intervention ensuring there is a place for IMH assessment and intervention among frontline services working in early years settings.

At a national policy level the research identified the need for the development of accessible IMH endorsement/certification programme for health and social care professionals. This program can be expanded nationally so that frontline clinicians and community based practitioners working with infants, toddlers and their families are provided with access to Interdisciplinary training to develop care competencies in IMH principles and practice.

3. Implement the recommendations from the Early Years strategy:
This research recommends that funding be made available to support implementation of the Early Years Strategy policy. The research strongly recommends that IMH principles be infused into a revised Primary Care strategy as a universal model of promotion, prevention and intervention which emphasises the critical importance of the first three years in building and consolidating healthy social and emotional health and wellbeing across the lifespan.

Prioritising the application of the IMH model will lead, over time, to the development of societies and communities that are more resilient and have improved levels of social and emotional health and well being.