

BC Healthy Child Development Alliance:

**Infant and Child Mental Health
Action Planning Day Report**

May 6, 2009

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A. Background/Organizational Context

About the Alliance

The British Columbia Healthy Child Development Alliance (referred to as the Alliance in this report) is a coalition of health, social, education, research and community organizations sharing a common interest in supporting the healthy development of all children in BC. The Alliance grew out of the 2004 Healthy Child BC Forum in part from the identification of healthy child development as a core public health function.

The purpose of the Alliance is to provide leadership in encouraging and supporting the development and implementation of policies and strategies that are essential to ensuring healthy child development in all children in BC.

Specifically, the Alliance aims to:

- Develop a comprehensive early child development framework that will outline measures to support the development of policies and programs that contribute to the healthy development of all children in BC
- Develop and disseminate a series of discussion documents to inform child policy in key topic areas
- Support multi-level opportunities for discussion and action around healthy early childhood development policies through regular meetings and periodic special events
- Work with partners at all levels to encourage and support the collaborative implementation of those policies and strategies
- Emphasize the importance of prevention and health promotion in the early years
- Emphasize the importance of high quality early learning and child care environments.

Alliance Mental Health Working Group and Resources

Promoting the mental health of infants and children was first identified as a priority topic for the Alliance through a strategic planning session in 2006. At that time, a Mental Health Working Group of Alliance members was established to provide leadership in this area. The Working Group initiated a partnership with Dr. Charlotte Waddell at the Children's Health Policy Centre at Simon Fraser University (SFU) for the purpose of building the capacity of Alliance members to advocate on mental health issues. The outcomes of this partnership included a series of working sessions with Dr. Waddell and the production of a resource paper (***Improving the Mental Health of Young Children – November 2007***).

Building on this resource paper, a Simon Fraser University Master's student was contracted to complete a research paper to help inform the policy development process as it relates to infant and child mental health in BC. A literature review was undertaken and key informant interviews were done with representatives from ECD sectors across British Columbia. The results of this work outlined gaps and opportunities for infant and child mental health within early child development and recommendations for improving policies and programs (***Opportunities for Action to Improve the Mental Health of Young Children – May 2009***).

B. Purpose

The purpose of the planning day was to identify strategic activities for the Alliance to undertake in 2009/2010 to support the development and implementation of policies/programs to improve the mental health of young children in British Columbia. These will be selected by Alliance members from the series of recommendations outlined in the two research papers on this topic commissioned by the Alliance.

C. Planning Day Overview

All Alliance members were invited to the May 6th Infant and Child Mental Health Action Planning Day. Dr. Bob Peterson, Chair of the Alliance, welcomed participants and thanked the Mental Health Working Group for its work to date. He highlighted the importance of input from this meeting for the work of the Alliance and that the aim of the day was to provide input to support the Mental Health Working Group to assist in the development of an advocacy platform and action plan for the Alliance.

Darryl Quantz, Chair of the Alliance Infant and Child Mental Health Working Group identified and thanked the Working Group members: Dr. Wilma Arruda, Radhika Bhagat; Dr. John Carsley; Mary Lou Matthews; Carol Matusicky; Deborah Saari; and Joanne Wooldridge. He also thanked the paper's author (Nikki Swant) for her research work and responsiveness to the timelines and needs of the Working Group.

Note: Due to the recently imposed travel restrictions for government staff, over twenty invitees participated for the first hour and a half only, listening to the panel presentation via webcast. Twenty-seven participants were in the room and deliberated on opportunities for Alliance action. See Appendix I for Alliance member organizations and Workshop participants.

An initial panel provided three perspectives on the topic 'Toward an integrated population health strategy for young children's mental health in BC'. The speakers and their focus were:

- **An overview of current UBC led research and evaluation of early childhood mental health promotion (Dr. Lynn Miller - Faculty of Education, UBC)**

This presentation briefly reviewed the prevalence of social and emotional issues among children, and highlighted the FRIENDS program, developed in BC. This program aims to build grade 4 and 5 children's skills in managing anxiety, and build capacity among teachers to identify anxiety and to deliver the FRIENDS program. Research and evaluation has been carried out in BC schools, assessing effectiveness in urban and rural settings and with Aboriginal children. The program has been widely disseminated with the support of the Ministry of Children and Family Development (MCFD). New initiatives, including the development of a version for Kindergarten and grade 1 students (FUN FRIENDS), were noted.

- **An update on the MCFD Mental Health Review and current initiatives (Sandy Wiens - Director, Child & Youth Mental Health Policy, MCFD)**

This presentation highlighted the progress in capacity building in BC's child and youth mental health services, the findings and recommendations of the recent Review of those services and the current initiatives of the Ministry.

- **Highlights of the recently completed review paper 'Opportunities for Action to Improve the Mental Health of Young Children' (Nikki Swant - Master's Student, SFU).**

This presentation highlighted the cross-sector consensus regarding the importance and timeliness of improving approaches to infant and child mental health in early child development. Her presentation included recommendations for both policies and programs.

All of the above presentations are available at: www.childhealthbc.ca/bchcda-forums

At mid-morning, participants identified topics for small group discussion, building on the question: '**How can the Alliance best take action?**' Ten topics resulted in group discussion and reports.

Following three rounds of small group discussion, a large group session heard brief reports and briefly assessed the potential for Alliance action.

May 6, 2009 Alliance Workshop

D. Policy and Practice Context

The 2008-09 key informant interviews, supported by a literature review, constitute an environmental scan on the question of key opportunities and challenges regarding needs and opportunities in BC for strengthening infant and child mental health in early child development. Summary highlights of the policy and practice context are as follows:

- There is a need to reorient the current health system to enhance services aimed at mental health promotion and prevention of mental health problems and disorders, including increased funding for such initiatives.
- A significant barrier in the planning and provision of mental health services for young children is the lack of a strong evidence base guiding practice and a need for access to research that identifies 'what works'.
- A lack of program outcome evaluation is also a significant barrier in service planning and delivery. Many of the existing early childhood programs in BC have never been evaluated with respect to mental health outcomes, and for those that have, the primary focus has been on process measures.
- There is a need for increased collaboration within and across systems of service delivery. There is support for moving forward in partnership to provide a more coordinated, collaborative approach to meeting mental health needs within early child development.
- There remains a lack of understanding about the important role that early childhood social-emotional development plays in the life course. All service providers need to be able to understand and support the emotional needs of children and families with whom they are working. Service providers need training in infant-child mental health, specifically as it relates to supporting families to foster emotionally healthy environments.

The 2008-09 environmental scan recommends the following six areas for action:

1. Adopt a population health approach to mental health in early childhood.
 - Develop a shared vision for mental health promotion and prevention of mental health problems and disorders
 - Advocate for sustainable funds for mental health promotion and prevention activities in ECD
 - Advocate for development of healthy public policies that take action on the determinants of health
 - Designate sustainable funds to provide opportunities for all children, particularly those identified at risk, to attend culturally safe, evidence-informed, early childhood development programs
2. Utilize evidence to inform the policy and program development process.
 - Support knowledge translation efforts through development of partnerships between universities and service providers
 - Develop consensus on what constitutes evidence of effectiveness
3. Improve outcome evaluation data for mental health promotion and mental disorder prevention programs in BC.
 - Designate funds for program evaluation purposes (10% of program budget as recommended by the World Health Organization (2005)).
 - Develop capacity of providers to apply evaluation techniques
 - Identify and state mental health objectives within ECD programs
4. Enhance intersectoral collaboration on mental health promotion and mental disorder prevention initiatives in ECD.

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- Convene a formal table with membership from across ministries and health authorities for visioning and goal setting for upstream investments; clarification of roles; and, identifying service duplication in the system
5. Develop increased awareness of mental health in early childhood development.
 - Promote recognition of the importance of mental health to parents, providers and funders through education, training and media campaigns
 - Develop a coordinated, collaborative plan to provide training to service providers
 6. Provide opportunities for children from identified special populations to thrive and achieve their best mental health outcomes.
 - Convene table or partner to develop a plan to meet the mental health needs of children in care, Aboriginal children, immigrant and refugee children and children with developmental delay or disability

E. Planning Day Outcomes

The majority of the Planning Day was devoted to participant deliberation on the question: **‘How can the Alliance best take action?’**. In answering this question, Alliance members were asked to consider the purpose and capacity of the Alliance. The proposed recommendations put forward for discussion reflect the breadth of concern and expertise, covering five of the six recommendation action areas identified in the environmental scan.

The results of the day are organized into two Tables. Table 1 represents the results of three rounds of small group discussions and are general topics that are grouped under each of the recommendation areas from the environmental scan action area to which they were most linked.

Table 1: Discussion topics *

<p>Adopt a population health approach to mental health in early childhood</p> <hr/> <p>Proposed Topics:</p> <ul style="list-style-type: none"> ▪ Addressing the barriers to a comprehensive ECD system ▪ Developing an infant / child MH pathway – ages 0 – 3 or 5 years ▪ Engaging populations in non-programmatic ways ▪ Importance of parents as providers of the context for child’s mental health 	<p>Enhance inter-sectoral collaboration on mental health promotion and mental disorder prevention initiatives in ECD</p> <hr/> <ul style="list-style-type: none"> ▪ Policy integration / alignment across various partners
<p>Utilize evidence to inform the policy and program development process</p> <hr/> <ul style="list-style-type: none"> ▪ education for all service providers to address infant & child mental health promotion 	<p>Develop increased awareness of mental health in early childhood development</p> <hr/> <ul style="list-style-type: none"> ▪ How to increase awareness of Infant Mental Health issues across sectors ▪ Making the case - why should infant and child MH be a priority over other issues?
<p>Improve outcome evaluation data for mental health promotion and mental disorder prevention programs in BC.</p> <hr/> <p style="text-align: center;"><i>no topics proposed</i></p>	<p>Provide opportunities for children from identified special populations to thrive and achieve their best mental health outcomes</p> <hr/> <ul style="list-style-type: none"> ▪ Open dialogue on culturally valid Aboriginal infant & child mental health ▪ Supporting infant / parent relationship where parent has a mental health problem and / or intellectual disability

* The notes submitted from each of the discussion groups are provided in Appendix II.

Table 2 represents the results of an assessment by Alliance members of the potential for Alliance action. Through this process, a number of topics and potential actions were endorsed by the group as appropriate for further deliberation by the Mental Health Working Group and would be presented to at the June 2009 meeting of the Alliance. These are summarized in Table 2 below by environmental scan action areas.

Table 2: Proposed Recommendations for Alliance

<p>1.</p>	<p>Develop increased awareness of mental health in early childhood development</p> <ul style="list-style-type: none"> ▪ How to increase awareness of Infant Mental Health issues across sectors <i>Potential Alliance action:</i> advocacy; reference group to inform decision making, make recommendations, integrate frameworks, monitor all frameworks for inclusion of infant mental health ▪ Making the case - why should infant and child MH be a priority over other issues? <i>Potential Alliance action:</i> get the message out – agree on common messages and disseminate
<p>1-A</p>	<p>Adopt a population health approach to mental health in early childhood</p> <ul style="list-style-type: none"> ▪ Addressing the barriers to a comprehensive ECD system <i>Potential Alliance action:</i> take risks - improve communication to improve coordination; get smarter about how we market ECD / child / infant issues ▪ Engaging populations in non-programmatic ways <i>Potential Alliance action:</i> facilitate development of key information, messaging
<p>1-B</p>	<p>Enhance inter-sectoral collaboration on mental health promotion and mental disorder prevention initiatives in ECD</p> <ul style="list-style-type: none"> ▪ Increase awareness of Infant Mental Health issues across sectors / Enhancing inter-sectoral collaboration / Policy integration, alignment across various partners: <i>Potential Alliance action:</i> - advocacy - reference group to inform decision making, make recommendations, integrate frameworks, monitor all frameworks for inclusion of infant mental health - As per 2008-2009 research recommendation #4: Convene a formal table with membership from across ministries and health authorities for visioning and goal setting for upstream investments; clarification of roles; and, identifying service duplication in the system - examine policy recommendations from partners, integrate common policy recommendations; review Alliance terms of reference to discuss our purpose and strategies
<p>1-C</p>	<p>Utilize evidence to inform the policy and program development process</p> <ul style="list-style-type: none"> ▪ Education for all service providers to address infant & child mental health promotion <i>Potential Alliance action:</i> review all provincial frameworks for consistency, alignment on ECD MH, promoting universality, holistic approach, and integrated multi-level MH system
<p>2.</p>	<p>Provide opportunities for children from identified special populations to thrive and achieve their best mental health outcomes</p> <ul style="list-style-type: none"> ▪ Open dialogue on culturally appropriate Aboriginal infant & child mental health <i>Potential Alliance action:</i> sponsor / facilitate Working Group or forum for information sharing, discussion to support defining a culturally valid ICMH and articulating a First Nations ICMH strategy ▪ Supporting infant / parent relationship where parent has a mental health problem and / or intellectual disability <i>Potential Alliance action:</i> promote more education for prenatal providers on ECD / mental well being, including addressing supports for parent has MH problem and / or intellectual disability

F. Next Steps

At the June 2nd meeting of the Alliance, members reviewed the recommendations from the May 6th event and identified three initial action items:

1. Publish the final paper and May 6th Planning Day report on the BC Healthy Child Development Alliance website and disseminate through Child Health BC steering committee.
2. Prepare a briefing document outlining support for the inclusion of mental health components in government program and policy planning. This document will be developed over the summer and submitted to appropriate Ministries (and other parties) in the Fall of 2009.
3. Provide leadership around the development of an evaluation framework or model to support the inclusion of mental health indicators in early child development programs. This may include a logic model and other tools that would look at short/medium/long term outcomes. Development and implementation would be accomplished through Alliance membership and partnership.

Additional action items will be considered and implemented by the Alliance Mental Health Working Group in consultation with the larger Alliance membership.

Appendix I: Participants

Organization	Name
Aboriginal Health Services, VCH	Barb Keith
Aboriginal Infant Development Programs	Diana Elliot
BC Aboriginal Child Care Society	David Wu
BC Pediatric Society	Stephanie Hudson
Children First	Chris Gay
Council for Early Child Development	Carol Matusicky
Early Childhood Partners & Make Children First	Susan Papadionissiou
Fraser Region, Ministry of Children and Family Development	Alanna Robson
Infant Development Program of BC	Dana Brynelson
Ministry for Children and Family Development	Sharon White
	Sandy Wiens
Ministry for Healthy Living and Sport	Michael Egilson
	Joan Geber
	Janet Campbell
Ministry of Health Services	Sherry Bar
Provincial Office, Supported Child Development CVCDA	Tanya Brown
Public Health Agency of Canada	Christine Burgess
Simon Fraser University	Lesley Cleathero
University of British Columbia	Lynne Miller
United Way of the Lower Mainland	Alison Bledsoe
Vancouver Coastal Health Authority	Radhika Bhagat
	Darryl Quantz
	Elizabeth Stanger
	Nikki Swant
	Susan Walter
Vancouver Island Health Authority	Joanne Wooldridge
	Jonathan Down
	Esther Pace

Podcast participants who rsvp'd (the total number who watched was 21)

Organisation	Participant
Interior Region, MCFD	Marcia Julian
Ministry of Children and Family Development	Deborah Saari
Ministry of Education	Catherine Jensen
Ministry of Healthy Living and Sport	Dolores Escudero
Physician, Smithers, BC	Clare Moisey
Vancouver Coastal Health	Patty Keith
Youth Mental Health & Addictions, Nechako Youth Treatment Program	Aaron Bond

Appendix II: Discussion Group Notes

The following notes reflect reporting sheets handed in by discussion groups.

Adopt a population health approach to mental health in early childhood

TOPIC: Addressing the barriers to a comprehensive ECD system

Discussion highlights:

Barriers: family is 'private' especially in the early years; nothing 'mandated' for early years, very little fully funded programming; silo-d programs, project funding historically – need menu of services and service hub, multi-year core funding for both service delivery and development of core competencies in service providers; don't value children in our society; adults have short time of connection to children in early years.

Group's recommendations:

- use the research; stop hiding behind 'frameworks' and economic pressures - e.g. New Zealand – 10 year plan and government commitment; Manitoba – child lens [on policy?]
- Focus on I&C MH as a key component of a comprehensive ECD plan / system
- improve communication to improve coordination
- Get smarter about how we market ECD / child / infant issues – keep the message positive, showcase what is working well, build on our strengths, involve young people
- recruit high profile spokespersons / champions – e.g. Raffi, Sara M.

for Alliance action:

- take risks – e.g. Do and disseminate 'report card' on 3 or 4 issues; support a blog / Twitter

TOPIC: Developing an infant / child MH pathway – ages 0 – 3 or 5 years

Discussion highlights:

- we have the evidence, programs, intervention and know cost / benefit - model works when ECD is an integrated portfolio. See Manitoba "Families First"

Steps:

- identify key risk factors / events that are flags, include parental and infant risk factors
- identify ages / stages of health psychosocial development

challenges: what is appropriate intervention – groups, education, home visits. Will risk increase to child or family if \$\$ barriers for motivated parent, minimum or lack of services, inappropriate services

Group's recommendations:

- identify key evidence-based best practices for screening, identification, and response
- need a partnership between infant / child public health and mental health

TOPIC: Engaging populations in non-programmatic ways

Discussion highlights:

- why people don't go to groups / programs; who is unlinked to primary care?

options:

- going to where the person is, utilize other community liaison people, keeping parent as expert, offering self management strategies, community development strategies - meet parents at point of their identified need, enable systemic interventions / service brokering on related needs e.g.

housing, language barriers, trauma

- other ways of connection – outreach, electronic, social messaging, public education via free media

Group's recommendations:

- develop key information, messaging e.g. parent information regarding identifying mental health issues, connecting with community health nurse

for Alliance action:

- role in above?

TOPIC: Importance of parents as providers of the context for child's mental health

Discussion highlights:

- parent as focus of education, support and treatment
- parents with mental illness / addictions need assistance and consideration in their role as parents; system may hamper integration of parent – child issues. Recent perspective; practitioners may not be comfortable asking about parent's MH
- preferred approach: universal support of positive parenting / attachment including messages to care for yourself to be able to care for your children

Group's recommendations:

- integration of infant mental health with promotion of general healthy development
- meeting the needs of adults with MI would improve their ability to parent

Utilize evidence to inform the policy and program development process

TOPIC: education for all service providers to address infant & child mental health promotion

Discussion highlights:

- universal programs and wholistic approach for an integrated multi-level MH system – promote and hold policymakers / funders (government) accountable
- education / information on programs / supports needs to be accessible and represent all voices

Group's recommendations:

- focus on promotion of evidence-based, cross-Ministry aligned programs and policies
- identify what exists, where and how; develop short information overview for doctors, care providers, etc. + media / marketing campaigns to support a positive shift
- review and ensure ECD MH is addressed consistently in all provincial frameworks

for Alliance action:

- review all provincial frameworks for consistency, alignment on ECD MH, promoting universality, wholistic approach, and integrated multi-level MH system

Improve outcome evaluation data for mental health promotion and mental disorder prevention programs in BC.

No discussion topics proposed

Develop increased awareness of mental health in early childhood development

TOPIC: How to increase awareness of Infant Mental Health issues across sectors

Discussion highlights:

What in the past has occurred that has been successful?

1. – direction of infant / child screening for hearing / dental caries / vision. This was made a Premier's initiative.
2. – Shaken baby syndrome – research and practice combination, with political / Ministry backing
3. – Infant Development Program made commitment to have staff training in IMF – increased consistency.
4. – MCFD screening at VC [CHECK special populations – e.g. CLC – screening and assessment]
5. – chronic disease approach – evidence, mapping, identify gaps, collaborative planning, evaluation / outcome assessment

Group's recommendations:

- increased training and support for ECE – everyone is affected by health of children - unify disciplines and parents
- need for government to take broad responsibility for well being of children, enable cross-Ministry collaboration; make evident 'why they should care'; make a political priority to increase sustainability
- adopt a chronic disease approach?
- deliberately phased in approach? Moving toward universal developmental screening, surveillance – routinized, monitored, providing education
- inter-faculty curriculum development; education is critical – possible to over-estimate current level of

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knowledge across the system

- need to scope out / map current 'system'
- need for clear definition of the problem, solutions and champions
- link to crime issues, cost effectiveness – communication strategy – look to Tobacco strategy; KT to help people understand protective factors, risk factors

for Alliance action:

- advocacy
- reference group to inform decision making, make recommendations, integrate frameworks, monitor all frameworks for inclusion of infant mental health

for action by other organizations:

- Health Literacy Network, PHSA take on some of this work
- explore scope of Mental Health Commission Canada work regarding knowledge translation and anti-stigma

TOPIC: Making the case - why should infant and child MH be a priority over other issues?

Discussion highlights:

- need to capture the essence of mental well being and spread that message everywhere
- stigma still surrounding mental health
- many ideas, knowledge have been around a long time and were spoken to eloquently.

Group's recommendations:

- educate the population on the importance of well being, both mental and physical health; individual, family and population well being
- aim: people see themselves in the issue, it's not just others

for Alliance action:

- get the message out – agree on common messages and disseminate

Enhance inter-sectoral collaboration on mental health promotion and mental disorder prevention initiatives in ECD

TOPIC: Enhancing inter-sectoral collaboration

Discussion highlights:

- is there collaboration? How? Alliance role? What goal? What stands in our way? E.g. system fragmentation, time / service pressures, information, competition for scarce dollars, weakened relationships due to personnel changes and turnover, philosophical differences
- What would it look like? - policy and access consistency; improved communication
- what are our information requirements? Will collaboration take too much time, effort?
- How do we collaborate? Whose job is it?
- See: Best Start – Ontario – posting on net – info, new initiatives, Sharepoint site

Group's recommendations:

- solutions: communication, short and long term goal driven

for Alliance action:

- As per 2008-2009 research recommendation #4: Convene a formal table with membership from across ministries and health authorities for visioning and goal setting for upstream investments; clarification of roles; and, identifying service duplication in the system

TOPIC: Policy integration from various partners

Discussion highlights:

- understanding policy context – what is currently being done and what policies don't align in promoting child MH

Group's recommendations:

- examine policy recommendations from partners
- integrate common policy recommendations (i.e. First Call, HELP)

for Alliance action:

- review terms of reference to discuss our purpose and strategies

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Provide opportunities for children from identified special populations to thrive and achieve their best mental health outcomes

TOPIC: Open dialogue on culturally appropriate Aboriginal infant & child mental health– what needs to be done?

Discussion highlights:

- define a culturally appropriate infant & child mental health model
- articulate an effective First Nations (and Métis) ICMH strategy– different holistic approach – family learned behaviour, cultural assumptions (e.g. anxiety, teasing)
- population approach – one size fits all – how do we accommodate this? Aboriginal people we might miss out?
- who are knowledge keepers? when do we get to be asked?
- be able to talk about MH openly in Aboriginal community; Aboriginal professionals have to speak out; status quo is not good enough; make it okay for Aboriginal professionals to stand up. Provide leadership within – show the active ingredients that really work, criteria that are valued, appropriate qualitative formats (pictures, stories) validated; put into policy as a different and appropriate way of doing things.
- how do communities get their questions answered? community – academic partnerships included in funding, with leadership by Aboriginal person. E.g. Mt Currie – Elder asked the questions.

Group's recommendations:

- promote linkage (CYHRNet CHECK) with Aboriginal C&Y MH Plan and team across the province & VCH Cultural Competence Health & Wellness Plan

for Alliance action:

- sponsor / facilitate Working Group or forum for information sharing, discussion to support defining a culturally appropriate CMH and articulating a First Nations ICMH strategy

for discussion group members action (on behalf of Alliance?):

re defining a culturally appropriate CMH and articulating a First Nations ICMH strategy - contact Michele Sam at HELP (Diana Elliot will do this), the Aboriginal CYMH Working Group (David Wu, BC Aboriginal Child Care Society will do this) and the Vancouver Coastal Health Cultural Competency & Wellness Plan Group (Barb Keith, Aboriginal Health Services will do this).

TOPIC: Supporting infant / parent relationship where parent has a mental health problem and / or intellectual disability

Discussion highlights:

- importance of education about attachment
- focus on parent / child relationship
- identify risk before, during, after birth; then address the risk with continued support, continuum of responses as required
- track risk factors through child's life, especially early years

Group's recommendations:

- Infant Dev't Program (IDP) could start in prenatal period and/ or provide support to already existing initiatives, programs
- adult and child services could be connected in the prenatal period. Both services need to understand importance of parent – child relationship.
- what are the tools, evidence based support; establish base lines

for Alliance action:

- promote more education for prenatal providers on ECD / mental well being, including addressing supports for parent has MH problem and / or intellectual disability

for action by other organizations:

- Infant Dev't Program: identify system-wide implications for prenatal involvement