

**USEFUL WEBSITES**

Department for Education and Skills – [www.dfes.gov.uk](http://www.dfes.gov.uk)  
 Department of Health – [www.dh.gov.uk](http://www.dh.gov.uk)  
 Depression Alliance – [www.depressionalliance.org](http://www.depressionalliance.org)  
 Clifford Beers Foundation – [www.charity.demon.co.uk](http://www.charity.demon.co.uk)  
 Capital Volunteering – [www.capitalvolunteering.org.uk](http://www.capitalvolunteering.org.uk)  
 Community Practitioners' and Health Visitors' Association – [www.msfcphva.org](http://www.msfcphva.org)  
 Every Child Matters – [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)  
 Faculty of Public Health – [www.fph.org.uk](http://www.fph.org.uk)  
 Family Links – [www.familylinks.org.uk](http://www.familylinks.org.uk)  
 The Foundation Stage Forum – [www.foundation-stage.info](http://www.foundation-stage.info)  
 Home Start – [www.home-start.org.uk](http://www.home-start.org.uk)  
 Local Government Association – [www.lga.gov.uk](http://www.lga.gov.uk)  
 Manic Depression Fellowship – [www.mdf.org.uk](http://www.mdf.org.uk)  
 Mental Health Foundation – [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)  
 Mental Health Media – [www.mhmedia.com](http://www.mhmedia.com)  
 mentality – [www.mentality.org.uk](http://www.mentality.org.uk)  
 Mind – [www.mind.org.uk](http://www.mind.org.uk)  
 National Association of Toy & Leisure Libraries – [www.natll.org.uk](http://www.natll.org.uk)  
 National Family and Parenting Institute – [www.nfpi.org.uk](http://www.nfpi.org.uk)  
 New Economics Foundation – [www.neweconomics.org](http://www.neweconomics.org)  
 NIMHE Knowledge Community – <http://kcn.nimhe.org.uk>  
 North East Public Health Observatory – [www.nepho.org.uk](http://www.nepho.org.uk)  
 Parentline Plus – [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)  
 Race Equality Unit – [www.reu.org.uk](http://www.reu.org.uk)  
 Rethink – [www.rethink.org](http://www.rethink.org)  
 Sainsbury Centre for Mental Health – [www.scmh.org.uk](http://www.scmh.org.uk)  
 Samaritans – [www.samaritans.org.uk](http://www.samaritans.org.uk)  
 Sane – [www.sane.org.uk](http://www.sane.org.uk)  
 Shift Campaign – [www.shift.org.uk](http://www.shift.org.uk)  
 Social Exclusion Unit – [www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)  
 Social Services Research Group – [www.ssr.org.uk](http://www.ssr.org.uk)  
 Sure Start – [www.surestart.gov.uk](http://www.surestart.gov.uk)  
 Together: Working for Wellbeing – [www.together-uk.org](http://www.together-uk.org)  
 West Midlands Regional Observatory – [www.wmro.org.uk](http://www.wmro.org.uk)  
 UK Public Health Association – [www.ukpha.org.uk](http://www.ukpha.org.uk)  
 Young Minds – [www.youngminds.org.uk](http://www.youngminds.org.uk)

**Future editions of Mental Health Promotion Update**

This newsletter is produced to reinforce the White Paper 'Choosing Health' aims by providing NIMHE nationally and regionally with a vehicle to support local work and to ensure that mental health promotion remains on local agendas.

It provides information, articles and opinions for the mental health promotion community and those tasked with effectively implementing Standard One of the 'National Service Framework'. It will also include details of models of good practice, information on upcoming events and conferences and further contacts for organisations supporting the promotion of public mental health.

Each of the five newsletters are themed – the first edition featured many of the issues around the promotion of public mental health and the following three are planned for release in November 2005, February and April 2006.

**Edition Three** *Mental Health Promotion for Children and Young People*

**Edition Four** *Mental Health Promotion for Communities (adult focus)*

**Edition Five** *Mental Health Promotion in Later Life*

mentality at the Sainsbury Centre for Mental Health welcome contributions to the newsletter.

If you are interesting in including something or making suggestions for inclusion on any of the themes for the upcoming edition please contact Angela on 020 7716 6762 or email [angela.fletcher@mentality.org.uk](mailto:angela.fletcher@mentality.org.uk).

For further copies of this document, please contact your local development centre or the mental health promotion team at:

**The National Institute for Mental Health in England**  
 Room 8E46, Quarry House, Quarry Hill, Leeds, LS2 7UE

Tel: 0113 254 5927 Web: [www.nimhe.org.uk](http://www.nimhe.org.uk)

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# NIMHE MENTAL HEALTH PROMOTION update

August 2005

Gateway Reference  
Number 5215**EDITORIAL**

Jenny Bywaters  
 Director of Public Health at NIMHE

Welcome to the second edition of *Mental Health Promotion Update* in 2005. I have been very encouraged by the response that we received to the first edition which we published in May and hope that this, and future editions, will be equally well received.

As we indicated in the first edition, we intend to adopt a themed approach for the four remaining editions in 2005/6. The theme for this edition is *Mental Health Promotion in Early Years*. Poor mental health in children is a significant risk factor for poor performance at school, poor social skills, poor physical health and in some cases self-harm and suicide. Promoting the mental health of children is clearly, therefore, a priority. In addition, we know that the foundations for adult mental health are laid in childhood, so that good parenting in the early years can confer lifelong benefit, while neglect or abuse in childhood can cast a long shadow, contributing to mental illness in later life.

In this issue, we feature an interview with Naomi Eisenstadt, the Director of Sure Start, in which she talks about the role Sure Start has in promoting the mental health of young children. We also feature a number of other interesting and hopefully thought provoking articles on the theme of mental health and young children as well as our usual features – What's new, Models of good practice and diary dates.

Finally, please remember that your input to this newsletter is welcome. If you wish to contribute an article or any other item, please contact Angela Fletcher on 020 7716 6762 or email [angela.fletcher@mentality.org.uk](mailto:angela.fletcher@mentality.org.uk).

**PROMOTING PUBLIC MENTAL HEALTH****NIMHE and the Faculty of Public Health join forces**

The President of the Faculty of Public Health (FPH) and NIMHE's Chief Executive signed a formal Memorandum of Understanding at the Faculty's Annual Scientific Meeting in Scarborough, agreeing to collaborate to promote public mental health in England. Faculty President Professor Rod Griffiths said "Mental health is a big field, and there has always been a substantial interest from people in public health. We feel that this partnership can create a semipermanent work stream in mental health within the Faculty, and we believe that is important because sometimes mental health still slides off the agenda."

NIMHE Director of Public Health Dr. Jenny Bywaters welcomed the new agreement with the Faculty, saying "We are delighted to have formed this partnership. A number of NIMHE work streams are particularly linked to the public health agenda, such as mental health promotion, suicide prevention, social exclusion and the mental health of black and minority ethnic communities, and of course mental health is one of the six priorities in the public health white paper *Choosing Health*. NIMHE is therefore very keen to engage more closely with public health colleagues."

*Continue inside . . .*

**In this issue . . .**

- Profile of Naomi Eisenstadt ; Sharing best practice
- Perinatal Mental Health – a Public Health Imperative?

*Philip Sculthorpe (Chief Executive, NIMHE)  
 Professor Rod Griffiths (Faculty President)*

## PROMOTING PUBLIC MENTAL HEALTH

### NIMHE and the Faculty of Public Health join forces continued . . .

Jenny chairs the newly-formed Faculty Working Group on Mental Health. Other members are Prof. Jim Connelly, Prof. Sarah Stewart-Brown, Dr. Hilary Guite, and Prof. Gyles Glover. The Group would welcome other FPH members with an interest in mental health: please contact [jenny.bywaters@dh.gsi.gov.uk](mailto:jenny.bywaters@dh.gsi.gov.uk) if you would like to be involved.

The collaborative activity is expected to be broad-ranging but much work is needed for effective implementation of the mental health measures outlined in Choosing Health, and to ensure that public mental health work is evidence-based. Both organisations have agreed to share information and support each other in promoting mental health, for example, offering reciprocal support for conferences. They will share expertise to ensure that mental health features in public health examinations, training and ongoing professional development.

The Faculty and NIMHE also plan to map mental health capacity in England, and advocate for increased resources where they find gaps in services. They plan to further enhance their efforts by developing a network with other bodies with an interest in public mental health.

For more information on the Faculty of Public Health please visit [www.fph.org.uk](http://www.fph.org.uk)

## RESEARCH NEWS

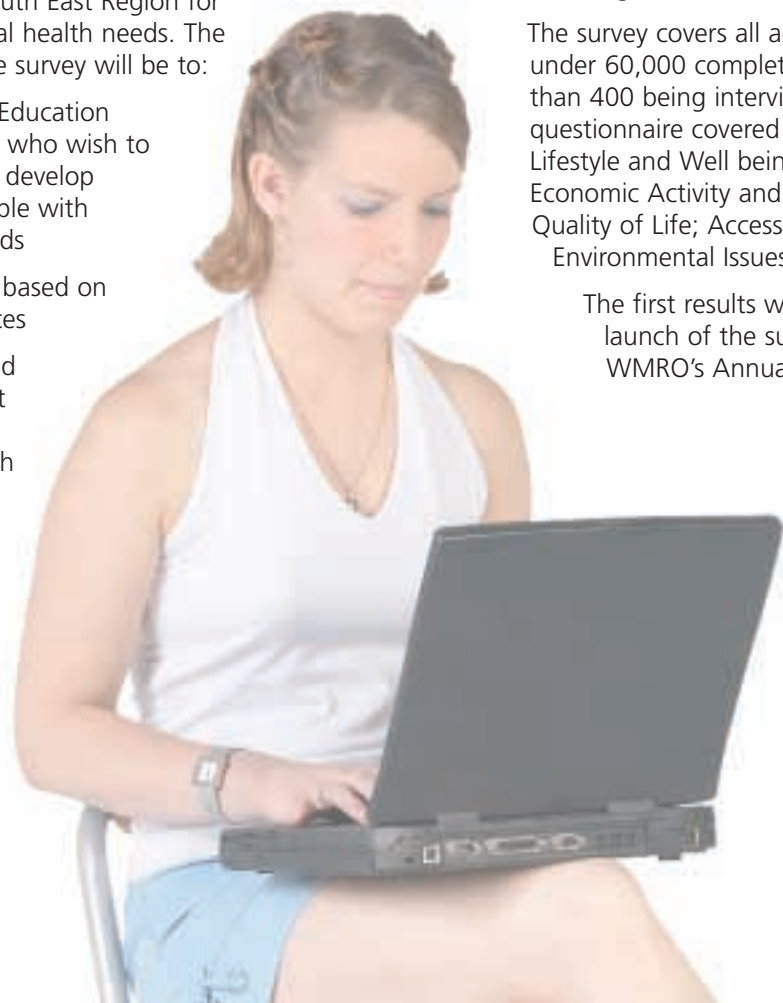
### Further Education for People with Mental Health Needs

Canterbury Christ Church University is currently undertaking a survey on behalf of the South East Development Centre and Medway and East Kent Coastal Teaching PCTs.

The aim is to determine the type and extent of supported Further Education available in the South East Region for people with mental health needs. The three stages of the survey will be to:

- 1 identify Further Education Colleges and PCTs who wish to receive support to develop provisions for people with mental health needs
- 2 provide training based on previous experiences
- 3 offer support and training to the rest of the South East region initially, with hope to make the programme national in the future.

For more information contact Ian Morrison [ian.morrison@virgin.net](mailto:ian.morrison@virgin.net)



### West Midlands Regional Lifestyle Survey

The West Midlands Regional Observatory (WMRO), in partnership with the West Midlands Public Health Observatory, conducted a region-wide survey between January and April 2005 to explore lifestyle, environmental and wider quality of life issues. The survey is funded and supported by a broad range of partners across the region including NIMHE West Midlands.

The survey covers all adults aged 18 or over, with just under 60,000 completing postal questionnaires and more than 400 being interviewed face to face. The questionnaire covered a range of issues, including Healthy Lifestyle and Well being; Crime and Fear of Crime; Economic Activity and Travel to Work; Local Environment; Quality of Life; Access to Services and Amenities and Environmental Issues.

The first results will be released in mid-August. A full launch of the survey results will take place at WMRO's Annual Event on October 13th 2005. We hope to repeat the survey again in future years, on a three or four year cycle, so that the survey can measure change over time, and progress on key issues.

For more information go to [www.wmro.org.uk](http://www.wmro.org.uk) or contact [kate.o'hara@nimhe.wmids.nhs.uk](mailto:kate.o'hara@nimhe.wmids.nhs.uk), Mental Health Promotion Lead NIMHE West Midlands [www.nimhewm.org.uk](http://www.nimhewm.org.uk)

## PUBLICATIONS NEWS

### Key Topics in Public Health: Essential Briefings on Prevention and Health Promotion

Key Topics in Public Health by Linda Ewles provides essential background information on twelve major public health topics: cancer, heart disease and stroke, diabetes, smoking, obesity, physical activity, injury prevention, teenage pregnancy, sexually transmitted infections, alcohol, drugs and mental health. Each topic is written by an expert in the field and the chapter on mental health has been jointly written by members of the mentality team at the Sainsbury Centre for Mental Health team – Linda Seymour, Policy and Research Development Manager and Elizabeth Gale, Director.

This chapter provides a guide to a particularly challenging public health topic. There are helpful models of positive mental health, identifying factors that make people more at risk of, or protect them from, mental health problems. Useful frameworks for mental health promotion are discussed, and an overview is provided on how mental health is addressed in national policy including the National Service Framework for Mental Health. There is a look at trends in prevalence and how these may be measured. Inequalities feature, both as a cause and a consequence of poor mental health. Reviews of evidence lead to a number of suggestions about how best to improve individual and collective mental health and well being. The chapter ends with a discussion of evaluation frameworks and identifies some of the myths and unanswered questions related to this.

You can order a copy of this publication from any local bookshop or direct from [www.elsevier.ca](http://www.elsevier.ca)

### Toolkit to Challenge Stigma and Promote Social Inclusion Through the Use of Performing Arts.

A project to increase young peoples' understanding of mental health problems, reduce stigma and encourage more positive attitudes towards mental illness has been developed as a partnership between a local sixth form college with a performing arts department, statutory and voluntary mental health organisations, and service users.

The project promotes social inclusion of people with mental health problems and provides an opportunity for service user involvement in creative and enjoyable activities that increase their confidence and skills.

Evaluation showed that among students the project led to: improved knowledge and understanding of mental health issues, more positive attitudes towards mental illness and more empathy for people experiencing mental health problems. Among service users the project led to: improved mood, optimism, confidence and skills. Tutors felt that students gained sensitivity and maturity from the project and the college is now running the project within its curriculum each year.

The project was presented at the regional and national public health conference and considerable interest was expressed by people in running the project elsewhere. As a result a project Toolkit with video/DVD has been published and a limited number are available for people wanting to run similar projects.

For more information please contact Maya Twardzicki 01737 214816 [maya.twadzicki@eastssurrey-pct.nhs.uk](mailto:maya.twadzicki@eastssurrey-pct.nhs.uk)

### Common Ground: Working together for better mental health with the Lambeth Mental Health Promotion Unit

Lambeth Mental Health Promotion Unit recognises the importance of influencing policy and encouraging good practice in mental health services. The Unit focuses on addressing NSF Standard One by developing initiatives to reduce stigma and discrimination. They have produced a short video which gives an insight into how they can work together with you to promote mental health and reduce the barriers faced by people who have experienced mental distress. The video also features suggestions on how to set up a mental health promotion service in your area.

For further information contact: [caroline.morris@slam.nhs.uk](mailto:caroline.morris@slam.nhs.uk) or [marva.clarke@slam.nhs.uk](mailto:marva.clarke@slam.nhs.uk)



## VOLUNTEERING NEWS

### Get Involved!...Capital Volunteering Celebrations in London

Capital Volunteering is an innovative pan-London initiative, currently running across 11 London boroughs, which aims to tackle issues of mental health and social inclusion by increasing supported volunteering and befriending opportunities. To celebrate its achievements so far and inspire more people to get involved, a series of festival of events are being planned for October (see Diary Dates for details).

Through supporting people and creating opportunities to get involved, Capital Volunteering increases people's confidence, skills, social networks and employability, reducing people's dependence on specialist mental health services through increased opportunity and levels of personalised support. Ultimately, it aims to change attitudes towards mental health issues and tackle head on the stigma and isolation often experienced by people who have or are still suffering from mental ill health. Local Capital Volunteering projects currently underway include an innovative music project targeted at black and minority ethnic service users in Islington, TimeBank and Learn and Share initiatives in Hillingdon and a service users peer 'company' project in Havering.

Capital Volunteering is a partnership across the voluntary and statutory sector led by the London Development Centre for Mental Health, and CSV (Community Service Volunteers).

For further information about Capital Volunteering and the October festival events, subscribe to the initiative's newsletter via the website [www.capitalvolunteering.org.uk](http://www.capitalvolunteering.org.uk), or contact Katalin Frank [kfrank@csv.org.uk](mailto:kfrank@csv.org.uk)

### Public Mental Health Observatory

The National Institute for Mental Health in England is working in partnership with the North East Public Health Observatory to establish a National Mental Health Observatory. Prof. Gyles Glover is moving from the Centre for Public Mental Health in Durham to work in the new observatory, which will collect and make available information about mental health, particularly to NIMHE Development Centres, research hubs and other public health observatories.

Specific areas of work are likely to include mental health promotion, suicide information, and support for research and local service planning.

For further information, visit [www.nepho.org.uk](http://www.nepho.org.uk)



## WHATS NEW

### Public Mental Health – Mental Health Taskforce

Elizabeth Gale, Director, mentality at the Sainsbury Centre for Mental Health has been invited by Louis Appleby, National Director for Mental Health at the National Institute for Mental Health for England, to join the Mental Health Taskforce. The taskforce, which is chaired by Louis Appleby, is the most senior group for mental health stakeholders advising the Government. It is an external reference group providing advice about mental health policy development and its implementation. It also has a valuable role in providing a channel for exchanging information between individual members' constituencies and the centre. The group meets four times a year and the work of the taskforce over the current year is expected to focus on the priorities outlined in the most recent report, The National Service Framework for Mental Health – Five Years On. This is the first time public mental health has been represented on the Taskforce.

## NEW APPOINTMENTS

### Gary Hogman

has recently been appointed as the Programme Lead on NIMHE's Anti-Stigma and Discrimination Project (SHiFT). He was previously at MadforArts and prior to that Rethink. You can contact Gary and catch up with the latest news on SHiFT by continuing to visit [www.shift.org.uk](http://www.shift.org.uk)



## PROFILE

**Naomi Eisenstadt**  
Director, Sure Start

Naomi Eisenstadt has a long history of working in the early years' field. Having gained a Diploma in Early Childhood Education from the University of California, she came to Britain in 1974, and worked in nurseries in Edinburgh and then Milton Keynes. In Milton Keynes she established Moorland Children's Centre and was involved in developing early years services in the new town. More recently she has worked for the Open University, NCVO, Save the Children, and Family Service Units. She is currently Director of the Sure Start Unit, Extended Schools and Families Group in the Department for Education and Skills (DfES), which includes the Government's policy and delivery on services for young children, extended schools and parenting and family policy. She is also a non-executive director of a primary care trust.

In 2002, Naomi was awarded an honorary doctorate from the Open University for services to families and children. She was awarded a CBE in this year's New Year's Honours List.

**Q. Do you feel Sure Start programmes promote positive mental health?**

**A.** Evidence about the impact of pre-school education on children's development is overwhelmingly positive. This has been confirmed by the recently published DfES-funded Effective Provision of Pre-school Education (EPPE) study that has shown that pre school experience, compared to none, enhances all-round development in children, and that disadvantaged children especially benefit from pre-school provision, giving them a developmental boost on entry to Key Stage 1 in school.

Programmes deliver a huge range of activities – based on the views of their local communities – that help to build the confidence and well being of families and children. We know that problems can often start because people are isolated and don't know where to turn for help, or they feel worthless. Programmes have helped make a difference – they offer 'someone' to talk to and 'someone' that can help put things right.

It can be difficult to talk about mental health issues – there is a stigma attached to them, unlike other health issues. Sure Start has helped to change that and parents have seen that their views do matter and that support and help is available. This has helped parents to take control of their lives and to build a positive environment for their children.

**Q. What determinants affecting the mental health of children and families do Sure Start programmes aim to improve?**

**A.** We know that many factors can influence the mental health of families. These include worries about money or unemployment, being isolated with nowhere to go for help, raising children with little or no accessible support. These can all

undermine the emotional well being of parents and children.

Programmes can provide support to parents and children on a day-to-day basis, but also at moments of crisis. This ranges from work to identify and support mothers with postnatal depression – including support for their partners and their children, help with debt counselling, informal support groups to boost self esteem, and parent peer support groups. Often parents who use these services become peer supporters themselves and some go on to take formal training as counsellors.

**Q. What about the areas that Sure Start does not cover?**

**A.** The Green Paper 'Every Child Matters' gives an impetus to work that highlights children's mental health as everyone's business. It states that 'We have to develop shared objectives and a shared commitment to supporting and improving the mental health of children and families.'

Over the three year period from 2003-06 the Government is investing an additional £300million in child and adolescent mental health services (CAMHS). The aim is to 'Improve life outcomes of children and adolescents with mental health problems by ensuring that all patients who need them have access to a comprehensive CAMHS by 2006'. This is an agreed PSA (Public Service Agreements) target between the Department of Health (DH) and HM Treasury initially to 2006, and now extended to 2008.

The promotion of emotional well being already forms part of many DfES policies including Sure Start early years and child care provision and the Foundation Stage and broader Personal and Social Health Education curricula in schools (PSHE). The promotion of social, emotional and behavioural skills and the provision of Behaviour and Education Support Teams (BESTs) in targeted areas are also central to the department's primary and secondary behaviour and

attendance strategies. As part of its work to embed the National Healthy Schools Standard, the Government has also provided guidance to support schools in creating an ethos and ways of working which actively support social and emotional well being.

The Government is keen that all services and settings for children up to the age of 18 – including those led by DfES – play their part in supporting and promoting children's emotional well being and in identifying early any problems that are emerging.

**Q. How does the work of your unit support those people on the ground to promote positive mental health?**

**A.** We continue to help embed the key principles and aims of 'Birth to Three Matters' and the *Foundation Stage* curriculum. Emotional well being – concerning emotional stability and resilience – is one of four key areas within the 'Birth to Three Matters' Framework.

'Birth to Three Matters' helps practitioners ensure that the development of children's emotional well being includes the building of close, warm and supportive relationships and enables them to express feelings such as joy, sadness, frustration and fear, leading to the development of strategies to cope with new, challenging and stressful situations.

Personal, Social and Emotional Development (PSED) is one of the six areas of learning under the *Foundation Stage* and is seen as critical for young children as they enter early education. It focuses on children's relationships, self-perceptions, cultural identity and the development of a positive disposition to learn. Such an emphasis at this early stage is intended to help encourage positive ways of relating to the world, and promote emotional resilience and good behavior.

Successful PSED is critical for very young children in all aspects of their lives and gives them the best

opportunity for success in every area of learning. It is crucial that early years settings provide the experiences and support to enable children to develop a positive sense of themselves.

To support this work, a training programme on children's PSED is being developed to support the *Birth to Three Matters and Curriculum Guidance for the Foundation Stage* documents. Effective, user friendly, quality materials will be aimed at local authority trainers to train practitioners and professionals involved in the delivery of services to children aged between birth and the end of the *Foundation Stage*. They will address various aspects of children's PSED, its promotion, implications for practice, and multi-agency working.

The Primary National Strategy (PNS), which grew out of the National Literacy and Numeracy Strategies, is the Department's most significant intervention mechanism with local authorities (LAs), schools and settings for raising standards throughout primary, including the *Foundation Stage*. The PNS has developed a range of intervention programmes to support schools and settings on improving issues such as PSED, leadership, collaboration, and assessment for learning. It is supported by a strong national team of professionals who work closely with schools, early years settings, LAs and other partners, to provide guidance, training, and materials to support the delivery of effective learning and teaching.

**Q. Do you believe that Sure Start will make sustainable differences to the public mental health of whole communities? And if so how?**

**A.** We are in a unique position to be part of, and support the Government's investment in children's mental health.

Sure Start programmes are currently developing into children's centres – the aim is to have 2,500 centres by 2008 and 3,500 by 2010. This expansion of Sure Start will help what has always been our longer term aim of

transforming the way that services are delivered to children and their parents. This long term investment will underpin new ways of delivering services responsive to the needs of their users that will become the new mainstream.

The National Evaluation of Sure Start (NESS) will tell us whether Sure Start is making a difference to children, families and communities. A good deal of evidence about what works is being generated by NESS, SSLP (Sure Start Local Programmes) local evaluations and the evaluation of other Government initiatives, and policies also generate evidence about what works in supporting families and promoting mental health.

These are important to evaluate and confirm the work Sure Start has done, but also to steer future policy work in order to carry on improving services provided to the public.

**Q. What do you see as the big opportunities for promoting public mental health through Sure Start in the next five years?**

**A.** The National Service Framework (NSF) for children and young people's services jointly published by DH/DfES in September 2004 sets out the principles and standards which will govern the delivery of mental health support and services over the longer term. Ensuring better quality services, tackling inequalities and unacceptable variations in access to services, as well as ensuring all mainstream services play their part, are key elements of the standard.

An overarching theme of the Sure Start Unit is to improve the quality of services that bring together education, health and parenting support, especially in the early years.

To achieve better outcomes for children, families and communities we need to increase the availability of childcare for all children, improving the health, education and emotional development of children, supporting parents as parents, and in their aspirations towards employment. Services for all children need to be

sensitised to individual, family and community differences. Service provision has to respond to changing local needs – if we are successful some needs should diminish.

Developing children's centres gives us an enormous opportunity to take forward the work that programmes have been doing over the last five to six years. Sure Start will promote positive mental health by providing the family friendly services that help to prevent problems in the first place.

Parents and carers are at the heart of our approach to improving children's lives. Using children's centres and Extended Schools, we will develop a much more coherent set of services both to support parents and to involve them properly, not just in early years, but at all stages of education.

**Q. What are the barriers that might hinder progress for those working with children and families?**

**A.** An important area is workforce development within Early Years around

PSED. We need to ensure that all practitioners are equipped with the knowledge and understanding to support children and families. The goal is to improve outcomes for all children and young people, and to do this a first-class workforce is needed. We need to support a range of action nationally and locally over the next few years such as supporting employers to recruit sufficient numbers of workers to underpin the expansion of the workforce and to ensure that new recruits and existing workers are able to develop their skills and progress their careers with the sector.

The biggest barrier is not believing that this can be delivered. It is happening already across the country through local programmes so we know it can be achieved. I am aware how much professionals have enjoyed working in and through local programmes – they have told me it is challenging and exhausting but rewarding. Five years ago, professionals told stories at Sure Start events about not speaking to colleagues in other children's services but Sure Start has helped to change that.

**Q. Why did you begin working in this area?**

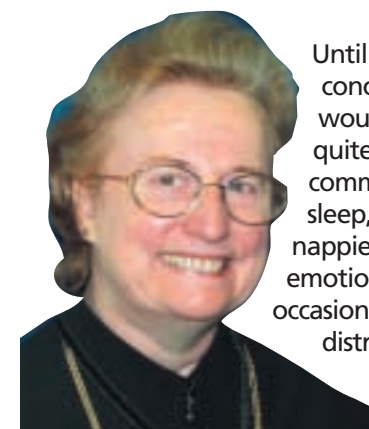
**A.** I started working in early years straight from university. I had a strong interest at university in child development, and particularly language development. Early years appealed to me over teaching school aged children because the onus is on the early years practitioner to be child focused and interesting. In nursery classes if the child is bored they just walk away. I suppose even then, I was keen to be 'user led'.

**Q. What do you do to promote your own mental health?**

**A.** I think the most important thing I do for my own mental health is talk to good friends about problems. I enjoy my job, but it is very stressful a lot of the time. Good friends that I can really trust keep me mentally healthy. I am conscious also of the need to have some friends who have no connection with my work at all, and others who understand, and can support me in some detail.

## Perinatal Mental Health: a Public Health Imperative?

Prof. Sarah Cowley, Head of Public Health & Health Services Research Section, King's College



Until relatively recently, the concept of 'infant mental health' would have been considered quite surprising; it was the common view that new babies sleep, cry, feed and fill their nappies, with neither thoughts nor emotions (apart from those occasioned by bodily functions) to distract them. Mothers who believed their babies smiled or watched them at an early age, were indulged, but assured that 'it's only wind.' Psychologists talked of attachment theory, but specialist mother and baby units aside, this did not really permeate the practice of mental health, a sphere dedicated (in the stereotyping minds of public and policy makers alike) to the care and control of

people with severe and enduring mental illness. Conversely, those areas of practice (mainly midwifery and health visiting) concentrating on the health and well being of newborn infants and their mothers, were stereotypically concerned with physical health.

**Public mental health**

The last ten to fifteen years, however, have seen a quiet revolution in awareness on several fronts. The first level of awareness is that "There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment." This declaration was made at the World Health Organisation (WHO) Ministerial Conference on Mental Health (WHO 2005), held in Helsinki in January 2005. It went on to acknowledge that the task, now, is to

find solutions to the challenges raised by that awareness of the centrality of mental well being.

The positive commitment, simple humanity and acknowledgement that good mental health is essential if people are to experience life as meaningful is very welcome. However, awareness of the costs and benefits to society when mental health is aggregated at a population level is what gains attention and actions from government. The Mental Health Foundation highlights two significant calculations (Mental Health Foundation 2005). First, Derek Wanless, the financier commissioned to look at how the NHS could be made affordable, pointed out that up to £3.1 billions a year could be saved by better care for people with mental illnesses (Wanless 2002). Even more dramatically, the Sainsbury Centre for Mental Health calculate that the English economy could save up to £77 billions a year, if only mental health was promoted and prevented in the first place, instead of waiting until things go wrong, before picking up the pieces (Sainsbury Centre for Mental Health 2003).

This focus on society as a whole draws attention to the idea of mental health, which has been described as ‘the art, science and politics of creating a mentally healthy society’ (Mental Health Foundation 2005). The phrase ‘mental public health’ is slightly contentious, since health is a single experience, encompassing physical and mental health as a unified whole; it may be argued that it is not possible to separate out bits of it for attention. Equally, since mental health has been separated and left out so often, insisting on the importance of ‘mental public health’ is a good way to raise it on the agenda. A key point about public health is that it focuses equally on the quality of life for people experiencing mental health problems, and on the prevention and promotion of positive mental health.

### Perinatal mental health

The second level of awareness that has developed over the last ten to fifteen years stresses the significance of the early weeks, months and years, in promoting later mental health and well being. The growth in neuro-imaging has underscored the importance of that very early period, tracing the connections made in the brain in response to early experiences (Shonkoff and Phillips 2000). This is an exciting and burgeoning field of enquiry, and whilst there remains much still to be learned, the importance of the infant having positive early experiences, right from the moment of birth, is increasingly clear. Encouragingly, much of this physiological evidence underscores what is already known about the need for infants to have access to an emotionally sensitive caregiver, whose responses influence the way neurological connections in the brain develop.

The term ‘perinatal mental health’ is gaining currency, to emphasise the importance of the preventive agenda starting at ‘around the time of birth,’ which is the meaning of the term perinatal. The perinatal period heralds the start of a tumultuous and bewildering time of physiological and psychological changes for the parturient woman and her baby, with major ramifications for the wider family,

especially the baby’s father/woman’s partner. Referring to ‘perinatal mental health’ draws attention to two dualities

Dual Focus	Mother Father Wider family	Infant
Two Time Scales	Immediate impact	Long term developmental impact

First, it is concerned with both the mother and the infant, recognising that the physical separation of delivery creates an imperative for a strong emotional connection to replace the severed umbilical cord. In evolutionary terms, this may have been necessary because of the physiological dependence and immaturity of a newborn infant, but a simple transfer from animal studies about bonding is not sufficient to explain the impact and complexity of the emotional bond between the main caregiver and the human baby. Perinatal mental health incorporates a dual focus in time scales, as well, being concerned with both the immediate, intense and overwhelming emotional impact of the birth experience, and with seeing this as a starting point for the changing and developing mental health of both mother and infant. Whilst this journey is lifelong, the very early stages in the perinatal period have the most amazing potential for future resiliency and good mental health.

Good midwifery and obstetric practice, enabling a mother to hold her infant to the breast, to experience skin-to-skin contact and the overwhelming joy of gazing into her baby’s face for the first time, hold a central place in promoting good perinatal mental health. However, that is only the starting point. Things can go wrong after even the most positive beginnings, or they can go right despite an apparently inauspicious start. Just as the infant needs a warm, responsive caregiver from the start, so the mother needs to know there are responsive and caring services available, should things begin to waver.

In most cases, the mother (or main caregiver) and baby will form a rapid early bond, but a secure attachment develops more slowly, typically when the baby is between 6 and 18 months old. The mother learns to interpret the signals and sounds made by the baby, and to respond appropriately, perhaps feeding a hungry baby, playing with and stimulating one that is bored or soothing and calming one that is tired. In this way, the baby learns that the world is a predictable, safe and interesting place; and the newly developing neural pathways grow to reflect that experience. These early patterns set the scene for a ‘circle of security,’ in which a baby, and in time growing infant and child, experiences a secure base from which to explore the world, knowing her/his parent will provide a ‘safe haven’ to which she/he may return when needed (Marvin et al 2002). From this secure base, the child is able to develop in all the ways that are needed for good mental health (Mental Health Foundation 2004), which include having the ability to:

- develop psychologically, emotionally, creatively, intellectually and spiritually

- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks, and learn from them.

Of course, things can, and often do, go wrong along the way for all sorts of reasons. The neural pathways then develop to reflect the insecurity and stress of the baby’s early experience, making a secure attachment pattern, and later positive mental health, so much harder to attain.

The everyday difficulties that may interfere with this early development are legion: physical trauma and exhaustion at birth, or where the mother is facing domestic violence, divorce/partnership breakdown, deprivation and anxieties about housing, finance or employment to name a few. Post-natal depression is possibly the most frequent, or at any rate the most frequently reported, barrier to maternal responsiveness in the early weeks and months, perhaps because it is a diagnosis that often accompanies any of the more socially-oriented problems listed above. Around 10-12% of all women are diagnosed with post-natal depression, but as many as 35% report mood changes that are sufficiently serious to interfere with the exacting task of forging the social and emotional bonds that are essential for the infant’s developmental needs and the mother’s future mental health (Hayes et al 2001).

Postnatal depression, and its association with difficult parent-child relationships and later child development problems is widely documented (Murray and Cooper 1997). The Office for National Statistics only records mental health problems from the age of five years, although these figures show associated factors that may well be known from the time of birth, or within the earliest months and years (Mental Health Foundation 2004). Mental health problems occur more often among children of lone parents (16% compared to 8%), for example, and those in the lower income groups (14% social class V compared to 5% social class I and children of social sector tenants 17% compared to owner occupiers 6%). The prevalence rate is higher in children in reconstituted families (15% compared to 9%) (Mental Health Foundation 2004).

Infants cannot choose their birth families, nor is it possible to ‘future-proof’ against adversity and potential risk factors. However, children and young people are better able to cope with adverse events, that is they are measurably more resilient, in the presence of family contexts that feature (Doll and Lyon 1998):

- close, affectionate relationship with at least one parent or caregiver
- effective parenting, characterised by warmth, structure and high expectations

- access to warm relationships and guidance from other extended family members.

So, surely developing such family contexts and protective factors need to be an integral part of mental public health?

### Policy and practice

The third level of awareness is about recognising that promoting mental health from the earliest opportunity involves supporting families through pregnancy and from the time a child is born, for at least the first two or three years. This is not only the time of most rapid brain development and learning for the infant; it is also the time of most rapid social and personal changes within family lives, as parents learn to juggle home and work, possibly over-stretched finances and stressful living conditions, changed interpersonal relationships between partners and with the wider family and a range of other stressful and demanding challenges as part of their everyday lives. The future promise and present vulnerability inherent in motherhood and early infancy combine to make this life phase a priority in public health, with mental health elements increasingly coming to the fore. Also, there is a growing literature, summarised in Box 1, indicating which interventions are the most effective in promoting mental health at this time.

Home visiting programmes can improve (Elkan et al 2000, Bull et al 2004)
<ul style="list-style-type: none"> <li>• quality of the home environment</li> <li>• parenting skills</li> <li>• intellectual development of children</li> <li>• some child behaviour problems, such as sleeping</li> <li>• detection and management of post-natal depression</li> <li>• quality of the social support to mothers</li> <li>• mother-child interaction.</li> </ul>
Group based parenting programmes can improve (Barlow and Stewart-Brown 2000)
<ul style="list-style-type: none"> <li>• maternal health</li> <li>• children’s behaviour.</li> </ul>

The quality of the evidence is variable, with much of it coming from good quality experiments carried out in North America. A number of systematic reviews favour multi-faceted programmes, combining home and group or clinic-based activities (MacLeod and Nelson 2000). There is good reason to believe that the existence of a trusting relationship between professional caregiver and parent is an essential ingredient in engaging parents in the programmes in the first instance, and in maintaining their continued interest. In a recent trial of social support for new mothers, for example, uptake of community group interventions

(where the onus was on the mother to go out and seek contacts) was only 19%, compared to 94% in the home visiting comparison, where a known health visitor went to the mother (Wiggins et al 2004). Also, extending contacts with a known midwife from the usual one to four months after the birth of the baby is associated with increased identification and treatment of post-natal depression (MacArthur et al 2003).

As the fundamental focus of health promotion in respect of mother and infant mental health concerns relationships, it seems unsurprising that relational aspects of professional practice come to the fore. However, this focuses attention on the way the work is organised, stressing continuity and a holistic approach to the work; simply completing tasks is not sufficient. The policy agenda has progressed far in recent years, in recognising the need for far more support through the period of pregnancy and early years. It is promoted in the Green Paper, 'Every Child Matters' (Department for Education and Skills 2004), in the public health white paper 'Choosing Health' (Department of Health 2004a) and in the 'National Service Framework for Children, Young People and Maternity Services' (Department of Health 2004b).

However, a final level of awareness has yet to be achieved. None of these policies recognise the need to promote perinatal mental health, or to provide parent and family support, universally as a public health service, seen as equal in importance to universal provision of immunisation against infectious diseases or screening for physical disabilities (Lowenhoff 2004). Whilst targeting those in greatest need is an essential tenet of all public health services, the fundamental vulnerability and importance of mental health of every infant and new mother needs recognising. Also, in delivering such services, highly skilled professionals are required, to respond appropriately to the varied challenges and different presentations of risks to the mental (and physical) health of the mother and baby, and to use the necessary strengths-based approach for positive health promotion (Barlow and Stewart-Brown 2000).

Unfortunately, shortages of staff, financial pressures and high vacancy rates in both midwifery and health visiting services have tended to distract organisational attention from the sensitivity and levels of training, and the amount of contact time required to succeed in this endeavour. Such challenges are familiar in mental health where staff shortages are common, and a commitment to rectifying them should follow from the declaration that: "Mental health and mental well being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens." A marker of the commitment to this World Health Organization declaration would be the universal availability of mental public health services, with sufficient and appropriately trained staff, for every new baby and his parents.

This article was drawn from a paper presented by Sarah Cowley at the one-day Daksha & Freya Emson Annual Conference 'Perinatal Mental Health: A Public Health Issue'. This conference is the first of what is planned to be an annual event.

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## The role of health visitors in promoting and supporting the mental health of infants and their families

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Whilst health visitors have their roots in nursing, their role is unusual in the NHS as it is mainly concerned with the primary prevention and early detection of health problems and involves working with a holistic model of health. This entails considering not only the physical but also the emotional and social health needs of their clients. In the last national strategy for nursing in England, 'Making a Difference' published in 1999, the work of the health visitor was described as a 'family-centred public health role'. The entry gate to their clients is through the family when a woman becomes pregnant but they work to support the health of families at an individual, family and community level depending on the particular health needs they seek to address. When appropriately resourced, their work is often more proactive than reactive, unlike colleagues in other health service professional groups. These characteristics of health visiting place them in a unique position to support the developing mental health of young children and their families.

What is now clear from the literature (Gerhardt 2004) is that even the first

few months of an infant's life can be very significant in determining that infant's future mental health. By the time a mental health problem is evident and the child is referred to secondary mental health services, psychological problems may already be entrenched and therefore difficult to rectify. How much better if the risk factors in that child's life, which may lead to the problem, were determined early and appropriate preventative interventions offered. These risk factors have been tabulated in the Department of Health publication, 'Making it Happen: A guide to delivering mental health promotion' (2001). Engaging with the family, from the birth of the child onwards, health visitors are in a prime position to assess the potential emotional vulnerability of the child and can work in partnership with the family to try to reduce negative emotional outcomes from risk factors the family is experiencing.

A recent review of research relevant to mental health promotion of young children by the author (unpublished) considered the priorities they highlighted for preventative mental health promotion with infants and their families (Table 1). When matched against the 4 principles of health visiting practice (Table 2) it is obvious that health visitors are ideally placed to actively promote mental health by assessing relevant needs amongst the families on their caseloads. They can then advise parents on suitable early interventions. Indeed such early intervention is also recommended in recent health care policy such as the 'National Service Frameworks for Children, Young People and Maternity Services' (Department of Health 2004a) and 'Every Child Matters' (Department for Education and Skills 2003).

#### Health visiting interventions for promoting mental health

Health visitors already promote mental health but the practice of working in partnership with families to help them to recognise their needs and to address these, should be standardised across the country. This can involve implementing supportive strategies or sign posting families to other professional help, and is offering support to boost parental confidence and self-esteem. Intervening in postnatal depression is also now a widely recognised role for health visiting practice due to the detrimental effect it has not only for the mother but also potentially for the child's future emotional health and cognitive development (Murray 2001). A large recent UK wide survey of health visiting practice (Cowley et al unpublished 2005) suggested that three quarters of health visitors are routinely assessing mothers for postnatal depression.

Many health visitors are leading on the implementation of formal programmes to support positive parenting practices (Bidmead and Whittaker 2004). Teaching infant massage has also become a popular practice by health visitors for promoting maternal child attachment (Bidmead 2004). Often health visitors run postnatal groups designed to not only improve parenting practices but to encourage new parents to socialise, recognising the key role of social support in maintaining mental health.

An increasing amount of research highlights the enormous power of the quality of the inter-parent relationship on children's future mental health (Rodgers and Pryar 1998, Harold 2001). Many health visitors are embracing the need to intervene early using the training developed and

validated by the voluntary organisation, One plus One. A randomised controlled trial confirmed the benefits of brief interventions by health visitors (Simonds et al 2001) to support the integrity of the inter-parent relationship, and in turn this is hoped to lead to a reduction in the potential for violence in the family.

Promoting physical activity or exercise has not traditionally been a formal role for health visitors, but most will encourage parents to 'take the baby or toddler out'. They know that this will result in mental health benefits for the parent as well as her child, perhaps relieving them of the pressures of a challenging home environment as well as boosting endorphin levels and feelings of well being, and also encouraging social contacts. The role in promoting physical activity could and should be extended not only in terms of combating obesity but also for its mood enhancing properties.

**Challenges to mental health promotion by health visitors**

Inevitably, if health visitors are to embrace the important role of promoting mental health more fully there will be training and supervision needs and these are currently under investigation by the Community Practitioners and Health Visitors Association (CPHVA). Accurately determining training needs in line with the research literature for preventative mental health is crucial but then the challenge is effectively meeting them within the very stretched budgets of primary care organisations. The Government has highlighted mental health promotion as a priority for health care so it in turn has a responsibility to ensure that this is adequately resourced.

One cost-effective option is to build better partnerships between health visiting and secondary mental health services, which are in a prime position to provide local training and clinical supervision to health visitors. Where this model has been adopted the feedback from health visitors is that they are able to work with much more

confidence in supporting the mental health of their clients. If their primary intervention is sufficiently well developed then the expected outcome can be a reduced use of secondary services with benefits not only to the families, with children not requiring referrals, but also to the NHS and potentially to society. However an even more significant challenge is that, in line with nursing generally, health visitors are an ageing workforce with many expected to retire within the next few years.

The delivery of effective mental health promotion by health visitors is also challenged by the current requirement to largely focus the service on those who have conspicuous inequalities. Whilst there is a minimal universal provision for every family, this will often not be sufficient for the health visitor to establish the necessary therapeutic relationship with all her clients. Without a relationship of trust and understanding the family may not access the support the service can provide in relation to mental health. As the Health Development Agency (2004a) made clear in its evidence to the consultation on 'Choosing Health' (Department of Health 2004b), by focusing services only on the conspicuously vulnerable the majority of those who are vulnerable will be missed as their problems are not overt. This is often particularly the case for mental health challenges. Also currently challenging the development of a therapeutic relationship and effective needs assessment is that health visitors are now often working as leaders of skill mix teams which include nursery nurses and staff nurses. As a result, they may not get to know their clients as well as they once did. Having said that, many interventions supporting the mental health of young children can be effectively led by these other members of the team once the need has been identified.

Another challenge relevant to this agenda is that home visiting, despite the growing body of research supporting its role in long term positive outcomes for children (Health Development Agency 2004b), has

been much reduced in recent years. It is often misguidedly considered to be expensive as against assessing a child in a clinic or nursery environment. At face value this is the case. However, this fails to account for the additional benefits of being able to conduct a much wider holistic assessment of the child within the family context during a longer home visit. Here the conversation is normally more confidential and there is opportunity to consider sensitive issues which may be impacting on the emotional health of the child.

A final challenge is that many Primary Care Trusts are currently proposing to cut their health visiting services, some by very significant numbers to help meet their overspends. If this occurs then health visitors will have little time for primary preventative mental health promotion, becoming largely reactive. It will have a very serious effect on an already demoralised professional group and no doubt precipitate many early retirements.

**Conclusion**

If health visiting is to fully embrace its potential role in promoting the mental health of young children there is a need to facilitate recruitment to the profession and stop planned cuts. More health visitors with relevant mental health training could make a considerable contribution in helping families to protect the emotional health of their children through the development of an understanding of their emotional needs and how they can best be met.

**Table 1: Priorities for preventative mental health promotion relevant to health visiting practice**

- The assessment of family mental health needs
- Ante and postnatal home visiting
- The promotion of parent-child attachment
- Promotion of social/family support
- Encouraging access to day care
- Intervening to promote secure

- parent-parent interactions
- Parenting groups/skills training
- Promoting physical activity for the whole family
- Promoting self esteem of children and their parents
- Early recognition of postnatal depression
- Recognition of domestic violence issues
- A recognition of the father's needs
- Recognising the mental health needs of hard to reach families

(Adams C, 2005 unpublished)

**Table 2: Principles of Health Visiting**

- The search for health needs
- The stimulation of an awareness of health needs
- The influence on policies affecting health
- The facilitation of health-enhancing activities

(Council for the Education and Training of Health Visitors 1977)

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**Being of sound mind, in the beginning . . .**

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To begin, when a grey haired childless professor tries to put himself in the position of a mentally vulnerable baby or pre-school child, he needs a consistent model of what is meant by mental well being (Ryff et al 2004). I now take a life history approach to emerging wellness (Caan 2004). This places the early years in a multi-faceted, expanding environment that includes biological

development, reciprocal relationships with the parents, wider social networks and the physical and economic milieu for growth. To explore this expanding universe I have been lucky to have many star navigators,

including my postgraduate students, and when below I write 'we' it really means 'their' hard work.

Let's start with conception, or rather contraception. 'Single registration' births, especially to teenage mothers who are living alone and in poverty, are not associated with healthy infants. The London Health Observatory has identified a complex interaction of these circumstances as a major source of health inequalities. Conversely, a combination of school Personal and Social Health Education (PSHE) classes, health promotion related to adolescent social and communication skills, widening access to family planning services and improving social and educational support for those teenagers who become lone parents (Mannion 2005) probably make altogether a much bigger contribution to community well being than we recognise.

Donald Acheson, former Chief Medical Officer, identified pregnancy as potentially the most productive area for interventions to reduce health inequalities. For the Medical

Research Council, Colin Blakemore considered the introduction of folate as a dietary supplement their main contribution to contemporary public health. In Victorian times, the pioneers of public health worried about health and safety in pregnancy (women working long hours in dangerous factories) and sexually transmitted infections (STI) (especially syphilis). In our time, the onset of domestic violence with pregnancy has been identified as a major safety issue (Shipway 2003) and we have been looking with local authorities at the scope for managing this extreme physical and emotional stress for mothers. Premature birth predicts poor mental development in infancy (Gillberg and Soderstrom 2003), and in Cool Britannia our most common STI, Chlamydia, is associated par excellence with a preterm delivery (Spencer 2003). There is a crucial public health role for midwives in prevention and early intervention for infections with such adverse consequences for child development (Hillier and Caan 2002).

Low birthweight is associated with multiple physical and mental disorders, which often are only manifest years after birth. Although average UK birthweight has been rising for years, the number of small babies has also risen, i.e. there is a widening health gap (Macfarlane and Mugford 2000). Across England hundreds of Sure Start programmes are wrestling with smoking in pregnancy, although the national evaluation did not suggest widespread success with this risk factor, yet. Sure Start programmes target poor neighbourhoods, and poverty (especially poor housing) is associated with poor early growth and long-term predisposition to mental illness. More than 7 in 10 children born to Pakistani and Bangladeshi mothers have endured early poverty, but top-down programmes like Sure Start have 'experienced difficulty reaching out to those very vulnerable families' (Eisenstadt 2002). The Maternity Alliance (2002) study of pregnant asylum seekers living in hostels with inadequate sanitation and safety illustrates one extreme of poverty acting on child health (which was compounded after birth by mothers' postnatal depression, likely to add harmful effects upon the children's psychological development (Mallon and Caan 2004). The extreme stress of homelessness also undermines the future mental health of families (Booth and Caan 2005) and we hope to follow up our preliminary national research on local authority responses to the Homelessness Act 2002 with a prospective collaboration involving health events linkage (bless you, Salvation Army!).

Many substances used during pregnancy can cause low birthweight, of which alcohol is the most common. Some effects of alcohol on foetal growth are non-specific, but some affect behavioural, emotional and intellectual development in predictable ways that should be preventable (Caan 1996). In Essex we have been studying 'binge drinking' (a popular culture as well as a pattern of individual behaviours) in women aged 16-24 attending a family planning clinic. Rapid high dose alcohol intake in adults leads to accumulation of acetaldehyde and potentially to complex condensation reactions in exposed tissues like babies' brains (think of fresh egg white, then think of a pickled egg). As contraceptive use seems haphazard among

these young women and binge drinking is rapidly increasing in just this age group, the new UK charity FAS Aware may be increasingly needed as a source of technical advice for health promotion.

Alcohol is used much more widely by pregnant women than illicit drugs, about whose potential for harming the foetus there is much more public controversy (Caan and de Belleruche 2002). Any non-specific effects of street drugs may interact with chronic poor nutrition and housing. The improved medical management of women dependent on heroin (including potential substitution of their illicit opiates with a very small but continued dose of methadone) can greatly reduce neonatal withdrawal symptoms. Some highly mobile drug users are still presenting to maternity services without any antenatal contact – and with horrendous results. In general, however, I would stress that natural maternal concern for their children's well being is a major reason for heroin-using mothers to seek medical help (Caan and de Belleruche 2002). Particular controversy has raged about the effects of cocaine on pregnancy and neonates (especially in the American courts). It is probable that cerebrovascular accidents in utero are a specific effect of cocaine, mediated via transient high blood pressure. If so, then during pregnancy, abstinence from cocaine/crack might be encouraged.

Lastly in considering the environment of the foetus, GPs should review medication use with pregnant patients. In particular, this may need to include an understanding of any past history of maternal mental illness, their family structure and social isolation or exclusion across generations. Father of the 'psychosis seminar', Thomas Bock taught me that childbirth can be interpreted by patients as 'crisis'. The Independent Inquiry into the Care and Treatment of Dr Daksha Emson and her daughter, Freya (both of whom died) shows how vital it is to improve the foresight of specialist mental health services (North East London StHA 2003).

Even mothers with no prior history of mental disorder may well experience childbirth as 'trauma', giving another key public health role to midwives, neonatal nurses and health visitors. These professionals already play an important role in improving brain function through promoting breastfeeding. Babies do not only take in food, they are also hungry for a range of social contact from birth onwards (Murray and Andrews 2000). We are beginning to look at nursing support for growing reciprocal attachment in that most difficult situation, the neonatal intensive care unit, where both mother and baby may have been traumatised by problems at birth and are physically separated for long periods. Prison nurses may face similar challenges in enabling a close, sustained relationship to grow between new mothers in custody and their babies.

Fortunately, in the community a wider and wider range of parenting support is becoming available including PIPPIN partnerships and Webster-Stratton courses (O'Grady 2001). In a poor neighbourhood with little social capital, like Tilbury, the impact of Community Mothers on new socially isolated lone parents and of Baby Massage on previously 'uninvolved' fathers has really impressed us. In planning

parenting programmes it is important to remember that fathers are also parents. For example, the way a father plays with his two year old toddler predicts that child's cognitive and language development at three years (Tamis-LeMonda et al 2004).

In a multi-faceted system of psychological development, we should not neglect simple interventions that may enhance a complex process. Based on vulnerability to adult disease, Hugh Sinclair was the first to predict benefits from eating the right mixture of fats during a critical period of brain development, and Madeleine Portwood's recent demonstration of fish oil effects on behaviour and participation in learning has confirmed this. Just reading stories and singing nursery rhymes to small children may have a positive impact on their robust imagination and communication for years ahead. Yesterday I was reading about Hertfordshire's pathfinder Children's Trust which makes Mental Health a priority. Here are just some of the *joined-up* areas of work in that Children's Trust:

Teenage conception; Sexual Health; Drug and Alcohol use; Disability; Accidents; Domestic Violence & Under-Achievement. If only I had read about that whole system, before I started writing this article!

Ryff et al (2004) place unfolding mental well being within a constellation of social relationships. If you want a parting challenge for improved well being and resilience in the Early Years: What about valuing Grandparents?

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## Parentline Plus talks health...

Valerie Outram, Area Manager, North London



A recent report published by Parentline Plus revealed that during 2003-04, 45,000 parents rang the charity helpline suffering from isolation and loneliness. Of the 18,000 sampled in the report, 80% said they were concerned about their emotional and mental health, and further to this 82% identified their child's emotional state as a cause for concern.

The report paints a picture seen daily by the biggest independent provider of parent support in the country,

which runs a range of innovative free, flexible, responsive services – shaped by parents for parents. During 2004-05 the charity helpline answered over 100,000 calls and e-mails from parents and carers and ran services from its 12 local offices around the country to meet the needs of parents and carers.

Family life is in a state of change – rates of separation and divorce are very high; the traditional concept of the extended family supporting each other within a given community is the

exception now rather than the rule. Families are often on the move because of work or change in finances and the sense of local community is weakened. Families are more divergent – with some (on lower incomes) having children very young, and many others having children at a later age. It is unsurprising that parents sometimes feel out of their depth as they struggle to bring up their children without the traditional recourse to supportive informal networks of families and friends – all of which has an impact on family health and happiness.

Parenting is something for which we get no induction or on the job training. Right from the beginning of our experience as parents, we can find that the physical and emotional stresses of life with a new baby, the lack of sleep, the fact that our lives are being taken over by our baby's needs, seem to be in sharp contrast to what the adverts on TV show where every baby and parent is happy and smiling.

Friends, neighbours and relatives can be sources of support, childcare and emotional warmth; their absence, almost by definition, points to loneliness, lack of support, and lack of communication. Wahler (1980) found that the frequency of contacts that a mother had with her friends was inversely related to the number of problems that she had at home with her child, and with her skill in dealing with them. On days when a parent had increased social contacts with others, her interactions with the child were also found to be more positive.

Social isolation is commonly identified as being linked to lack of parenting support, increased stress, low self-esteem, social alienation (Sheras 1998). We know that a child's well being is associated not only with confident parenting and lack of deprivation, but

also with the wider context within which the child lives. Where parents are socially isolated, there is a risk that neither parent nor child is able to access fully the support systems available in the wider than home environment.

At Parentline Plus, one of our main jobs is to reassure parents that there is no such thing as a 'perfect parent', that we are all doing the best we can and that it's normal for life with a small baby or toddler to be difficult at times. We believe that admitting we find it hard is an important step in getting the support we need to ensure the mental and emotional well being of our child and ourselves.

Our 'message' to parents is based on getting them first of all to look at themselves. To look at their own needs and identify their own emotions and to recognise how these impact on their own behaviour. Without this it is almost impossible to recognise the same things in others, be these our children or the adults in our lives. We encourage parents to look at the difference between being 'selfish' and being 'self-aware' and how 'self-awareness' or being in touch with our feelings and needs helps us work out what will help us cope. We stress that everyone's needs are important – ours, our children's and other family members'. Once this has been accepted then a parent can understand the 'Full Cup' theory – that if our own cup is full we can more easily fill the cups of others; if we're running on empty then we have nothing to give.

From this we look at the children whether they are babies, toddlers or teens. We look together with parents behind the behaviour of their children and try to think about their feelings and needs. Babies can't talk, draw or write but they still have feelings and thoughts and they try to tell us about them in lots of ways. They may gurgle, squeal, laugh

and wave their arms in the air to tell us about them but most often they will cry and it can be difficult and frustrating trying to work out what they mean.

Acceptance by parents of these concepts continues to be relevant as the baby grows to 5 and beyond. As time moves on for us and our children, different and new behaviour will continue to challenge us as parents but if we continue to think and care about what we do, we will meet them and bring up healthy, confident children. We ask parents to recognise that a toddler having a tantrum is experiencing the same sort of feelings that we have when we 'lose it'; that they are being overwhelmed by their feelings and tantrums are an expression of frustration and being overloaded.

Our mission at Parentline Plus is to provide a range of free parent-to-parent services nationally and locally so that parents have someone to turn to for support, the opportunity to develop skills, insight and strategies, friendship networks and the confidence to improve their family lives. It is through the parents that we aim to achieve positive outcomes for children and promote mental health that takes them from their early years through to happy and confident adulthood.

For a copy of *Helping Children Make The Most Of Life* - parents and their children's emotional and mental health July 2002 and more recently *Isolation and Loneliness - No more popping round the corner to talk to mum* March 2005 log onto [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

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**They will be motivated and learn with enjoyment and enthusiasm when given opportunities to play safely and freely, to experiment and explore, to discover and re-discover, to challenge self and be challenged but not pushed.**

**Lack of appropriate stimulation in the early years may result in developmental delays. When parents experience difficulties building a positive relationship with their child or children, or where parenting is inappropriate, this can lead to delays in personal, social and emotional development.**

Toy libraries provide children, parents and carers with stimulating, good quality resources and advice that supports children's holistic development. At toy libraries children's choices are respected, children learn respect for others as well as for property, and the development of self-esteem is supported. Parents and carers are encouraged to interact with their children through play and to have fun together, to learn more about play and skills development as well as the benefits of particular toys, games and resources".

#### What are toy libraries and where can they be found?

All toy libraries are different. Some cater for families, some for child carers (formal and informal), and some for both. They offer a range of resources including toys and books, pushchairs and safety equipment. All toy libraries welcome children with special needs, some catering specifically for these children. The toys are carefully chosen to support children's development in all areas of learning.

Mobile services on vans, play-buses and caravans means that no community need miss out, from families living in high-rise flats, to isolated coastal or farming families. Some toy libraries offer home visiting and others, play sessions. They open for anything from one session a week, to daily from nine to five, to weekend and/or evening sessions. They can be found throughout the UK (both urban and rural areas), and in many other countries too. They are welcoming, flexible and responsive, thus making them well placed to meet the many differing needs of communities and user groups. There are services for child carers - from grandparents and nannies to playgroups, private nurseries and out-of-school clubs.

Toy libraries often play a significant role in Sure Start programmes because they help to meet the four key objectives: Improving Social and Emotional Development, Improving Health, Improving Children's Ability to Learn, and Strengthening Families and Communities.

A toy library can be set up wherever there is space and people who are willing and able to manage the service. Portage services, hospitals, health centres and children's clinics are ideal places for toy libraries where health professionals can be on hand to give advice and support. They are also found in pre-school settings such as playgroups, nursery, infant and primary schools, family centres, community and leisure centres, church halls, and public libraries. All Children's Centres are encouraged to provide, or ensure families can access, a local toy library service.

When a parent joins a toy library with their children they usually pay a small joining fee and sometimes an additional charge for each toy borrowed. Fees are always very low, from a few pence to a £1 or so for very large items. Families can visit

the toy library as often as they wish and children are encouraged to make their own choices.

#### Supporting children's psychological well being

Every parent knows that no two children are alike, even identical twins have unique and different personalities. As children become more aware of themselves as individuals and recognise that they have thoughts, feelings and ideas of their own, so they begin to understand that other people have thoughts and feelings too. Children benefit from being able to express their feelings openly in an environment where they feel safe to do so. They need caring adults who can give them boundaries and show them right from wrong. Socialising with other children as well as adults is very important since this is how children can learn to interact appropriately and develop skills such as listening, sharing and taking turns. Positive interaction builds confidence and independence, encouraging the development of self-worth and a desire to try things out and to learn.

Pretend play is a great way for children to practice dressing and other skills. They can try out roles of different people and characters, real or imagined, and find out how others might behave or feel. Parents may hear their children copying their own words or phrases as they play, trying out what is like to be an adult – in charge and making decisions!

The influence of adults on children's personal, social and emotional development will shape the way in which they learn and their attitudes to society as they grow into young people. The values passed on to children are different in every family. Children and young people who are shown little respect or understanding by adults will find it difficult to develop a sense of self-worth; children must value and respect themselves before they can learn to respect and value others.

By the time children start school, much of their vocabulary will have developed through talk and play at home. A good range of toys from the toy library and positive examples of how to play with children can encourage positive interaction between parents and children and help with language development. Many toy libraries offer sessions where parents and children can stay and play for a while; the toy librarians model good practice and support parents as they play.

At the toy library there are opportunities for children to mix, socialise and to form relationships with other children and adults. Children are naturally quite self-centred, but gradually they learn that they have feelings and most importantly that other people have feelings too. Concern for others is not just important for building friendships but is also an important element in understanding many aspects of the world. In this way children will learn about sharing, and about balancing the needs and feelings of others against their own needs and feelings. Borrowing items such as dressing up clothes, animal care sets, role-play and games for sharing all help with these aspects of learning about oneself and others.

#### School age children and adults with learning difficulties

Although many toy libraries provide services for the very youngest children from birth to 5 years, more and more toy libraries are being developed for school-age children. This year we are rolling out a programme to support the development of games clubs in extended schools.

## Toy libraries supporting children's mental health

Edwina Pateman, Chief Executive Officer, The National Association of Toy & Leisure Libraries

Edwina Pateman, Chief Executive Officer of the National Association of Toy & Leisure Libraries says, "Children need plenty of good learning experiences

and opportunities to play if the skills they develop are to be built on a broad knowledge base. Through play, children stretch themselves physically and mentally.

Leisure libraries are community resources providing facilities and advice for adults with learning difficulties and their families. They were pioneered in the UK in 1988, evolving from toy libraries for children with special needs.

**Finally . . .**

If you haven't yet discovered a toy library near you then please contact us at the National Association of Toy & Leisure Libraries

for a list of toy libraries in your area. Why not visit a few, and be sure to encourage the families you work with to join!

The National Association of Toy & Leisure Libraries is a membership organisation, promoting and supporting toy and leisure libraries throughout the United Kingdom.

National Association of Toy & Leisure Libraries, 68 Churchway, London. NW1 1LT tel: 020 7255 4600  
email: [membership@playmatters.co.uk](mailto:membership@playmatters.co.uk)

## POLICY BRIEFING ON EARLY YEARS

It is well known that, at an individual level, mental health problems frequently originate in infancy and childhood. A welcome development then is the increasing public policy focus on the early years as a time when important foundations are laid for a young person's future.

Sure Start is the Government's programme to deliver the best start in life for every child by bringing together early education, childcare, health and family support.

There is a coherent approach to early education, childcare and early years services and 524 Sure Start Local Programmes offer a range of early learning, health and family services to 400,000 children living in disadvantaged areas – including 30% of under 4s living in poverty. Directing resources in this way reflects what is known about the links between high levels of poverty and deprivation and increased incidence of mental health problems. (Fryers et al 2003) [www.surestart.gov.uk](http://www.surestart.gov.uk)

**The National Service Framework for Children, Young People and Maternity Services** (2004) ([www.dh.gov.uk/PolicyAndGuidance](http://www.dh.gov.uk/PolicyAndGuidance)) argues that experience before birth and in early life has a crucial impact on the life chances of each individual, not just through childhood but into adult life. The Children's NSF is a 10-year programme intended to stimulate long-term and sustained improvement in children's health and to position children and their parents at the heart of service design and delivery.

There are five core standards for achieving high quality services for all children and young people and their

parents or carers. An additional five standards address those children and parents with particular needs. The final standard concentrates on the needs of women before their babies are born and in the first three months of parenthood. Research evidence supports this approach. Parenting has been identified as a prime public health issue and the single largest variable implicated in physical and mental health outcomes for children. (Barlow et al 2002, Barlow and Coren 2002, Barlow and Parsons 2002) Local NHS and Council services are responsible for reviewing services, measuring them against Framework requirements and getting public input into changing and improving services.

A range of practitioners work with children in their early years. **The Early Childhood Unit** of the National Children's Bureau (NCB) [www.earlychildhood.org.uk](http://www.earlychildhood.org.uk) works to encourage discussion and debate with those who are involved with children from birth to eight. The Unit currently hosts three networks; Early Childhood Forum (ECF), Local Authority Early Years Coordinators Network (LAEYCN) and the National Early Years Network (NEYN). These networks provide an invaluable mechanism for a two way flow of information. The networks are an important element of the Unit's work as they are an excellent way to get information out to practitioners and for practitioners to feed information through the Unit to policy makers.

A useful guide to 'who does what' in early years is **Working Together: A Sure Start guide to the childcare and early education field**. It includes sections on different types of day care

and early education, sources of help and information for those advising parents on childcare and early education, examples of good practice and contacts and resources. Working Together may be downloaded from [www.surestart.gov.uk/\\_doc/index.cfm?document=758](http://www.surestart.gov.uk/_doc/index.cfm?document=758)

The White Paper **Choosing Health** [www.dh.gov.uk/PublicationsAndStatistics](http://www.dh.gov.uk/PublicationsAndStatistics) reiterates the Government's commitment to partnership working and to their awareness that improvement in health and well being will only be achieved across all statutory, voluntary and community sectors and with the enthused participation of individuals and communities. Local Area Agreements under the aegis of Strategic Partnerships are in some places setting challenging and inspiring goals for improving health and well-being. As part of the Every Child Matters programme, children's trusts will be the main driver for delivering on this agenda.

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

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MODEL OF GOOD PRACTICE

## Family Links Nurturing Programme

**Setting:** Individual, Community, Organisational

**Level of Action:** Individual

**Target Group:** Individual children and their families

**Aims**

Family Links is a national charity established in 1997 to promote emotional literacy, nurturing and relationship skills through the Nurturing Programme. This carefully designed Programme provides structured 10-week accredited courses for parents/carers and children.

**Family Links provides training for:**

- professionals and some parents to become confident parent group facilitators
- whole-school staff to:
  - appreciate how to build an emotionally healthy school and so provide the optimum learning environment
  - learn how to deliver the Nurturing Programme through effective Circle Time.
- Early Years advisors to cascade the Nurturing Programme to Early Years workers to support their work with parents and children
- Sure Start teams, Family Centres etc.

**Programme**

The Family Links Nurturing Programme builds positive relationships based on four key constructs: self-awareness and self-esteem, appropriate expectations, empathy, and positive discipline. The experience of empathy in childhood contributes to lifelong emotional, mental

and physical health and well being.

The Nurturing Programme reduces abuse and neglect, and encourages an approach to relationships that gives children an emotionally healthy springboard for their lives and learning. It supports positive behaviour in children by exploring the emotional needs behind their behaviour. It is relevant to all children, parents and carers, professionals supporting families, and staff in Early Years settings and in schools.

The Nurturing Programme as a whole-population programme remains unique in providing parallel courses for parents and children. The Parent Programme improves parents' confidence and skills, encouraging them to maintain effective positive discipline while understanding their own and their children's emotional needs. The Parenting Puzzle supports the Programme. This popular book guides parents in groups and at home, and professionals in one-to-one client work. The Children's Programme offers personal, social, health and citizenship education that reflects Curriculum 2000 guidelines for Early Years and in primary school. It supports the aims of the National Healthy Schools Standard, and has been endorsed by the Department for Education and Skills as an effective tool in developing children's social, emotional and behavioural skills.

**Proven Outcomes**

The Nurturing Programme reflects Government policy and initiatives for

children and families as outlined in the 2004 Children Act, the National Service Framework for Children, Young People and Maternity Services, the White Paper Choosing Health, and the Primary National Strategy for Attendance and Behaviour. Family Links works with many statutory organisations, and is well placed to develop closer partnerships between statutory and voluntary sectors through Children's Trusts and Extended Schools.

**The following case study provides an illustration of the programme's impact:**

A five-year-old boy whose father was in prison for GBH was disruptive all morning in class. At lunch he said to his teacher: "I've used my personal power badly all morning and made poor choices and caused trouble. But you see Mum got angry and shouted at me and it hurt my feelings, so I was angry. But now I'd like to sit on the calming down cushion so I can make better choices about how to behave this afternoon." The boy's mother was so impressed when she heard this that, having resisted joining a parent group, she decided she ought to support her son at school.

**Contact**

**Family Links**

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Website: [www.familylinks.org.uk](http://www.familylinks.org.uk)

MODEL OF GOOD PRACTICE

## The Great Yarmouth Parent-Infant Mental Health Service (PIMHS)

**Setting:** Community – including clients' homes and community resource centres that offer Sure Start activities

**Level of Action:** Organisational

**Target Group:** Parents and children

**Aims**

The original aims of the project were to develop a cohesive, responsive

service for antenatal and postnatal women, their infants and families by:

- Developing training on postnatal depression, its detection and treatment;

- Developing an Integrated Care Pathway;
- Improving Collaboration between agencies;
- Raising awareness and disseminating knowledge through workshops and conferences.

#### Programme

The Project is run by a multi-disciplinary team that includes an adult psychologist, health visitors, mental health link workers, a drug and alcohol worker and family support workers from Sure Start. It developed from a client and multi-agency working party on Post Natal Depression and offers an example of true partnership working. Members of the group represent Adult Mental Health, the local PCT, Sure Start, the Acute Trust and parents.

At a community-based workshop facilitated by the local Trailblazer Sure Start project, parents and professionals explored gaps in service provision. The PIMHS project developed from this.

The initial phase of the project was completed by April 2003, by which time:

- professionals had observed, reflected

- and developed partnerships
- an Integrated Care Pathway had been implemented
- a very successful conference had been hosted
- structures had been developed to give a robust foundation to the ongoing work.

Mothers are offered *listen visits* by Health Visitors and the opportunity, when they feel ready, to attend support groups. There is a thriving creative group which mothers have found very beneficial.

Health visitors delivering work at the 'front-line' have easy access to the Mental Health link workers and the clinical psychologist for consultation and supervision. This level of assistance and collaborative working enables them to better support the parents and children in their care.

#### Proven Outcomes

The project was unable to establish base lines for postnatal depression prior to the project starting, as no statistics were available. However qualitative data from health visitors was available and described their

perceptions of the levels of depression amongst the mothers they visited.

The Sure Start project also undertook a piece of qualitative research with women prior to the use of the Edinburgh Postnatal Depression questionnaire and are about to do a follow up study.

Since the Health Visiting team have been collecting data relevant to the Edinburgh Postnatal Depression scores, they have identified a higher than average incidence of postnatal depression (national average 10 – 12%, local average 30 – 40%). These figures reflect the high levels of deprivation within the PCT population and demonstrate a clear link with mental health problems.

#### Contact

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was listening, or exploring how a child might have been feeling in a given situation.

Teaching is provided on an annual basis for students of health visiting, social work and nursery nursing. Awareness raising sessions have already been held for health visitors and are commencing for paediatricians and midwives

#### Proven Outcomes

The clearest marker of the success of the service is that parents believe that the presenting problem – such as poor sleep patterns or temper tantrums – has been resolved. Of course some contacts with parents and their babies and toddlers are inconclusive. Some families might very appropriately be referred on to different agencies and some will not

want to be seen at all.

For those who do utilise the expertise of this service there are rewards. Families have an opportunity to consider their baby or child in different ways. Those who view their child's behaviour in a negative light get a chance to reinterpret their actions. For example, inexperienced parents might think a baby is head-butting them when in fact they do not yet have well-developed motor control. Such a view might establish a misperception on the parent's part, that their baby dislikes them.

The service also allows parents to review and explore why their baby's behaviour might have deteriorated. For instance one family described how their infant had slept well for 10½ months but then had developed sleep problems. After discussion it emerged

that there had been a bereavement in the family at that time. The parents came to see that the emotional environment in the family had affected their baby.

A guiding principle for the service is to watch, wait and wonder and it offers a rich resource for local families and their children.

#### Contact

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### MODEL OF GOOD PRACTICE

## Infant Mental Health Service

**Setting:** Community

**Level of Action:** Individual children and their families

**Target Group:** Infants 0 – 5 and their families

Professionals and practitioners

#### Aims

The Infant Mental Health Service is an innovative service that helps with behaviour problems in infants and toddlers and any underlying emotional difficulties that are triggered in their families. Most common problems in those under 1 year old are chronic poor sleeping, not eating or continual crying. Amongst toddlers, presenting

problems tend to be intense temper tantrums or aggressive behaviour. The service aims to:

- hear the story of that child
- help parents think for and about their child in new ways
- raise awareness and capacity for those professionals working with young children.

#### Programme

Parents are referred to the service via Health Visitors, GPs, Paediatricians or through nurseries. The service can be delivered during the day or in the evenings, at a clinic setting or in the home. First contact is by telephone to let people know how long they might

have to wait and also to encourage some preparatory thinking.

Initial meetings tend to take place for about an hour in the family home. After that it is a negotiated process; the family is asked to contact the specialist in a week if they want to continue meeting. Fathers participate about half the time and encouraging their involvement brings a different perspective and dynamic to the meetings.

There is a sense of exploration in the meetings with the specialist listening in a curious way and exploring relevant issues. Observational skills figure large in this model. The specialist encourages parents to see their baby or child in a new way, for example pointing out how the child

### MODEL OF GOOD PRACTICE

## Resilient Therapy™: Ordinary Magic for Kids & Teenagers in a Pickle

**Setting:** Community

**Level of Action:** Individual, Community, Organisation

**Target Group:** Children and their families, Practitioners who work with them

#### Aims

Resilient Therapy™ focuses on the most effective ways of helping children and young people bounce up when life is tough.

#### Programme

The explicit aspirations, experiences and actions generated by Resilient Therapy™ happen between people. They are designed to improve children's functioning and can be drawn out by individual workers, parents and young people for use in many different contexts.

Resilient Therapy™ harnesses selected therapeutic principles and techniques to find the best ways of helping disadvantaged children and their families. The nature and content of

these techniques are drawn from the resilience research base, from personal experience and from practice innovations. The methodology draws on Anne Masten's idea of the 'ordinary magic' that is found in children and in their relationships with parents, practitioners and others. Resilient Therapy™ emphasises fighting health inequalities on both individual and dynamic systems level.

Resilient Therapy™ is a pragmatic, strategic methodology for use by child mental health therapists, social workers, teachers and other practitioners. It is also for use by parents and carers. Using the metaphor of magic, the components comprise a magic box. There are five main potion bottles within.

The first three are called Basics, Belonging and Learning. Each of these potion bottles includes strategies and practices for use in working directly with children and families.

*Core self and Personal coping* each bottle up a set of micro-therapeutic spells designed largely for working

directly with individuals. The major difference between the two is that *Core Self* focuses on working at a deeper intrapersonal level, whilst *Personal Coping* provides children with strategies to manage better in the moment.

#### Proven Outcomes

Resilient Therapy™ has been developed out of a collaboration between health and social care practitioners, academics, parents, children and young people. Each of the spells and tricks have their own evidence base from the resilience research. Parent and practitioner workshops have consistently evaluated the approach as promoting positive change.

#### Contact

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## DIARY DATES

### 19th September Health Scrutiny and Patient and Public Involvement – Local Government Association.

**Venue:** London.  
This conference will provide an opportunity to hear how the Centre for Public Scrutiny has assisted the development of health scrutiny in its 3 year support programme. Meanwhile, the arrangements for supporting Patient and Public Involvement Forums are likely to change over the next 12 to 18 months. The Commission for Patient and Public Involvement in Health will be abolished and a new Patient and Public Involvement Resource Centre established. The number of Patient and Public Involvement Forums will be reduced to match PCT boundaries. Delegates will get the chance to hear about their implications first-hand from the Department of Health. Finally, the rise of public health up the political agenda will also be addressed at the conference. For further information <http://www.lga.gov.uk/Documents/Event/healthscrutinyflyer2.pdf>

### 20th September Promoting the Public's Mental Health: A Changing mentality.

**mentality at the Sainsbury Centre for Mental Health**  
**Venue:** Paragon Hotel, Birmingham.  
This national event will bring together leading thinkers in public health and mental health to consider the future of public mental health promotion. The conference will use a combination of presentations, facilitated workshops and open debate to consider the potential of promoting the public's mental health and how this fits within the current policy frameworks available.

This conference will consider:

- How can we change the public's mental health?
- How will we deliver and measure the changes we are making?

- How can we contribute to this change?
- How can we ensure this change is sustainable?

This interactive event will use new techniques to enable delegates to participate in the process of change. It promises to be an entertaining and lively event – a must for anyone who wants to make a difference to the public's mental health. A conference report will be produced at the end focusing on the competencies, capabilities and criteria required to plan, deliver and assess effective programmes for promoting the public's mental health. For further information: [www.scmh.org.uk](http://www.scmh.org.uk) or contact Conferences on 020 7827 8384

### 22nd – 23rd September Primary Mental Health and Education – Call for papers and poster presentations

**Annual Primary Mental Health Worker Network; Child and Adolescent Mental Health National Committee UK**  
**Venue:** Cardiff.  
Emotional Literacy and Emotional Well being is at long last being highlighted as a key element in influencing the educational needs of children. Issues to be considered:

- How are you getting involved?
- What are you finding out?
- What works?
- What are your educational needs as a primary mental health worker?
- How are you addressing them?

Everyone is welcome to attend the AGM on the evening of the 22nd followed by dinner and entertainment. You can also attend as a day delegate only on the 23rd. Please contact Sue Froggatt for more information: [sue.froggatt@gwent.wales.nhs.uk](mailto:sue.froggatt@gwent.wales.nhs.uk)

### 4th – 15th October Submissions Wanted For 'Rays of Light' Art Exhibition

**Venue:** City Gallery, Leicester.  
The fifth annual exhibition of mental health services in Leicester and beyond. (first come, first served, we do not judge the first forty pieces, they are automatically accepted). For further information contact Tim Sayers 0116 295 8966.

### 10th – 14th October Hertfordshire Feelin' Good Week.

The updated Hertfordshire Child Adolescent Mental Health Strategy includes development of a multi agency health promotion/ awareness week that focuses on improving the emotional health and well being of the children and young people of Hertfordshire. We have developed a multi agency steering group to oversee the week and are keen to get as many services working with children and young people aged 0-18 involved as possible.

The aim of this event is to promote general understanding of the importance of emotional health and well being in children and young people and to raise awareness and reinforce the understanding of everyone's role in promoting and maintaining emotional health and well being and identifying local networks of support and information. If you are interested in hosting an event, promoting emotional health and well being during the week or you would like any additional information or resources please contact Maria Nastri – Service Development 07881 802 836 or Maria [Nastri@hertsc.gov.uk](mailto:Nastri@hertsc.gov.uk)

### 11th October National Association of Toy and Leisure Libraries – Annual Conference.

**Venue:** Manchester City Football Stadium.  
Awards will be presented, exhibitions will be held by toy manufacturers and for publications and workshops are being held including; involving volunteers in leisure libraries; training for volunteers; attracting families we find hard to reach; toy libraries and Every Child Matters; and quality play matters. For more information: [admin@playmatters.co.uk](mailto:admin@playmatters.co.uk) or 020 7255 4611

### 11th October Mental Health Media Awards

The Mental Health Media Awards, now in their 12th year, recognise and celebrate the best portrayals of mental distress and reporting of mental health issues in the broadcast media. All the winning programmes successfully challenge the misinformation and stereotypes that surround mental health and, most importantly, include the voices of people who have experienced mental health problems. The Award ceremony is an annual event attended by journalists, broadcasters, producers and those from the world of mental health. The Awards recognise the positive contribution the media can make to our understanding of mental health and distress. They attract a large number of entries and generate considerable interest amongst programme makers and broadcasters. For more information visit [www.mhmawards.org](http://www.mhmawards.org)

### 18th October Celebrate Capital Volunteering.

**Venue:** London.  
A series of festival events are planned for October to celebrate the achievements attained so far by Capital Volunteering and to inspire more people to get involved. At this event people can come along to hear the stories and experiences of the people involved (directly as well as through film and performances) and learn more about how volunteering can impact positively on people's mental health. For further information about Capital Volunteering and the October festival events, subscribe to the initiative's newsletter via the website [www.capitalvolunteering.org.uk](http://www.capitalvolunteering.org.uk) or contact Katalin Frank [kfrank@csv.org.uk](mailto:kfrank@csv.org.uk)

### 19th October Making it Possible: A national framework for improving mental health and well-being in England

**Venue:** Manchester .  
This conference will provide a national platform for the launch of the national framework for improving mental health and well-being in England and will provide an opportunity for delegates to discuss ways to improve public mental health and well-being in the context of the opportunities presented by the framework and Choosing Health. For more information: Dean Repper [dean.repper@nimhe-northwest.org.uk](mailto:dean.repper@nimhe-northwest.org.uk)

### November 2005 Commissioning Mental Health Services Conference

**Sainsbury Centre for Mental Health**  
**Venue:** date to be confirmed.  
The responsibility for Mental Health Service commissioning now lies with Primary Care Trusts. This conference will showcase examples of how people have put this into practice, and will show you what you can do in your area to make commissioning run successfully. For more information contact the Conference team at SCMH 020 7827 8384.

### 10th November Inclusion and Exclusion Conference

**Venue:** King's College London.  
The Race Equality Unit and the Social Services Research Group are organising a one-day conference exploring the messages for policy and practice of research on racism and ethnicity. This year it is being supported by the Joseph Rowntree Foundation and Social Care Institute for Excellence. For more information contact Jabeer Butt 020 7619 6229 or visit [www.ssr.org.uk/events/2005/exclusion-papers.pdf](http://www.ssr.org.uk/events/2005/exclusion-papers.pdf)

### 10th November "Seeing Angels Hearing Voices" Sense or Nonsense?

**Venue:** Cambridge.  
An opportunity to explore: spiritual experience: healthy psychoticism; personal and professional responses and approaches to psychosis; living with angels and voices; what differentiates religious and delusional experiences; and the world's cultural approaches, practices, understanding and treatment of psychosis. Email [John.Nicholson@cambsmh.nhs.uk](mailto:John.Nicholson@cambsmh.nhs.uk) for more information.

### 10th – 12th November Travelling Together. Developing the Skills for Inclusive Mental Health Care.

**Mental Health Nurses Association – Annual Professional Conference.**  
**Venue:** Bournemouth International Centre.  
Social Inclusion in Mental Health is the thread that runs through the Annual Conference, and keynote speakers and presenters will address how it is essential that mental health practitioners and services embrace it to change practice. Not only will the conference address the very real barriers to achieving best mental health care, but

also vacuums where no contact has been possible. Although the conference is primarily a mental health nursing event of interest to all qualified and student mental health nurses, there is also much to interest other mental health professionals, clinicians, managers, educationalists, and commissioners. Visit [www.profileproductions.co.uk/upload/mhnaconfbrochure.pdf](http://www.profileproductions.co.uk/upload/mhnaconfbrochure.pdf) for the conference brochure.

### 15th – 16th November Getting it Right From the Start: The Mental Health of Infants and School-aged Children

**National CAMHS Support Services Conference.**  
**Venue to be confirmed.**  
NCSSC are holding a two day conference on infant mental health, infant mental health promotion, strategic planning and development, early intervention with infants and families, problem prevention approaches, early intervention with vulnerable groups, risk and resilience factors.

All details to be confirmed but for more information please contact Jane Sedgewick: [janesedgewick@camhs.org.uk](mailto:janesedgewick@camhs.org.uk)

