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A Public Health Perspective on Supporting Infant and Early Mental Health Promotion: The Optimal Opportunity for Health Promotion

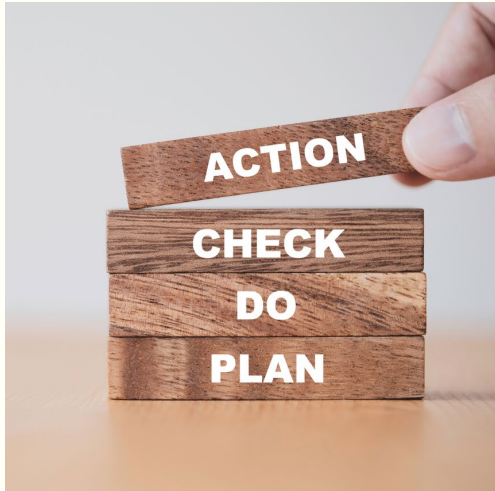
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Director, Infant and Early Mental Health Promotion

The Hospital for Sick Children

Objectives

Understand and/or action:

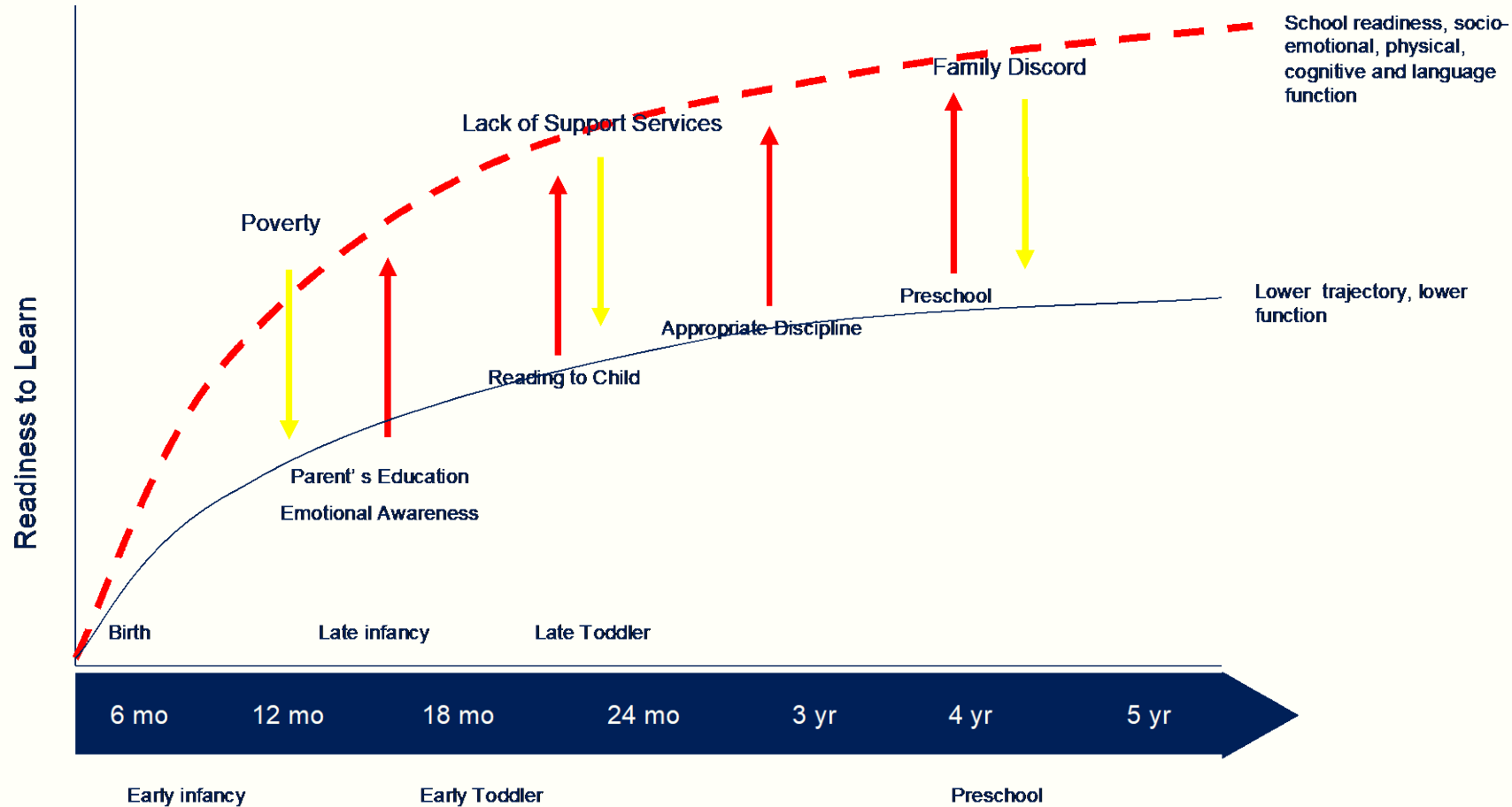


1. Understand the importance of early mental health on lifelong health outcomes.
2. Recognize system gaps in supporting infant and early mental health.
3. Better reflect and consider the policies within health care systems that can better support infant and early mental health.
4. Identify opportunities to actively better support infant and early mental health within the health system to increase

Section 01: The Importance of Infant and Early Mental Health



Strategies to Improve Healthy Development and School Readiness Trajectories



Adapted from Halton N, McLearn K. Families with children under 3. What we know and implications for Results and Policy. In Halton, McLearn and Shuster eds. Child Rearing in America. Challenges Facing Parents and Young Children. New York. Cambridge University Press 2002.



The Science Supporting Infant Mental Health

- Robust
- Recognizes infancy as pivotal to lifelong outcomes
- Low hanging fruit of developmental opportunity and wellbeing - a period that offers the greatest return on the investment made
- The easiest period of childhood to influence brain architecture

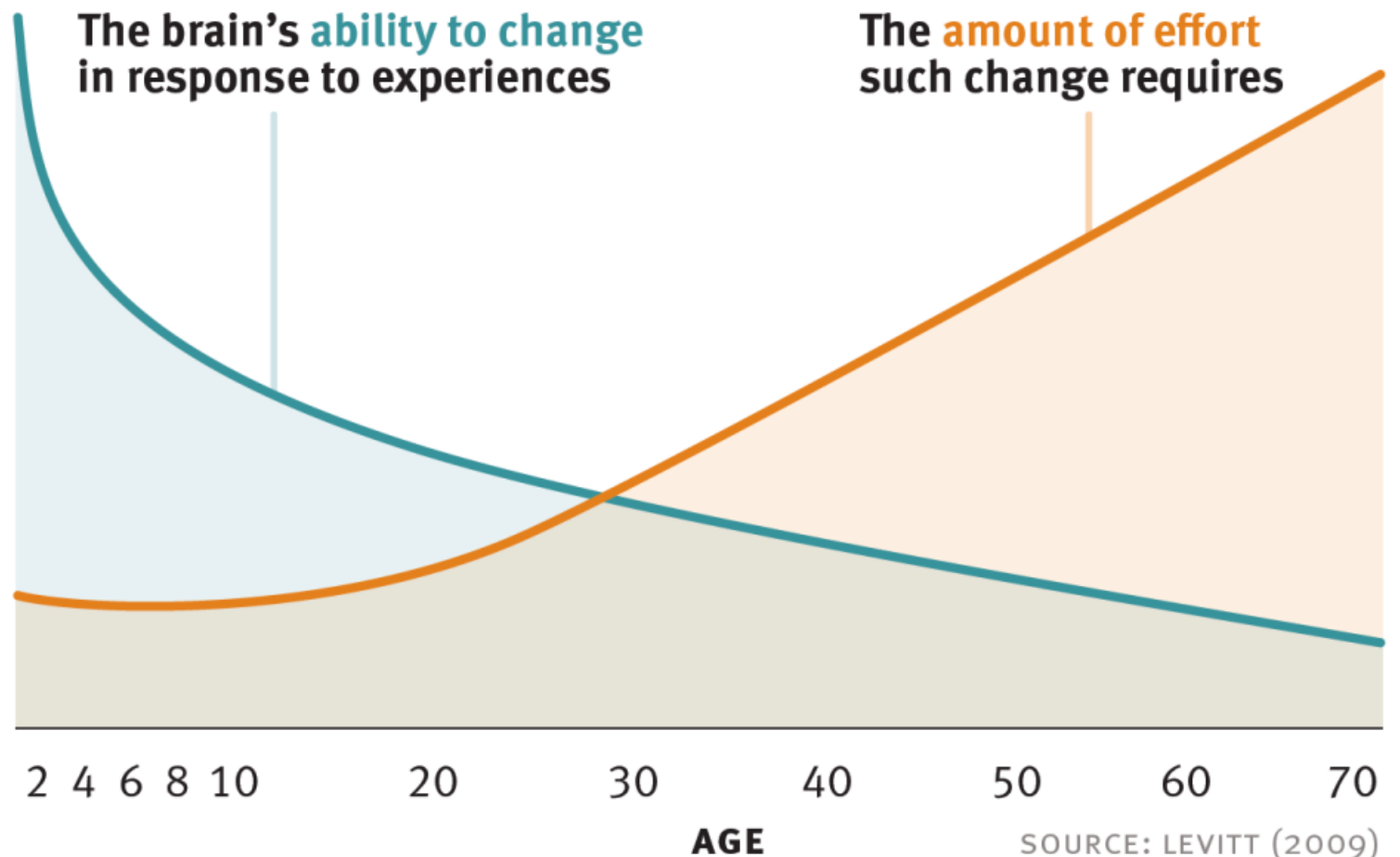


Infant & Early Mental Health

- The greatest opportunity to influence developmental outcomes is in the first three years of life
- Infancy is a period of profound development in the brain unmatched by any other period with **over 1 million neural connections** made every second – an incredible opportunity
- Early experiences (both positive and negative) have a decisive effect on how the brain is wired. Practitioners who understand even the most basic brain science of brain development are better equipped to meet the needs of this young group of children
- When young children focus on getting their basic needs met, these connections in the brain mature, while other circuits may be lost if unused/activated

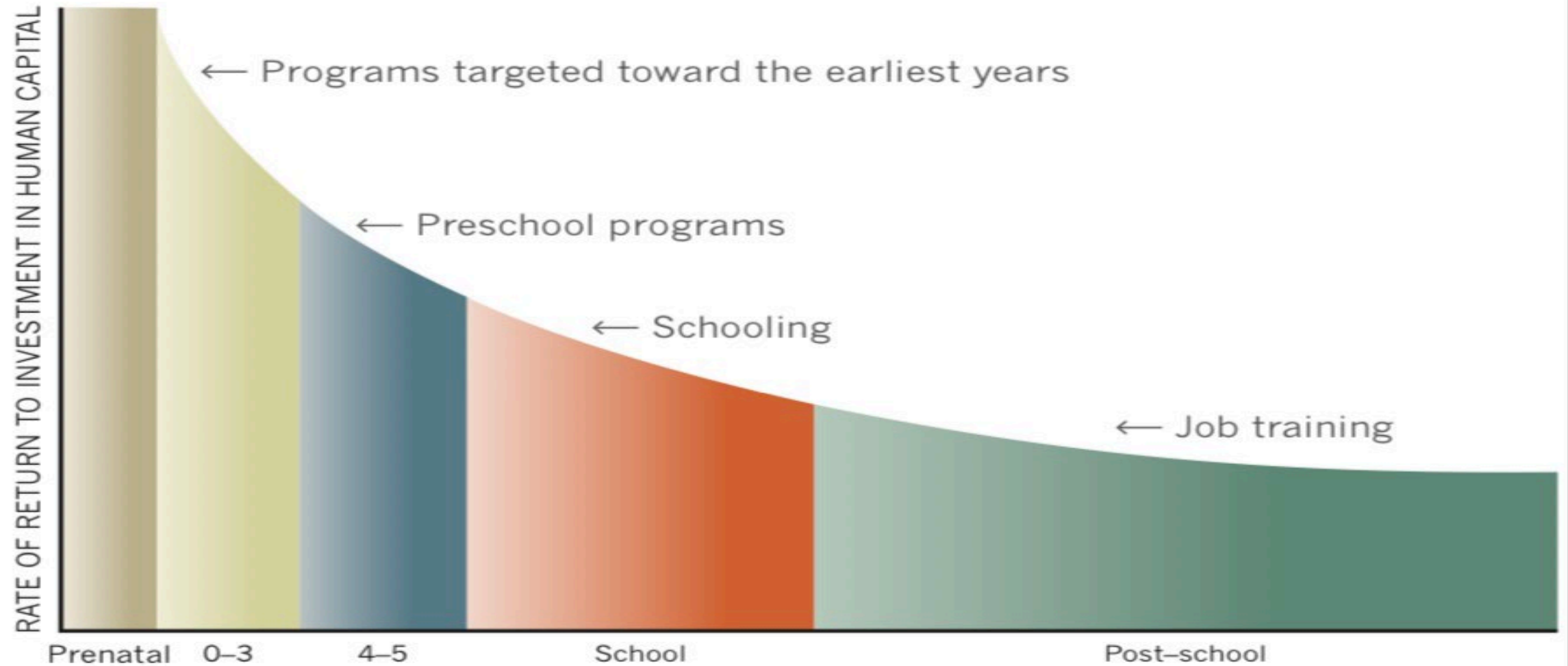


Importance of Early Intervention



SOURCE: LEVITT (2009)

Returns to a Unit Dollar Invested



Heckman, James J. (2008). "Schools, Skills and Synapses," *Economic Inquiry*, 46(3): 289-324



Setting the Context – In Its Own Infancy In Canada



A well-established scope of practice in many parts of the world



In Canada efforts have largely focused on physical health and school readiness



In Canada, an emerging scope of understanding and practice

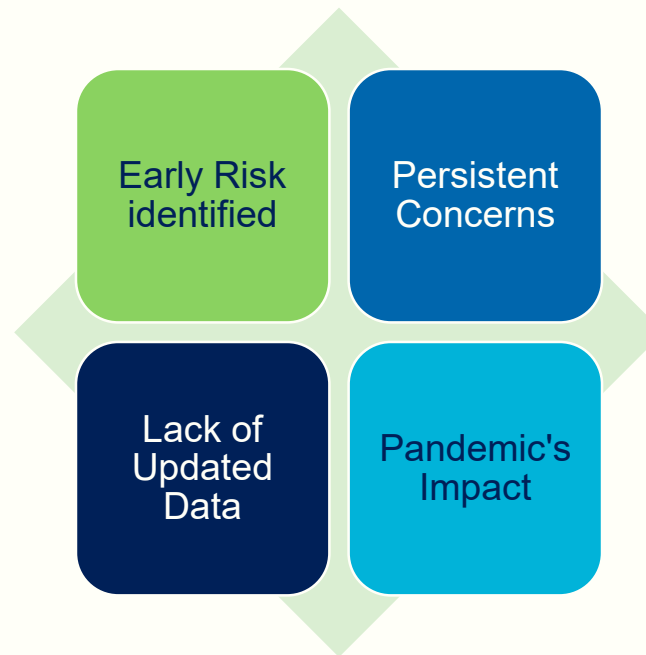


It is not covered in depth in most of the helping professions from physicians, to social workers to many others

Setting the Context – How are young children in Canada doing?

In 2019 Waddell found that 18 to 21% of Canada's toddlers and preschoolers present with some type of social vulnerability upon school entry

Exact current figures are not available, indicating a gap in monitoring and addressing these challenges



Current data IEMHP is collecting suggests these numbers have not decreased, in some communities, the risks have even increased

Research suggests babies born during the pandemic may be at a greater risk for developmental delays

How has vulnerability changed from 2004 to 2015?

Data collection across Canada shows that **25%** or more of kindergarten children are vulnerable in at least one area of development. Early vulnerability predicts a child's lifelong health, learning, and behaviour.



+3.2%



+1.4%



+2.0%



-2.0%



-1.9%



Increased vulnerability in physical health and wellbeing, social competence, and emotional maturity



Improved outcomes in language and cognition, and communication and general knowledge

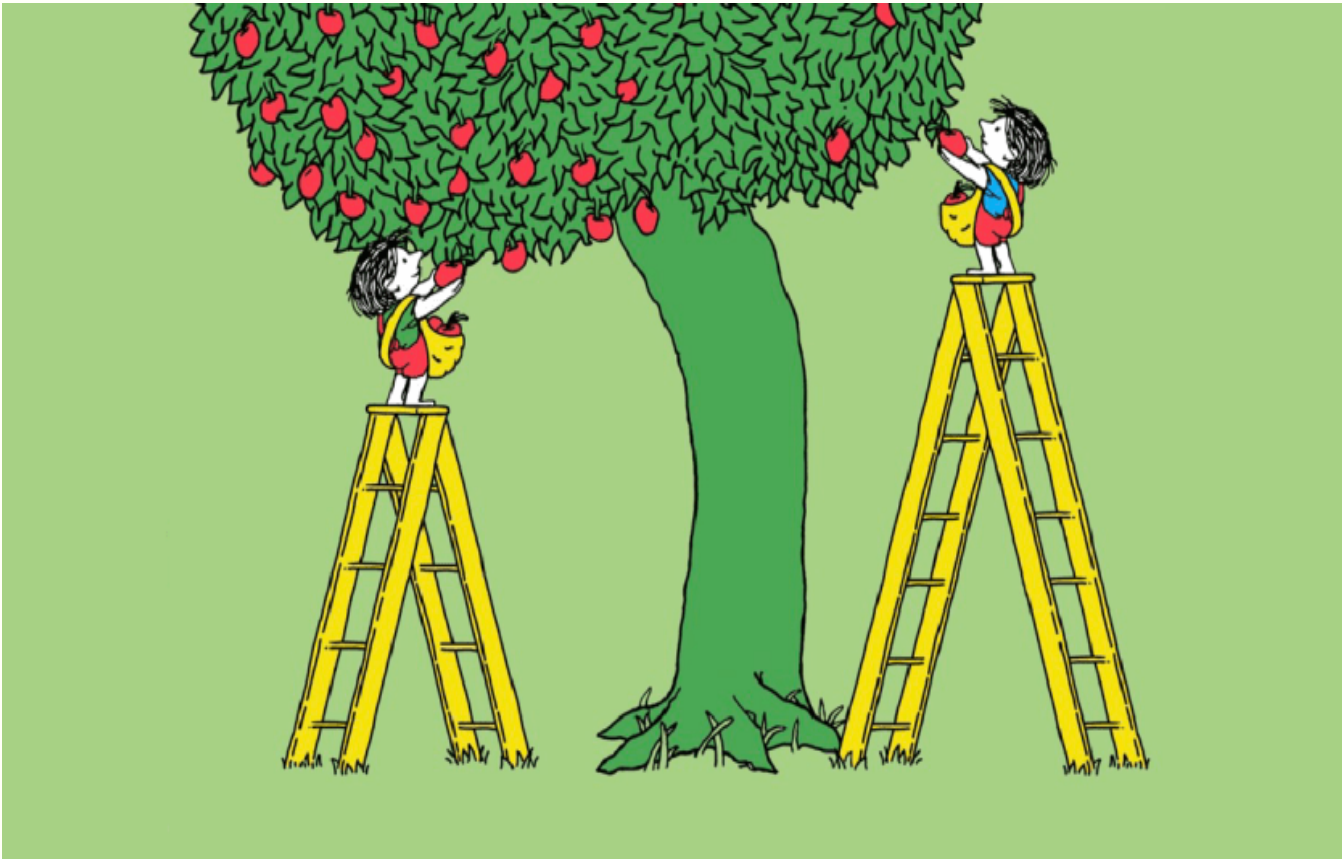


(Adapted from Early Development Instrument Report, 2018)₁₁

Section 02: **Policy & Practice: Where is Equity?**



Equality and Equity

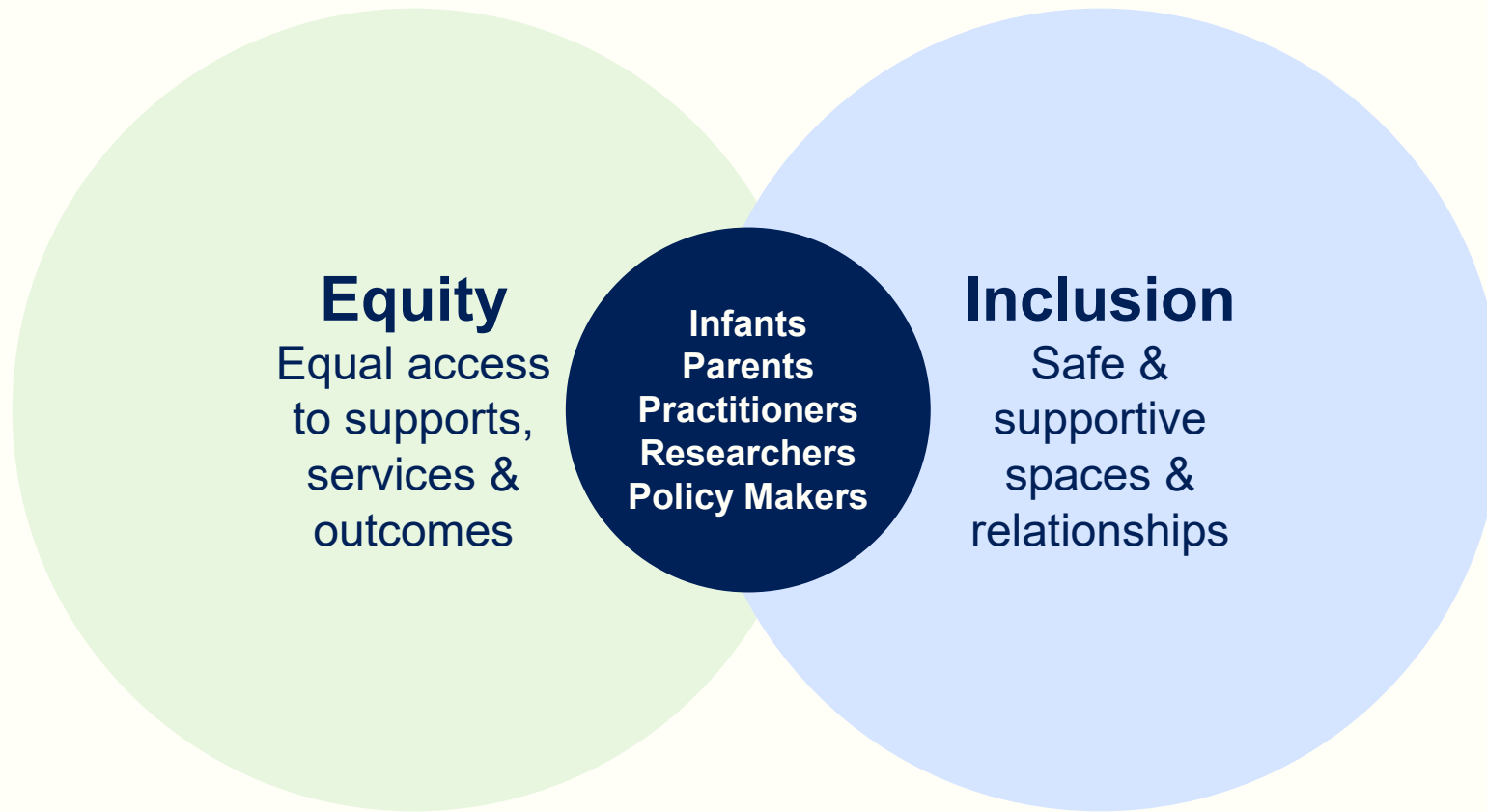


We All Experience
Infancy Differently

Source: "Addressing Imbalance," by Tony Ruth for the [2019 Design in Tech Report](#).




Essential Conditions: Equity and Inclusion



Supporting every
infant to reach
their potential.





Equitable access does not guarantee equity for parents of
their children and the developmental
outcomes they experience throughout their lives



Key Drivers of Inequity and Exclusion in Society



- Socioeconomic disparities – poverty is a key driver of inequity
- Parenting Capacity
- Geography – where you live, even in Ontario, matters and impacts what is available and when it is available
- Political and Social Factors – government policies that may or may not address and even perpetuate inequities in infants



What Else Contributes to Inequity and Exclusion Drivers



Infants

Developmental limitations

- A child's journey in life begins in the womb
- They have no control over the circumstances into which they are born
- They depend on adults to be their voice
- Their needs may not be recognized and met



What Else Contributes to Inequity and Exclusion Drivers



Parents

Constraints of Parents

- Knowledge of child development
- Parenting capacity
- Ability to advocate
- Access to resources that support developmental needs
- Sense of inclusion



What Else Contributes to Inequity and Exclusion Drivers



Practitioners

Limitations

- High Cost of Training
- Culture
- Time Limitation
- Funding

- Limited Access to Knowledge
- Limited Skills
- Limited range of Programs Services and Supports



What Else Contributes to Inequity and Exclusion Drivers



Researchers

Relevance & Reproducibility

- Funding – who and what gets funded
- Involvement of those delivering services in the development of research questions
- Sustainability – cost and resources needed
- Real life Challenges to replicate programs
- Data – collection and dissemination



What Else Contributes to Inequity and Exclusion Drivers



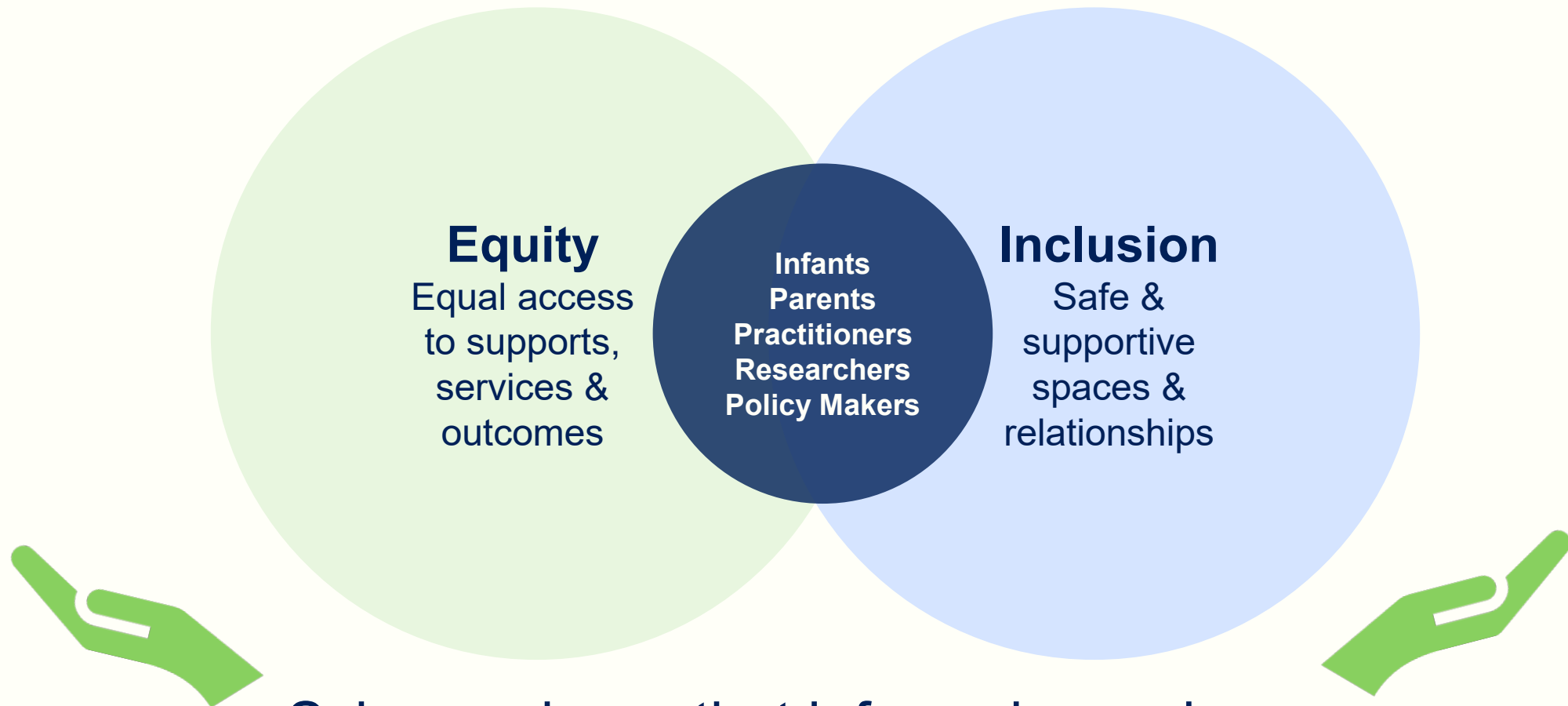
Policy Makers

Systems and Allocations

- Funding – who and what gets funded ?
- Use and interpretation of the science and relevant data – we can better embrace the science of infant and early mental health
- Sustainability – cost and resources needed
- Imposed political will, pressure and agendas
- Legislation



The evidence supporting the need for equity and inclusion



Science shows that infancy is a unique period of development.



Section 03: Acknowledging and Addressing the Gaps



What Families Currently Experience: The Waitlist Maze

Waitlists are misleading:

- Clinician may feel they have made progress
- Family is left with no immediate relief
- Practitioners are misdiagnosing to access funding
- The science of brain development is telling us we are missing the most opportune time to impact brain architecture
- With no immediate response, the brain continues to wire in a way that may in fact support the delay and not support wellbeing
- Families are left feeling that they cannot make a difference and that an “expert” must intervene





Current Policies

- Limited
- Based on volunteer engagement
- No safety net
- Overwhelming for families
- Forces families to often give up

The science suggests we should have a much more robust policy approach that support infant and early mental health



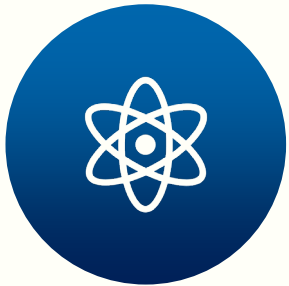
Four Low-Cost Opportunities



Increase Confidence,
Competence and
Capacity



Implement
Developmental
Screening



Create System of Care
Pathways



Collect, Analyze and
Utilize Data

Push the Science Upstream: Increase Confidence, Competency and Capacity

Create a shared knowledge base among practitioners
(Physicians, Nurses, Social Workers, Psychologists, Early
Childhood Educators.....)



Majority of Primary Care Practitioners Receive Ltd Training

ALL	no to <1 day
In my studies to obtain my license	71%
After I started to practice	62%
NURSES	
In my studies to obtain my license	76%
After I started to practice	62%
PHYSICIANS	
In my studies to obtain my license	61%
After I started to practice	64%



Create a way for families to access supports

System of Care Pathway

- guides children, youth and families to, through and out of care
- ensures that families get the right service at the right time and in the right modality to best meet their child's or youth's mental health needs
- Currently engaged with 8 communities



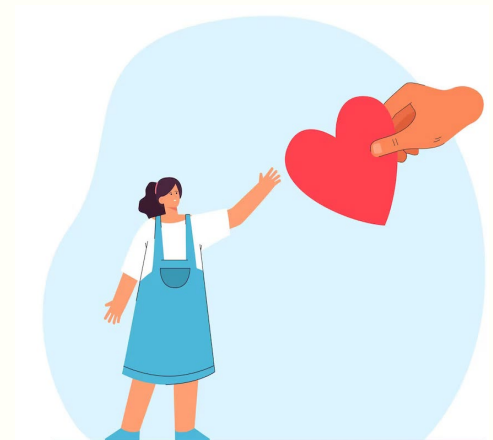
Infant and Early Mental Health Care Pathway

Why Implement a Pathway?

- To build **accessible** and **easy to navigate** systems of care pathway(s) through local partnerships
- To have a **predictable** and **equitable** roadmap to help families and practitioners navigate emotional-wellbeing supports and services for children 0-6
- To ensure a map is inclusively built within your community to connect families to the **right care at the right time**
- To understand the **impact of pathway(s)** on children, families, practitioners, organizations, and communities

What is the Goal of a Pathway?

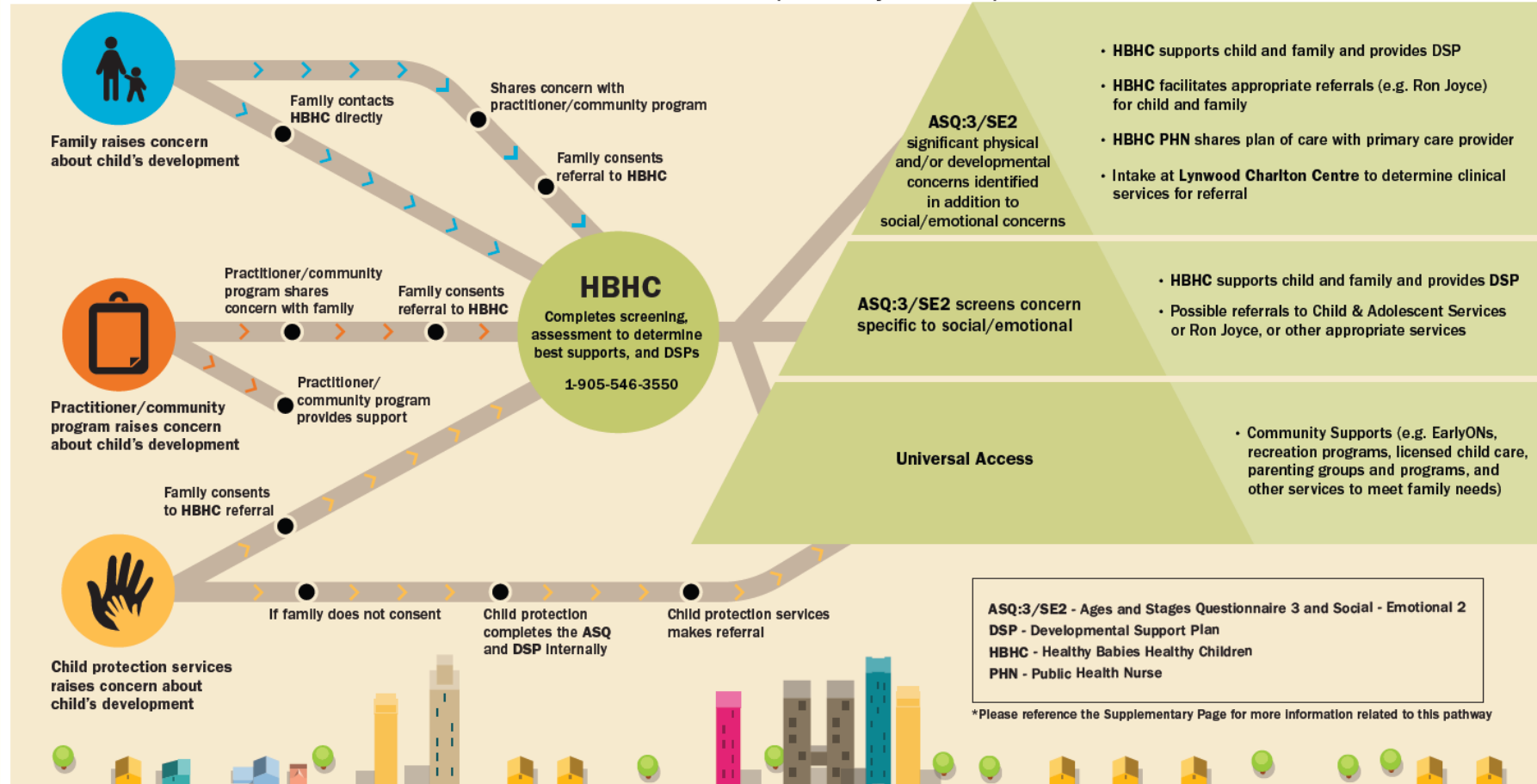
- Provide equitable access to IEMH prevention, identification, and treatment
- Enhance community capacity to recognize and respond to vulnerability in the early years (0-6)



What Does a Pathway Look Like?

CITY OF HAMILTON INFANT AND EARLY MENTAL HEALTH CARE PATHWAY

Birth - Preschool (0 - 3.8 years old)



edited by SickKids: January 2022



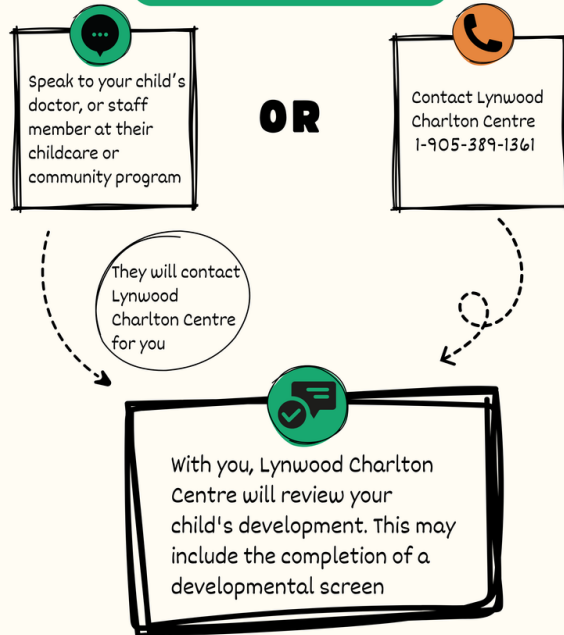
Knowledge Institute on Child and Youth
Mental Health and Addictions
Institut du savoir sur la santé mentale et les
dépendances chez les enfants et les jeunes



Family Friendly Maps - Hamilton 3.9-6 years old

Questions About Your Child's Social and Emotional Development?

3 years 9 months - 6 years



We Can Help!

Talk to your care provider or contact
Lynwood Charlton Centre 1-905-389-1361



Questions About Your Child's Social and Emotional Development?



We Can Help

3 years 9 months - 6 years

What steps can I take to reduce my child's aggressive behaviour?

Are there role play exercises I can offer to help my child with social cues?

What does my child need to help them focus?

How can I help my child to play with other children?

Talk to your care provider or contact:
Lynwood Charlton Centre
1-905-389-1361



www.lynwoodcharlton.ca



Questions About Your Child's Social and Emotional Development?

3 years 9 months - 6 years



We Can Help!

Talk to your care provider or contact
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Collect, Analyze and Utilize Data

- We know very little about general development of children under the age of 6 and even less about children under three
- We know little about social and emotional development status in the first few years
- Current efforts focus largely on physical aspects (weight, mortality, head circumference...) and diagnosis
- Our understanding about how our young children are doing developmentally is limited
- We cannot answer the question “How are young children in Canada doing?”



Compared to many other countries....

- Canadian Children's health, let alone mental health, routinely excludes children under the age of 3 (e.g. the Standing Committee on Health, 2024)
- Canada collects little information on the state of well-being of its youngest children (Worlds Apart: Canadian Companion to UNICEF Report Card 16, n.d)
- Based on available indicators, Canada poorly supports its youngest citizens (<https://data.unicef.org/country/can/>, <https://nurturing-care.org/canada-2023>)

This means there is opportunity for us to do more and support better outcomes for our youngest children



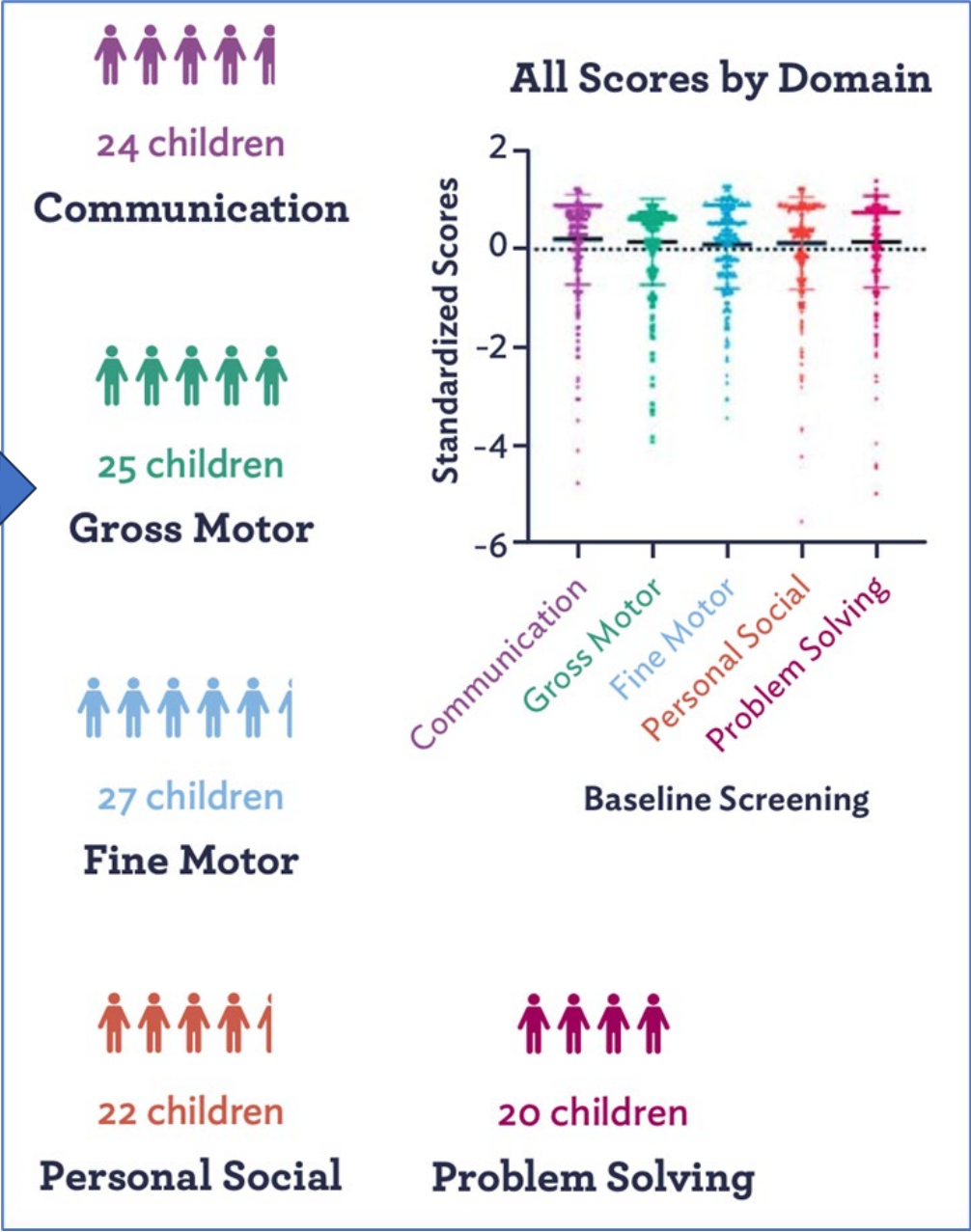
What is the Canadian Database of Development, Infancy to Six (CanDDIS)?



- First **Canadian database** for under-6 child development
- **Secure** REDCap server housed at Queen's University
- Stores **de-identified** ASQ scores alongside demographic information
- **Unique opportunity** to see how children are developing in different organizations and regions in Canada!



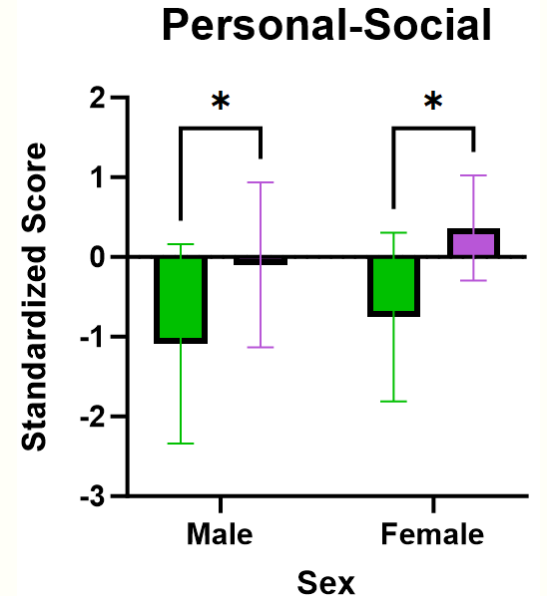
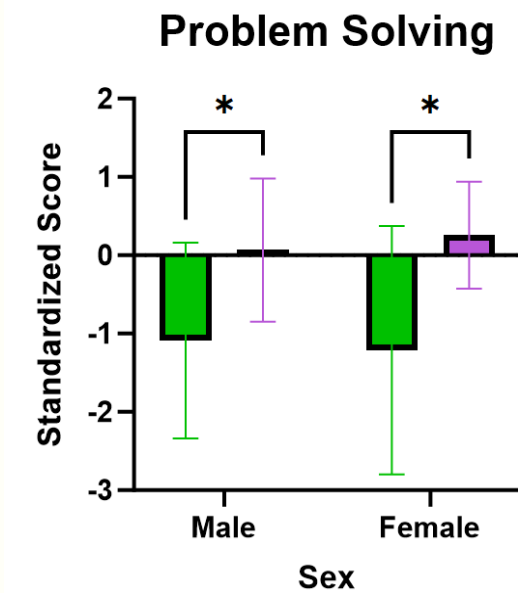
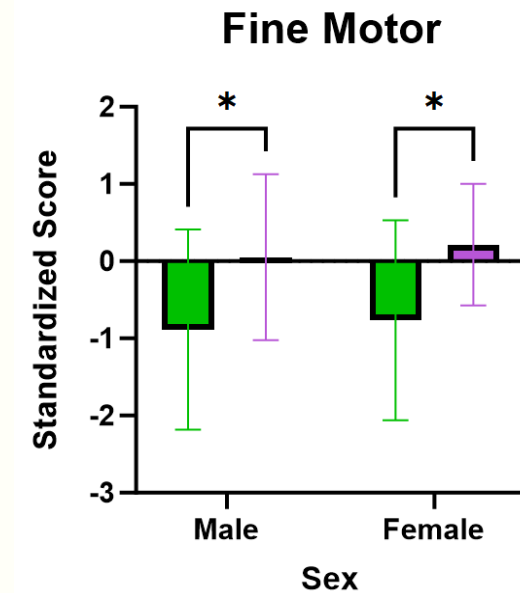
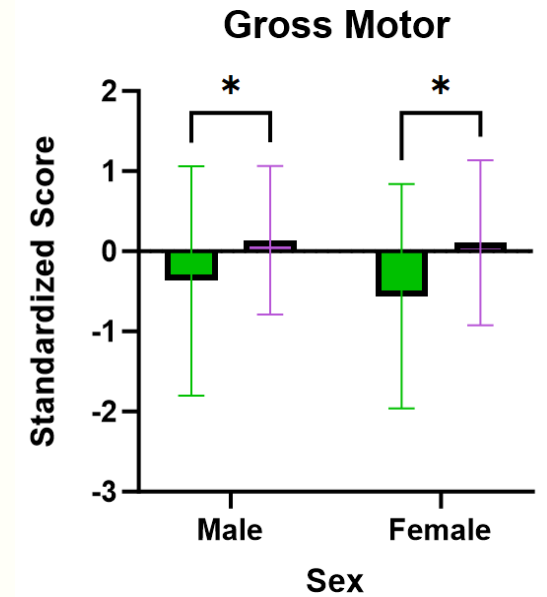
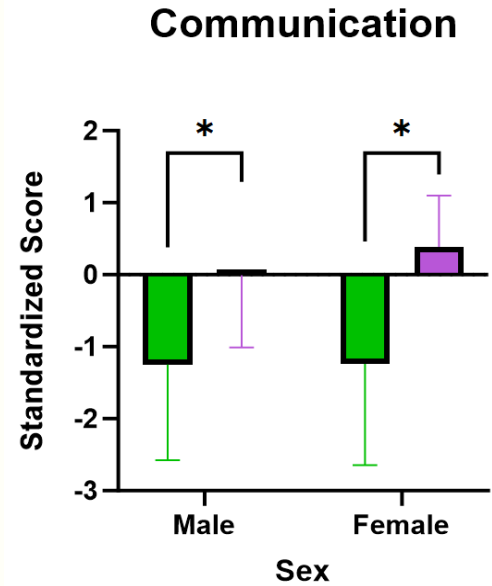
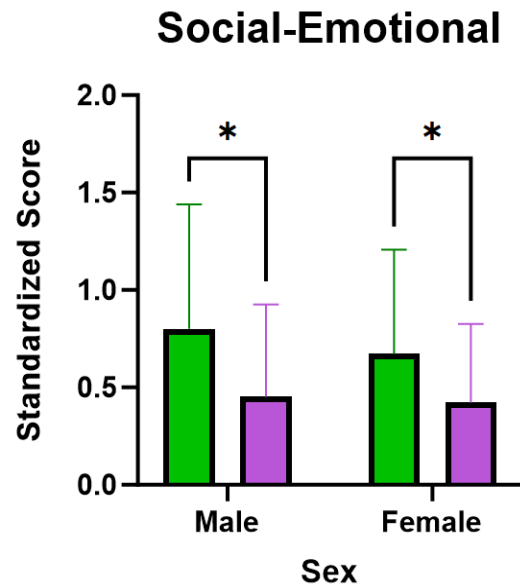
What Can We Learn From Monitoring Early Childhood Development?



ASQ-3 scores of -1.5 and lower and ASQ-SE:2 scores of 1 or high indicate that the child is at risk for delay.

What Can We Learn From Monitoring Early Childhood Development?

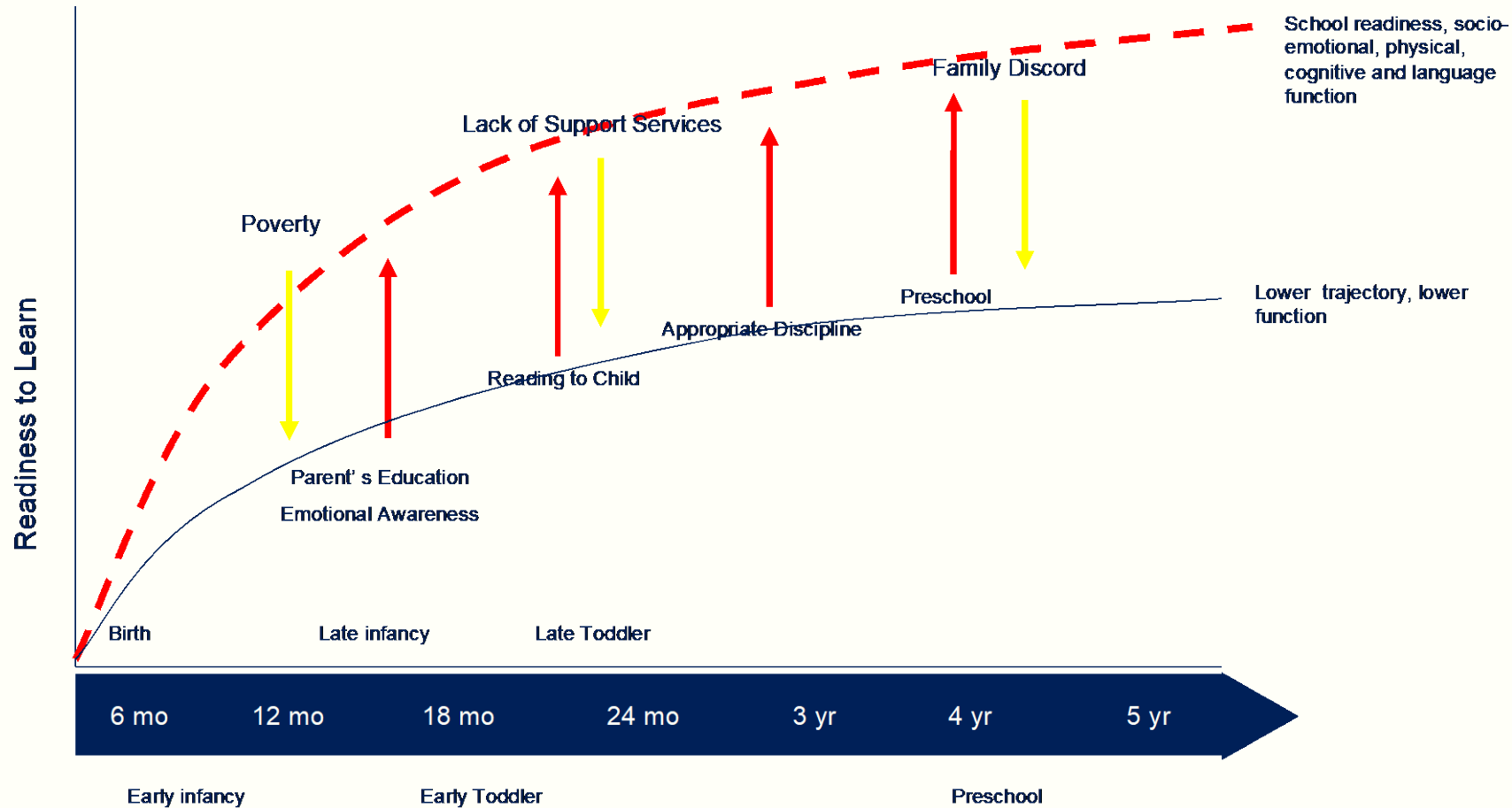
Child Welfare Sample
Community Sample



Section 04: Conclusion: Actioning the Science within Public Health



Can we do better?



Adapted from Halton N, McLearn K. Families with children under 3. What we know and implications for Results and Policy. In Halton, McLearn and Shuster eds. Child Rearing in America. Challenges Facing Parents and Young Children. New York. Cambridge University Press 2002.



Hold the Date and Join Us!

- November 20th, 2024 - First time those collecting data on children under 6 will meet
- May 5th – 7th, 2025 - Expanding Horizons
- October 2, 2026 - World Congress on Infant Mental Health





Thank You



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