

Opportunities for Action to Improve the Mental Health of Young Children

A Discussion Paper Prepared for the British Columbia Healthy Child Development Alliance by Nikki Swant, Simon Fraser University

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To fight the burden of mental disorders and to improve the mental health of populations you not only need sound philosophies and theories on the development of mental health in a community context, theory-driven and feasible intervention strategies and programmes, a supportive political climate, motivated advocates and trained practitioners, but also evidence that such programmes and policies actually work. – World Health Organization, 2005

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Executive Summary

This paper was prepared for the **British Columbia Healthy Child Development Alliance (BCHCDA)**, 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 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 the healthy development of all children in BC.

Infant and child mental health was chosen as a strategic focus for the Alliance in 2006. To enhance the capacity of the Alliance and partners to respond to this issue, a partnership was formed with the Child Health Policy Centre at Simon Fraser University. An initial resource paper was developed in 2007 and the current paper reflects the continuation of this work and an opportunity for the Alliance to provide a provincial voice on mental health in the context of early child development. For more information about the Alliance and previous work on this topic, visit: <http://www.childhealthbc.ca/bchcda/index.php>

Background

The foundations for good mental health through the life course are laid in early childhood. Infant and child mental health is influenced by individual, family and community level risk and protective factors. It is supported by a continuum of activities from mental health promotion, to prevention of mental health problems and disorders, to early intervention, and, when needed, to treatment services. The evidence base for interventions in early childhood indicates that infant-child mental health promotion and mental problem/disorder prevention strategies are effective in reducing risk factors associated with poor outcomes in adulthood. However, the majority of funds are dedicated to treatment services, with a fraction allotted to promotion and prevention actions.

Purpose

The primary purpose of this paper is to inform the policy development process as it relates to infant and child mental health in BC. The objectives are to:

1. Provide an overview of work that has been done in BC towards the promotion of mental health and the prevention of mental health problems and disorders in early childhood
2. Outline current challenges and opportunities for improvement in the provision of these services
3. Provide recommendations to support mental health promotion and prevention activities in early childhood

Methods

Key informants from ECD sectors across British Columbia were interviewed and provided their perspectives on challenges and opportunities for improving approaches to infant and child mental health, including recommendations for policies and programs. Relevant literature was identified and included to supplement the interview results.

Findings

- There was consensus regarding the importance and timeliness of addressing this issue. The majority of interviewees indicated 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.
- Several interviewees indicated that 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 was also identified as 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.
- Another key issue identified by all interviewees was a need for increased collaboration within and across systems of service delivery. There was support for moving forward in partnership to provide a more coordinated, collaborative approach to meeting mental health needs within early child development.

- A majority of those interviewed also indicated that there remains a lack of understanding about the important role that early childhood social-emotional development plays in the life course. All interviewees expressed a need for service providers to be able to understand and support the emotional needs of children and families with whom they are working. As such, they also identified the need for training for service providers in infant-child mental health, specifically as it relates to supporting families to foster emotionally healthy environments.

Recommendations

There was strong support for action in the following six areas:

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.
 - 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

1. Context

The British Columbia Healthy Child Development Alliance (BCHCDA) 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 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 of all children in BC.

Through a strategic planning session in 2006, promoting the mental health of infants and children was identified as a priority area for the Alliance. A Mental Health Working Group of Alliance members was subsequently established to provide leadership to the Alliance on this issue. In an effort to build the capacity of the Alliance to undertake this work, the Working Group established a partnership with Dr. Charlotte Waddell at the Children's Health Policy Centre at Simon Fraser University. This partnership resulted in a series of working sessions with the Alliance and the production of a discussion paper that was completed in November 2007. This discussion paper outlined the prevalence and impact of pediatric mental health conditions and has been a valuable resource for both Alliance members and partners.

The current paper represents the next steps for the Alliance in their goal to be a collaborative, provincial voice on mental health in the context of early childhood development. Interviews with key informants from ECD sectors across British Columbia provide perspectives on gaps and opportunities for infant and child mental health within early child development and recommendations for improving policies and programs. This paper, along with the initial discussion paper prepared by Dr. Waddell, provides the basis for the development of an advocacy platform and action plan for the Alliance.

2. Purpose and Objectives

The purpose of this project is to inform the policy-development process as it relates to infant and children's mental health in BC. The objectives are to:

- I. Provide an overview of work that has been done in BC towards the promotion of mental health and the prevention of mental health problems and disorders in early childhood
- II. Outline current challenges and opportunities for improvement in the provision of these services
- III. Provide recommendations to support mental health promotion and prevention activities in early childhood

3. Background

Mental disorders (conditions characterized by an alteration in thinking, mood or behaviour associated with distress and/or impaired functioning) may initially present in childhood, adolescence, or adulthood. In fact, approximately 50-74% of disorders experienced in adulthood originate in childhood (Schwartz, Waddell, Barican, Zuberbier, Nightingale, & Gray-Grant, 2009). The global burden of disease from mental and behavioural disorders is expected to top 15% by the year 2020, and will be one of the top five causes of death, disability, and injury among children (World Health Organization, 2005). In Canada, approximately 14% of children between 4 and 17 years of age experience mental ill health at any given point in time

(Waddell, 2007). This represents over 100,000 children in BC, of which only 25% are receiving the treatment services they require (Waddell, McEwan, Shepherd, Offord & Hua, 2005). A full overview of the prevalence and impacts of infant and children's mental health can be found in the Alliance discussion paper: *Improving the Mental Health of Young Children* (Waddell, 2007).

The World Health Organization (2005) has stated that it is not feasible or sustainable to provide the resources required to meet treatment needs, and that the only viable solution is investment in promotion and prevention initiatives. There is strong consensus among economists, biologists, and social scientists that public investments in early childhood provide greater returns than at any other point in life (Lefebvre & Merrigan, 2003; McCain, Mustard & Shanker, 2007). Investment in early childhood yields both short term results and long term results when those children enter adulthood and become contributing members of the labour force. This return of investment ultimately supports national economic growth and lower crime rates (Onunaku, 2005). It is estimated that for every \$1 invested in early childhood supports between \$3 and \$9 are saved from health, justice, and social assistance expenditures (Rolnick & Grunewald, 2006). The OECD suggests that 1% of the gross domestic product (GDP) is the minimum requirement for investment in early childhood supports to promote well-being. Canada's current expenditures in early childhood amount to approximately 0.3% of its GDP (Doherty, 2007).

A. Infant-child mental health

Mental health is defined as a state of social and emotional wellbeing, not merely the absence of disorder (World Health Organization, 2005). Infant-child mental health refers to a child's developing ability to experience, manage and express the full range of positive and negative emotions; develop close, satisfying, and secure relationships with other adults and other children; and actively explore their environment and learn (Cohen, Onunaku, Clothier & Poppe, 2005; Onanuku, 2005).

The foundations for good mental health through the life course are laid in early childhood - the period of development from birth through age five. It is within the first few years of life that children are developing social and emotional skills that translate into self-confidence, empathy, and an ability to relate well to others in adulthood (Cohen et al., 2005; Tremblay, 2004). These skills are critical in shaping educational attainment, individual disease burden, and disability in adulthood (Halfon & Inkelas, 2003; Doherty, 2007; Onunaku, 2005; Watson, White, Taplin & Huntsman, 2005). As Shonkoff and Phillips (2000) state, "what happens during the first months and years matters a lot...because it sets either a sturdy or a fragile state for what follows".

Infant mental health is influenced by individual, family and community level risk and protective factors. Risk factors are associated with an increased likelihood that a child will experience impaired mental health including anxiety, depression and conduct disorder in adolescence or adulthood (WHO, 2005). Examples of risk factors include low birth weight, physical health problems, difficult temperament, and insecure attachment related behaviours (Bayer, Hiscock, Ukoumunne, Price, Wake, 2008). Risk factors at the family level include parental mental health (particularly depression), marital conflict, family violence, parental substance abuse, a controlling parenting style, harsh and inconsistent discipline, and low parenting efficacy (Phillips & Best, 2007; Tremblay, 2004; Barlow & Parsons, 2003). At the community level, risk factors include poverty, community violence, lack of social cohesion and support, overcrowded living

conditions and poor educational settings (Cohen et al., 2005; National Scientific Council on the Developing Child, 2008).

Conversely, protective factors improve resistance to risk factors, reduce the likelihood of negative mental health outcomes, and foster resilience (O'Briain, 2007; WHO, 2005). One of the primary protective factors for positive mental health outcomes is effective parenting that fosters healthy attachment of a child to at least one adult (Knitzer, 2007; Kope & Reebye, 2007). Attachment refers to the seeking of security and comfort by an infant from an adult figure. Parenting that is sensitive and responsive to the child's emotional needs and provides a sense of security lends itself to development of a comfortable, healthy relationship (Kope & Reebye, 2007). Other protective factors include good learning abilities, good social skills, easy temperament, sense of skills or competency, early cognitive stimulation, social support, safe and healthy schools, safe neighbourhoods and healthy housing (National Scientific Council on the Developing Child, 2008).

B. Promotion and prevention – Definition

The early years present an opportunity to not just maintain healthy status, but to actively promote long-term well-being and favourable outcomes (Halfon & Inkelas, 2003). Infant-child mental health is supported by a continuum of activities including mental health promotion, prevention of mental health problems and disorders, early intervention and treatment services.

Mental health promotion is the process of enabling individuals and communities to take control over their lives and improve their mental health by increasing psychological well-being, competence and resilience and by creating supportive living conditions and environments (Saxena, Jane-Llopis & Hosman, 2006). Health promotion activities include promotion of healthy public policies that address the broader determinants of health; education and awareness at the individual, community and organizational level; and, environmental supports for behaviour change.

The prevention of mental health problems and disorders focuses on reducing risk factors and enhancing protective factors associated with mental health problems with the end goal to reduce the incidence, prevalence, and recurrence of mental disorders (WHO, 2004). Prevention activities may be directed to a universal, selective or indicated population. Universal programs are available to the general population and include activities such as contact with a public health nurse for all mothers and newborns in BC. Selective programs are directed toward a specific population based on an identified risk factor(s). An example of such a program would be home visiting services provided to low birth weight children. Indicated programs are intentionally directed toward individuals or families where there is evidence of at least minimal mental disorder.

Promoting the mental health of all children, preventing mental health problems and disorders in children at risk, intervening early and providing treatment services for children identified with a mental disorder, and monitoring outcomes are all key components of an integrated population health strategy for mental health (Waddell, 2007).

C. Promotion and Prevention – Initiatives

Prevention and early intervention programs aim to reduce the risk for poor health outcomes by modifying the behaviour of children, their parents and/or the environment. A goal of such

programs is to optimize protective factors so children and families are enabled to achieve their best health (Watson et al., 2005). One of the primary ways to promote successful outcomes in adulthood is for infants and young children to have relationships that are nurturing and supportive (Knitzer, 2007). This may be facilitated through parental support that fosters a positive parent-child relationship, and through good quality child care and learning experiences (Masten & Gewirtz, 2006). Promotion and prevention initiatives can be categorized into three areas: 1) Child Focused Initiatives; 2) Parent Focused Initiatives and 3) Two-Generation Initiatives. It should be noted that although a program may have greater emphasis on one of these categories, there may be overlap into another category.

i) Child focused initiatives:

Child-focused initiatives *work directly with the child to ameliorate risk factors and enhance protective factors*. Community-based, early childhood education and care (ECEC) programs are an example of a child-focused initiative. High quality ECEC programs have consistently demonstrated positive effects on children's developmental outcomes, particularly for those children who have multiple risk factors, including improvement in school readiness, expressive and receptive language, positive social behaviour, and a reduction in behaviour problems (Watson et al., 2005). ECEC programs are an integral component of a population health approach to supporting the healthy development of children as they have the potential to enhance children's social and emotional development, screen and identify children at risk for mental health issues, as well as support children and families with identified mental health problems or disorders.

Program quality, duration, intensity and caregiver qualifications may all vary. Quality programs are measured by "the nature of caregiver and peer interactions, the variety and appropriateness of activities, and the type of language, stimulation and discipline styles used", as well as the conditions conducive to these factors such as physical space, child-caregiver ratios and caregiver training (Watson et al., 2005). Generally, programs that are started early, are long-term, utilize trained personnel, and provide some degree of parenting support have shown positive child outcomes (Leach & Yarker-Edgar, 2008). A resource developed out of the Hincks-Dellcrest Centre in partnership with the Canadian Mental Health Association - "*Handle with care: Strategies for promoting the mental health of young children in community-based child care*" – provides valuable information on ways that the mental health of young children can be promoted in a child-care setting (Cohen, Kiefer & Pape, 2004).

ii) Parent-focused initiatives:

Parent-focused initiatives aim to improve child outcomes *through modification of the parent's behaviour towards increased responsiveness, sensitivity, and flexibility with the end goal being an improved relationship between parent and child*, and the prevention of emotional/behavioural disorders (Barlow & Parsons, 2003; Watson et al., 2005). With intervention, parents who have high risk factors are able to change behaviours in favour of a more positive parenting style (Knitzer, 2007). Parent-focused initiatives may occur in group settings, home visitation programs, or through telephone/internet consultation. Interventions may include provision of educational resources on child development, counselling support, assistance in creating an engaging and safe environment for children, and/or discipline strategies. They vary according to intensity of program and the qualification of service provider.

There is a difference between parental mental health based programs and programs that seek to build-up parental capacity, although interventions for both can overlap and have the potential to yield positive outcomes for the child. An example of a program that focuses on parental mental health is treatment of perinatal depression. Perinatal depression inhibits a mother's ability to fully meet her child's needs. Infants of depressed mothers may withdraw from daily activities, and older children of mothers depressed during infancy may exhibit poor self-control, show aggression, have poor peer relationships and have difficulty in school (Onunaku, 2005). Programs that provide counselling support to women and enable mothers to read their child's behavioural cues have been found to improve sensitive maternal behaviours toward their child (Ammaniti, Speranza, Tambelli, Muscetta, Lucarelli, Vismara, Odorisio & Cimino, 2006; Poobalan, Aucott, Ross, Smith, Helms & Williams, 2007).

An example of a parent-focused initiative that seeks to build up parental capacity is home visitation. Home visiting refers to "the process by which a professional or paraprofessional provides help to a family in their own home" (Wasik & Bryant, 2001). These programs typically aim to promote healthy child development through enhancement of the parent-child relationship. Home visiting is not a uniform intervention. It can represent one-visit or ongoing sessions; nursing or para-professional support; targeted service or universal. One such program is the Nurse-Family Partnership (NFP). The NFP program has enjoyed favourable outcomes including improved health outcomes in children, and positive life course outcomes for parents (Olds, 2006). Similar programs have been implemented across Canada, however they are not replications of NFP, and therefore it cannot be assumed that they are producing the same positive effects. There is a need for evaluation of such programs to demonstrate the impact that they may be having on children's lives. As stated in the BC Council for Families report on home visiting, "gaps in the research including effectiveness of home visiting, effective ingredients of home visiting, and the cost-effectiveness of home visiting still need to be addressed" (Holden, 2007).

iii) Two-generation initiatives:

Programs of this sort *aim to address both child and parent factors*, and typically consist of a group program for children, a group program for parenting education, and adult programs such as job training and literacy skill development. These initiatives vary considerably.

A systematic review of programs that promote mental health and prevent mental disorders in young children is underway through the Children's Health Policy Centre at Simon Fraser University, in partnership with the Ministry of Children and Family Development.

4. Mental health context in ECD in BC

A. Frameworks

Within the province of BC, mental health services for infants and children are influenced by a number of provincial and regional frameworks. A notable absence has been a national strategy for mental health. However, the Mental Health Commission of Canada (MHCC) was formed in 2007 to bring national attention to mental health issues and is currently working on the development of a national strategy for mental health. A national policy framework will provide a common vision, consistent goals and clearly defined roles and responsibilities for all stakeholders (McCain et al, 2007). A national framework for Child and Youth Mental Health is

also under development. Appendix A provides a map of frameworks, strategies, and reports from national, provincial and regional levels that impact early childhood mental health service planning.

B. Current Roles and Responsibilities of Ministries and Health Authorities

The roles and responsibilities of the Ministry of Healthy Living and Sport, the Ministry of Health Services, the Ministry of Children and Family Development, the Provincial Health Services Authority (PHSA), the Health Authorities and other ministries and levels of government must be understood and acknowledged in order to fully plan for a mental health framework that addresses the determinants of early child development. Please refer to Appendix C for roles and responsibilities as they have been identified in the model core program for healthy infant and child development.

C. Services

Services offered in infant/child mental health promotion and prevention of mental health problems and disorders in BC are diverse. There are child-focused, parent-focused, and two-generation initiatives. Program length varies from voluntary drop-in to a more formal class structure over a set period of time. Programs are offered in a variety of locations such as community centres, family resources centres, preschools and daycares, home-based service and clinic based service. Telephone-based service is also provided in various communities. These services are provided by a number of different professionals including public health nurses, infant development consultants, music therapists, child & youth mental health clinicians, and early childhood educators. Funding comes from a variety of sources.

The services provided to families address a range of concerns including maternal health, infant health and development, infant/child protection and safety, developmental screening, parenting support, and parent-child mental health. Programs may address one or more of the above stated concerns. Of the programs that indicated they were supporting the mental health needs of infants and children, few had clearly stated mental health outcomes. Appendix B provides a list of programs. The list was not intended to be exhaustive or inclusive of all programming in ECD or infant mental health, but rather to provide a sampling of the services available in mental health promotion and mental problem/disorder prevention for young children in BC.

5. Perspectives from the ECD Community

Twelve structured key informant interviews were conducted in order to collect information on infant/child mental health promotion and prevention of mental health problems and disorders within an early child development context. A purposeful sampling strategy was employed based on established criterion and was facilitated by the Alliance. Participants were selected based on their experience working as a professional in the field of early childhood development with a focus on infant/child mental health within the province of British Columbia. Interviewees represented the Ministry of Children and Family Development, Ministry of Healthy Living and Sport, immigrant and refugee services, Aboriginal services, as well as each health authority. Interview questions were open-ended in nature and pertained to current mental health promotion and mental disorder prevention services specific to early childhood available within BC, challenges associated with the provision of those services and opportunities for service improvement. Appendix D provides a list of interview questions.

The results of these interviews helped to identify six different areas in which action could be taken:

1. Adoption of a population health approach to children's mental health
2. Utilization of evidence to inform the policy and program development process
3. Improvement of outcome evaluation practices for early childhood mental health programs in BC
4. Enhancement of intersectoral collaboration on mental health promotion and prevention of mental health problems and disorders initiatives in ECD
5. Increase awareness of mental health in ECD
6. Improve opportunities for children from identified special populations to thrive and achieve their best mental health outcomes

A. Need for a population health approach to mental health in early childhood

A strong majority of interviewees indicated that there is a need to reorient the current health system to support mental health promotion and prevention of mental health problems and disorders services.

"We need a new mindset...the current system only provides services to those who are really struggling."

"The system is still oriented towards treatment of identified behaviour problems."

"It's time to take a population health focus that addresses the determinants."

All of the interviewees pointed to the need for increased funding of mental health promotion and mental disorder prevention initiatives.

"Hundreds of thousands have been spent on vision screening. When does mental health get a turn?"

"We must move away from short-term funding, and project grants to sustainable funds for ongoing mental health activities in ECD."

The literature concurs with the interviewees and points to an opportunity to adopt an integrated population health strategy for children's mental health as described in 'Improving the Mental Health of Young Children' (Waddell, 2007). This strategy advocates for a continuum approach to mental health with activities dedicated to mental health promotion, mental disorder prevention, as well as treatment for mental health problems and disorders.

B. Need for evidence in policy and program development

Several interviewees indicated that one of the most significant barriers in the planning and provision of mental health services for young children is the lack of a strong evidence base that guides practice.

"We must develop and apply a strong evidence base to what we do because there

are differences in approaches to these issues from MCFD and Health.”

“Program development is often driven by anything but academic research. We can no longer do that.”

“There needs to be careful consideration about the data we are using to make decisions.”

Those interviewed also indicated a need for access to research that identifies ‘what works’.

“There is greater understanding of the need for evidence, but now we have to figure out how to get to it and apply it.”

“There are great opportunities to partner with universities to build the Canadian research base, and to inform our policies and programs.”

“HELP (Human Early Learning Partnership) creates opportunities for us to look at ECD in the same way.”

The literature supports the need for a strong evidence base in practice. Evidence-based practice is defined as the “conscientious, explicit and judicious use of current best evidence in making decisions about interventions for individuals, communities, and populations, in order to facilitate the currently best possible outcomes” (Sackett, Rosenberg, Gray, Haynes & Richardson, 1996). Evidence-based decision making has not had the impact on infant-child mental health policy and program planning that was once hoped for; however there remains an opportunity for evidence to become more integral to the process (Lewis, 2007; Knitzer, 2007). Four primary research-practice gaps in child mental health have been identified in the literature (McLennan, Wathen, MacMillan & Lavis, 2006).

1. The first research-practice gap is a failure to implement programs that have been found effective. This is often related to the need for improved knowledge translation between researchers, policy makers, and providers.
2. The next gap is the implementation of programs that have been demonstrated to cause harm.
3. Another research-practice gap is the implementation of programs that have no effect. Although the programs are not directly causing harm, they are a poor use of time, financial, and human resources, and they take away an opportunity to implement a program that has been shown to be effective.
4. The final gap is the continued delivery of a program when the effectiveness of that program is unknown because of a lack of evaluation (McLennan et al., 2006).

Stakeholders from varying perspectives will approach the need for evidence with different questions (WHO, 2005). Researchers demand methodological rigour from studies, and will consider evidence in light of its contribution to the knowledge base. Policy-makers need evidence to inform and justify the allocation of resources for programs. Service providers have questions about the feasibility of implementing programs, and service users question the relevance of the intervention. Given these different needs, there is considerable debate about what constitutes evidence of effectiveness.

Waddell and Godderis (2005) suggest that new forms of research that include qualitative methods to incorporate individual's experience and the real world context are needed in children's mental health, alongside quantitative measures. Evidence should strive to decrease uncertainty so as to limit the possibility of wasting time and resources on ineffective interventions that result in undesirable outcomes (Saxena et al., 2006).

The literature concurs with interview data that there are challenges in accessing research evidence for policy and program development. One strategy to address the issue of availability of relevant research evidence is partnership development between academic researchers, policy makers, and the general public for the purpose of knowledge translation (Waddell, Lavis, Abelson, Lomas, Shepherd, Bird-Gayson, Giacomini, Offord, 2005). Translation of knowledge between these stakeholders is mutually beneficial as it works to bring evidence to the policy and programming table, at the same time as it encourages researchers to provide evidence that is relevant in the 'real world'. These partnerships are borne out of a shared desire to improve children's mental health outcomes. One example of such a partnership is a project undertaken by the Children's Health Policy Centre at SFU looking at monitoring children's mental health outcomes. This project is co-funded and partnered by HELP/UBC, CYMH/MCFD, Michael Smith Foundation, and Child and Youth Developmental Trajectories Research Unit/UBC. The purpose of the project is two-fold: to identify a framework and a set of indicators to monitor mental health outcomes for children in the population, and to identify and evaluate data sources for routinely monitoring and reporting on children's mental health outcome indicators. This information will aid in the reporting of children's mental health outcomes, and in the evaluation of the impact of public policy initiatives.

C. Need for program evaluation:

The vast majority of those interviewed identified a lack of program outcome evaluation as a significant barrier in service planning and delivery. Interviewees indicated that 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 total lack of outcome evaluation data available."

"The information we have now can tell us how many sessions were held or how many families attended, but not if what the program did actually worked."

Several interviewees indicated that outcome evaluation data would be useful for planning purposes.

"There is a need to reorient funding to give the best bang for the buck. This means stopping the funding for programs that aren't working! Often times a program continues to run because of its history, not because of its effectiveness. This is where evaluation data comes in."

"We need to evaluate mental health outcomes in existing ECD programs and then determine service gaps based on this data."

Opportunities for service improvement were identified by interviewees and included training on evaluation techniques and development of a standardized framework for mental health outcome measures.

“We need to build capacity of front-line workers to collect outcome data.”

“There needs to be standardization regarding mental health outcome data we collect across programs.”

“We must start to build an evaluation framework into programs.”

The literature supports the findings from the interview data. Outcome evaluation is needed in order to identify if programs are actually effective in achieving the objectives they intended specific to mental health promotion and/or mental disorder prevention. Significant commitment is required on the part of those funding and delivering the programs to begin the process of rigorously evaluating program outcomes (McLennan et al., 2006).

The literature suggests that a significant barrier to evaluation is a lack of stated program objectives from the outset, particularly with regards to mental health. There is a need to develop and use appropriate indicators for mental health and the outcomes from promotion and prevention initiatives (Jane-Llopis & Anderson, 2005). As Waddell (2007) states, early child development programs do not often have stated goals that are specific to mental health; more explicit evaluations of the impact on children’s mental health outcomes is required

D. Collaboration within and across service systems

One of the leading issues identified by all interviewees was a need for increased collaboration within and across organizations.

All service providers interviewed identified fragmentation within and across systems of service delivery as a significant barrier to the provision of infant-child mental health promotion and mental disorder prevention services. Several service providers indicated that they were unfamiliar with services offered by other providers.

“There’s not much communication across health authorities and ministries - no formal table brings us all together so we don’t know what the other is doing.”

“..no real framework says ‘Here’s what we do and here are the outcomes’.”

“There has tended to be a hodge-podge of programs that lack consistency and that don’t build competency within the system or structure to support sustainability.”

There was support for moving forward in partnership to provide a more coordinated, collaborative approach to meeting children’s mental health needs within early child development.

“I can’t imagine doing this work in ECD without the bigger picture, without the ability to pool resources. If we’re going to move forward we need to build strong partnerships.”

“We need to look at what’s happening, who’s doing it, and if there’s duplication.”

“There is a need for visioning and goal-setting for upstream investments that cut across ministries.”

The literature concurs that collaboration is of central importance. At the forefront of strategies to encourage action toward an integrated population health strategy for children’s mental health is a need for multi-sectoral partnerships (World Health Organization, 2005). The literature also indicates that collaboration with communities is necessary. As communities participate in defining problems and identifying potential solutions, their connectedness increases, thus facilitating their ability to advocate for and promote mental health (Scanlon & Raphael, 2000).

E. Developing increased awareness of mental health in early childhood development

A majority of those interviewed indicated that there remains a lack of understanding about the important role that early childhood social-emotional development plays in the life course. Several interviewees indicated that parents, practitioners, and funders alike demonstrate a need for greater understanding in this area.

“There is a need for increased awareness of infant-child mental health in the community of service providers, funders, and the general public.”

“Public understanding tends to focus on disorder rather than wellness. We need to promote recognition of the importance of mental health.”

Stigma associated with accessing mental health services is perceived to be an issue for parents.

“The word mental health can be a barrier. There is deep-rooted stigma attached to it. We need to normalize difficulties so that parents can ask for help when they need it.”

All interviewees expressed a need for service providers to be able to understand and support the emotional needs of children and families they are working with. They identified a need for training of service providers in infant-child mental health, specifically as it relates to supporting families to foster emotionally healthy environments.

“A greater number of professionals working with children need to understand the importance of promoting mental health and how to do that.”

“There is a desperate need for more training in infant-child mental health.”

“It’s crucial we develop a community plan to provide training. We need a range of providers to be committed to this process in order for it to be sustainable.”

“There is a perception by some service providers that a little bit of training is adequate, but this can be just as dangerous as none at all. We need a certification process.”

The literature supports the interview findings that there is a need for increased knowledge and skills that help professionals involved in young children’s lives to identify early signs of mental

health problems, and to provide the specific supports that these children would benefit from (National Scientific Council on the Developing Child, 2008). Development of a strategy to provide training to service providers is a step toward creating a sustainable, mental health promoting environment for young children. Such a strategy could address the need for clearly articulated competencies for service providers working in this area.

The literature suggests that improved mental health literacy is a critical piece in promoting and protecting the mental health of young children (Francis, Pirkis, Dunt, Blood, Davis, 2002). Mental health literacy refers to the knowledge, beliefs, and abilities that enable the recognition, management, or prevention of mental health problems. Improved mental health literacy also serves to decrease stigma associated with mental health problems. Examples of community capacity building activities that increase the mental health literacy of the population include public awareness campaigns.

F. Populations requiring special attention

Children in care, Aboriginal children and families, and immigrant and refugee children and families were identified by key informant interviewees as deserving of special attention. This does not take away from the fact that children with vulnerabilities live in families across all income levels and population groups, and is not intended to serve as an argument for an exclusive focus on service delivery for selected populations. Interviewee comments on need for service and opportunities for improvement include the following:

“I think there’s a lack of understanding of Aboriginal specific health issues and needs.”

“We need to reframe how we define mental health to include cultural understanding.”

“Aboriginal friendly and Aboriginal specific resources are needed.”

“Mental health needs of children in care must be given special consideration.”

“When you look at the diversity of immigrants and refugees, it surprises me that there isn’t a targeted mental health program for such a growing and in-need population.”

“...virtually nothing when it comes to services for the mental health needs of immigrant and refugee children.”

The literature concurs that these populations are among those with the greatest need for mental health services, and the lowest access across the province (Child and Youth Officer for BC, 2005). It is estimated that the prevalence of anxiety and depressive disorders among Aboriginal, immigrant, and refugee children and youth is much higher than that of the general population of children (Child and Youth Officer for BC, 2005). And the prevalence of mental disorders in children in care is estimated to be four times that of the general populations (Lawrence, Carleson & Egeland, 2006; Halfon, Mendonca & Berkowitz, 1995).

Early intervention programs can build resilience in children in care and thus reduce the risk for future emotional and behavioural challenges (Webb & Harden, 2003; Dicker, Gordon & Knitzer, 2001). Investment in health promotion and prevention brings with it the greatest chance for improving health and well-being outcomes for all children, including children in care. The most

effective way to promote the health and well-being of children, especially vulnerable children, is through early childhood development strategies (Webb & Harden, 2003; Dicker, Gordon & Knitzer, 2001; Provincial Health Officer and Representative for Children and Youth, 2007).

The range of services available to immigrants and refugees differs widely across health regions in BC, but is considered quite limited in terms of specialized support for immigrant and refugee mental health (Charles, Tocol, Welsh & Basu, 2008). There is an opportunity for services to mitigate some of the stresses associated with settlement in a new culture, especially for parents who are experiencing stress and trauma from experiences of war and displacement and to assist parents in promoting a positive attachment with their child (Leach & Yarker-Edgar, 2008).

Aboriginal children and families were identified by interviewees as an underserved population with unique mental health needs. An in depth discussion of such issues is beyond the scope of this report, except to acknowledge that there is a need for commitment to address the emotional well-being of Aboriginal children and families. Literature supports the need to redefine mental health from an Aboriginal perspective to reflect cultural values and beliefs, and to develop community capacity to promote healthy environments for children and families. Specific areas of consideration that will inform the above two objectives include the impacts of residential schools on the family, multi-generational losses, an emphasis on collectivist rather than individualist perspectives, and the relevance of community-based healing initiatives (Mussell, Cardiff & White, 2004). MCFD has regionally developed Aboriginal Child and Youth Mental Health plans which are being implemented in each health region. The purpose of such plans is to bring an Aboriginal perspective to existing child and youth mental health services. In addition, an Aboriginal Early Years Framework is under development. This framework will seek to ensure that Aboriginal children and families will have access to coordinated, culturally-safe programs and services that promote holistic child and family wellness (Gerlach, Gray Smith & Schneider, 2008). The province of BC has committed 13% of the CYMH budget which amounts to more than \$10 million dollars annually to the development of services to support the mental health needs of Aboriginal children and youth (Child and Youth Officer for BC, 2005).

A fourth population group that was not identified by interviewees, but is represented in the literature as deserving of special attention is children with a developmental delay/disability. Children and adolescents with intellectual disability are at significantly increased risk for development of certain forms of mental health problems or disorders (Dykens, 2000; Emerson, 2003; Stromme & Diseth, 2000). The rate of co-occurrence varies greatly, however it is significant enough to warrant attention. Mental health problems or disorders may be under-diagnosed in this population, as they may be seen as symptoms of the delay/disability, and/or the child may be limited in their ability to participate in the clinical diagnostic process (Szymanski & King, 1999).

6. Discussion

In BC, the policy context for addressing infant-child mental health needs is favourable. The Child and Youth Mental Health Plan from the Ministry of Children and Family Development was the first of its kind in Canada, and was instrumental in placing children's mental health on the policy agenda (Waddell, Shepherd & Barker, 2007). The plan emphasized use of evidence in policy and program development, investment across the continuum of care for infants and children, and coordination across ministries and sectors. A recent review of the plan points to the need for greater investment in child and youth mental health services across the continuum of promotion, prevention and treatment (Berland, 2008). The Early Years Strategic Framework that is under development signals a cross-ministry commitment to promoting healthy development for young children, and the Ten Year Plan to Address Mental Health and Substance Use in BC will provide a comprehensive plan that connects activities across government. At a provincial level, First Call has developed the Early Childhood Development: Framework for Action (2008) to promote the broader context of healthy child development. The findings of this paper align with the goals found in First Call's framework and together these documents emphasize the need for a service system that supports early childhood development, and is collaborative, adequately-funded, and rooted in sound research.

Momentum is building across Canada with respect to mental health promotion and mental disorder prevention (Mental Health Commission of Canada, 2008). Canada is the only G8 country without a national policy agenda on mental health. The Mental Health Commission of Canada, chaired by Michael Kirby, has as its mandate to develop an integrated mental health system for all Canadians, including the development of a national health strategy. Leadership at a federal level is necessary if mental health promotion and prevention initiatives are to be supported and sustained through dedicated resource allocation. A national policy would aid in articulating the mandate and priorities on which to take action. There is also an opportunity at a national level to support knowledge translation through development of a national network for infant-child mental health research and program evaluation.

The evidence base for interventions in early childhood indicates that infant-child mental health promotion and mental disorder prevention strategies are effective in reducing risk factors associated with poor outcomes in adulthood. The lack of early childhood initiatives in infant-child mental health is not reflective of this evidence. The vast majority of funds are still dedicated to treatment services, with a fraction allotted to promotion and prevention actions. It is of great concern to allow children to develop serious mental health conditions before the system will intervene when the evidence clearly identifies that promotion and prevention strategies work. There is a need for upstream investment in early child development programs with specific focus on mental health outcomes (Waddell, Shepherd & Barker, 2007).

The findings of this report are intended to further the discussion of young children's mental health in BC, and to lead to action. The challenges identified in this report also present as opportunities for improvement. Through adoption of a population health strategy for children's mental health, intersectoral collaboration, commitment to the current best practice including evaluation of existing services, and attention to special populations, the vision of young children flourishing and achieving their best mental health is attainable. These are the next steps toward adoption of an integrated population health strategy for young children's mental health in BC. The well-being of BC's children compels us to take action.

7. Recommendations

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 mental disorder 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 World Health Organization (2005).
 - Develop capacity of providers to apply evaluation techniques through training opportunities
 - Identify and state mental health objectives within ECD programs
4. Enhance intersectoral collaboration on mental health promotion and mental disorder prevention initiatives in ECD.
 - Convene a formal table with membership from across ministries and health authorities to:
 - visioning and goal setting for upstream investments
 - clarification of roles
 - identify service duplication in system
5. Develop increased awareness of mental health in early childhood development.
 - Promote recognition of 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 with existing table to develop plan to meet the mental health needs of children in care, Aboriginal children, immigrant and refugee children, and children with developmental delay or disability

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Appendix A: Infant/Early Childhood Mental Health Frameworks and Initiatives

FEDERAL

First Ministers Communiqué on Early Childhood Development. 2000.

Focusing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are: To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and To help children reach their potential and to help families support their children within strong communities.

Multilateral Framework on Early Learning and Child Care. 2003.

Objective is to further promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality, early learning and child care programs and services.

Understanding the Early Years (HRSDC). 2004.

National initiative to strengthen the capacity of communities to use quality local information to help them make decisions to enhance children's lives; enable community members to work together to address the needs of children.

PROVINCIAL

Addressing Perinatal Depression: A Framework for BC's Health Authorities (cross-ministry). 2006

Vision: Effective collaboration across primary care, mental health and other community supports is resulting in better identification of perinatal depression and improved diagnosis, treatment, and follow-up care for women affected by the disorder.

BC Aboriginal Early Years Strategic Framework. Little Drum Consulting. 2008

The Aboriginal Early Years Strategic Framework for British Columbia is rooted in a connection to the land, Aboriginal self determination, culture, spirituality and languages. It will ensure that all Aboriginal children and their families, regardless of where they live, have equal access to a range of co-ordinated, culturally safe programs and services that promote holistic child and family wellness. Aboriginal worldviews and the uniqueness of children, families and communities will be respected, honoured and celebrated.

British Columbia Core Public Health Functions Framework

The purpose of this framework is to define and describe the core public health activities of a comprehensive public health system. The framework provides a tool for Health Authorities to strengthen their public health infrastructure by reviewing their existing programming with those defined in the framework. The Core Public Health Functions Framework identifies 21 Core Program areas. Five core programs are focused on the Early Years and/or Mental Health:

- Reproductive Health
- Healthy Infant and Child Development
- Prevention of Mental Disorders
- Mental Health Promotion
- Prevention of Disabilities

BC ECD Funders Group Common Outcomes Framework. 2006

To enable the different funders of early childhood programs to reach agreement on a common set of outcomes (not stated as a mission). These outcomes include:

1. Mothers are healthy and give birth to healthy infants who remain healthy.
2. Children experience healthy early child development, including optimal early learning and care.
3. Parents and families have the knowledge, resources and support they need to help their children develop to their full potential
4. Communities support the development of all children and families.

British Columbia Early Learning Framework (Ministry of Education). 2008

The primary purpose of this framework is to guide and support adults to create rich early learning experiences and environments for young children. The vision for children aged 0-5 is that they will experience physical, emotional, social, intellectual, and spiritual wellbeing.

BC Early Years Strategic Plan (Cross Ministry – led by MCFD) (under construction)

The Early Years Strategic Plan is a cross-ministry initiative emphasizing commitment to supporting 'BC's children to have the best start in life'.

BC Mental Health and Addictions Services Strategic Plan (PHSA). 2007

BCM HAS is a key element in the continuum of mental health services. Five key roles include: delivering specialized mental health and addictions services, leading and supporting research and researchers, leading and supporting learning and knowledge exchange, leading and supporting in key areas of mental health and addictions health promotion and illness prevention, contributing to system-wide improvements in mental health and addictions services, and achieving excellence in patient safety.

Child and Youth Mental Health Plan – Review (MCFD). 2008

Vision: Mentally healthy children and responsible families living in safe, caring, and inclusive communities. This will be achieved by reducing risk, building capacity, and providing support and treatment.

Office of the Representative for Children and Youth Service Plan: 2009/10-2011/12

Vision: An organization highly valued for championing the fundamental rights of vulnerable children and youth, and for promoting improvements in the delivery of services to children, youth, and their families that result in better lives for children and youth.

Strong, Safe, Supported: A Commitment to BC's Children and Youth (MCFD). 2008

Enhance coordination and cross ministry work (not stated as a Mission). Five pillars include: prevention, early intervention, intervention and support, aboriginal approach, quality assurance.

Ten Year Plan to Address Mental Health and Substance Use in BC (co-led by MHLS and MoHS) (under construction)

The 10 Year Plan to Address Mental Health and Substance Use in BC will provide a comprehensive plan that connects activities across government. The plan will identify a unifying vision, guiding principles, intended population and system level outcomes, strategic directions, and evidence-based recommendations for action.

REGIONAL

Addressing Perinatal Mental Health & Addiction: A Service Framework for Interior Health (2007)

This document outlines a regional framework, articulating strategies and activities across the continuum of health care to support Interior Health communities in addressing the issues of women's reproductive mental health, including perinatal depression, in a holistic, integrated, woman centered approach.

Building Together: A Model for the Community-Based System of Services for Early Childhood Development (MCFD, VIHA, School Districts) 2004

It is the vision of MCFD, VIHA, and Vancouver Island School Districts that all children and youth achieve optimal functioning and wellbeing. This vision serves the dual purpose of making early years as experientially positive as possible, and in turn, provides a basis for optimal development into adult life.

Interior Region Infant and Early Childhood Mental Health Integrated Serving System Framework (cross sectoral) (under construction)

Representatives of Interior Ministry of Children and Family Development, Interior Health, and Early Childhood Development community partners came together to develop a framework to provide Infant and Early Childhood Mental Health services at the regional and community levels of the region. The services address the social and emotional needs of children ages pre-natal to 6 years and their families.

Making a Commitment to Early Childhood Development: The Fraser Region Strategic Framework. (MCFD & Fraser Health) 2006

Healthy, thriving young children supported by nurturing families, and child-friendly communities.

Northern Health Strategic Plan: 2004-2008

Northern Health will build and strengthen the health of communities, relationships, and all people in Northern British Columbia.

Vancouver Coastal Early Years Framework - A cross sectoral partnership. 2009

Vancouver Coastal Regional Early Years partners work together to enhance the well-being and healthy development of all children, from conception to age 6

VIHA Mental Health and Addictions Services Strategic Plan (under construction)

COMMUNITY

There are several community-based, cross-sectoral ECD tables within each region of the province.

OTHER ECD INITIATIVES (as related to mental health promotion)

Centre of Excellence for Early Child Development

The Centre of Excellence for Early Child Development (CEECD), under the administration of the University of Montreal, works to improve our knowledge of the social and emotional development of children and the policies and services that influence this development.

Children First (MCFD)

The goals of the Children First initiative include: Increased community capacity; Increased effectiveness and efficiency; Engaging “hard to reach” families; Increased opportunities for early identification and screening; and Improving outcomes for children and families

Early Childhood Development in BC: First Call’s Framework for Action (First Call Child and Youth Advocacy Coalition). 2008.

The purpose of this document is to propose a province-wide action framework for ECD, and identify the range of ECD specific supports, services, and strategies needed to foster the optimal healthy development of young children and families in BC.

Human Early Learning Partnership (HELP)

The vision for HELP is to create, advance, and apply knowledge through interdisciplinary research to help children thrive.

Planning for Parenting Education and Support in BC (BC Parenting Vision Working Group) 2009

The purpose of this document is to support the development of a coherent and comprehensive parenting education and support plan for BC. The vision states that all parents and families in BC will have the knowledge, confidence, skills, services, and support they need in helping their children to be healthy and develop to their full potential.

Success by 6® (United Way)

Success by 6 is an early childhood development initiative dedicated to providing all children with a good start in life. This is accomplished through:

- raising awareness about the importance of the early years
- engaging the expertise of community leaders and early childhood development professionals
- supporting local early childhood development community planning and priority-setting
- mobilizing and leveraging resources - financial and manpower
- strategically investing in local prevention-focused programs and services
- focusing on improving outcomes for young children and their families using evidence-based measures.

Appendix B: Programs for Infant/Child Mental Health Promotion and Mental Disorder Prevention

All of the programs listed below were identified by key informants as programs that promote the mental health of infants and young children. The list was not intended to be exhaustive or inclusive of all programming in ECD or infant mental health, but rather to provide a sampling of the services available in mental health promotion and mental problem/disorder prevention for young children in BC.

'Programs' includes funding programs such as CAPC, as well as programs that are implemented directly with children and their families. Of these programs, those with specified mental health outcomes have been identified with an asterisk (*). Programs that have been evaluated are noted with an **E**, however the type of evaluation (process (e.g. how many people attended), outcome (e.g. increased feelings of attachment)) is not stated.

FEDERAL

Aboriginal Headstart * (E in process of evaluation)

– funded by Public Health Agency of Canada

-AHS programs seek to provide Aboriginal children with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people. The core components of the program include: culture and language, education and school readiness, health promotion, nutrition, social support, and parental and family involvement.

Aboriginal Headstart on reserve*

-funded by Indian and Northern Affairs Canada

-AHS programs seek to provide Aboriginal children with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people. The core components of the program include: local design and control, focus on the healthy development of children, families and communities, community-based, holistic, respect for diversity, and partnership and collaboration.

Canada Prenatal Nutrition Program

-funded by Public Health Agency of Canada

-aims to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother, and encourage breastfeeding

-funds variety of programs at the local level

Community Action Program for Children (CAPC) E

-funded by Public Health Agency of Canada

-provides funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk

-programs may target mental health promotion, however this varies across communities

-funds variety of programs at local level

PROVINCIAL

Ministry of Education

StrongStart BC Early Learning Programs*, E

-One of the stated objectives of the program is to promote the language and social/emotional development of young children.

Ministry of Health Services/Healthy Living and Sport

Universal follow-up from hospital with phone call/home visit (across health authorities)

Well Baby Child Health Clinics (across health authorities)

Parent-infant-tot groups

Prenatal registration (Fraser Health)

Targeted prenatal program (e.g. Sheway in VCH)

Screening children in care – Ages and Stages Questionnaire – Social/Emotional (ASQ-SE) (Fraser Health)

Screening of three-year-old children done in neighbourhood hubs – (Fraser Health)

Ministry of Child and Family Development

The Aboriginal Early Childhood Development (AECD) Initiative

- The AECD Initiative is focused on supporting comprehensive, integrated and culturally relevant community-based programs in Aboriginal communities throughout British Columbia. There are currently 43 Aboriginal ECD programs in BC which aim to:

- Increase the health and well-being of Aboriginal children;
- Strengthen the capacity of Aboriginal communities to deliver a full range of services with an emphasis on early childhood development; and
- Increase awareness, outreach and access to a wide range of culturally appropriate ECD programs and services for Aboriginal children, families and communities.

Aboriginal Infant Development Program*

-The mission of AIDP states that every child is a unique gift from the Creator. The Mission of the Aboriginal Infant Development Programs is to honour this gift by supporting the development of Aboriginal children within the context of the family, community, and culture and by offering access to culturally-appropriate early intervention and prevention support programs.

Building Blocks

-Building Blocks is an umbrella term for a number of parent support programs. Building Blocks aims to increase the ability of parents to support the healthy development of children from pre-conception to age six.

Family Resource Programs, E (partially)

- FRPs include community-based services that help strengthen parenting skills, support parent education and provide stimulating environments for young children.

Infant Development Program*, E (NOTE: not evaluated based on parent or child outcomes)

-The overall goal of IDP program is “to provide home-based services for infants at risk for developmental delay or a diagnosed disability and their families to optimize their development and their continuing participation in a full range of community services.” The specific objectives of the program include working with parents to: enhance the overall development of the child based on their individual needs, enhance their learning about child development and community resources, support and build a loving relationship with their child based on their individual needs.

Nobody’s Perfect *, provincial coordination funded by MCFD, **E** (in Manitoba)

-Program is designed to improve parents' capabilities to maintain and promote the health of their 0-5 year old children using a primary prevention approach, based on the premise that, by the time children are five years of age, they have learned most of the health values, attitudes and behaviour they will carry through life

-Targeted program designed to meet the needs of parents who are young, single, socially or geographically isolated or who have low income or limited formal education.

Seeds of Empathy*, E (in process)

-Program is designed to foster social and emotional competence and early literacy skills and attitudes in children three to five years of age. Specified outcomes: to foster the development of empathy and emotional literacy, to build social and emotional understanding, to reduce aggression and increase pro-social behaviour, to develop positive attitudes towards and competencies in early literacy

Supported Child Development Program & Aboriginal Supported Child Development

-This program is designed to assist families of children with extra support needs to access inclusive child care that meets family needs. The program is primarily intended to serve children from birth to twelve years of age.

Joint funding – MCFD & Vancouver Island Health Authority

Triple P *, E

-The Triple P-Positive Parenting Program is a multi-level, parenting and family support strategy.

Triple P aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The aims of Triple P are:

- To promote the development, growth, health and social competencies of children and young people.
- To promote the development of non-violent, protective and nurturing environments for children.
- To promote the independence and health of families by enhancing parents' knowledge, skills and confidence.
- To enhance the competence, resourcefulness and self-sufficiency of parents in raising their children.
- To reduce the incidence of child abuse, mental illness, behavioural problems, delinquency and homelessness.

Citizen & Immigration Canada / Advanced Education and Labour Market Canada

Early Learning Pilot Project (implementation of pilot projects through 2009)

- targeted program serving immigrant and refugee children and their families
- six communities: each site will look different based on community needs; may have mental health component

Other

Mother Goose *, partially funded by MCFD, **E**

-The Parent-Child Mother Goose Program® is a group experience for parents and their babies and young children which focuses on the pleasure and power of using rhymes, songs, and stories together. Parents gain skills and confidence which can enable them to create positive family patterns during their children's crucial early years, and give their children healthy early experiences with language and communication.

- Offered in a variety of contexts

Safe Spaces Program, *, **E**

-developed by West Coast Childcare Resource Centre to assist children with the development of empathy skills

Appendix C: Roles and Responsibilities of Ministries and Health Authorities

Ministry of Healthy Living and Sport

The mandate of the Ministry of Healthy Living and Sport is to: promote health; prevent disease, disability and injury; protect people from harm; facilitate quality opportunities to increase physical activity, participation and excellence in sport; and to support the health, independence and continuing contributions of women and older people. In its stewardship role, the Ministry of Healthy Living and Sport provides leadership, strategic policy direction, legislation and monitoring for public health and sports programs to support the delivery of appropriate and effective public health services in the province. The Ministry has a role in addressing health inequalities, with a specific focus on the development of policies and programs to close the gap in Aboriginal health status. The Ministry works with the health authorities to provide accountability to government and the public for public health service outcomes.

Ministry of Health Services

The Ministry of Healthy Living and Sport has a unique relationship with the Ministry of Health Services as they are the primary linkage to the regional health authorities and are responsible for service delivery of public health programs. The roles and functions of the Ministry of Health Services are predominately focused on: leadership for the delivery of health care services and programs; funding and accountability for regional health authorities; ensuring the long-term sustainability of the health care system; improved patient care; leadership, direction and support to health care service delivery partners; establishment of province-wide goals, standards and expectations for health care services delivery by health authorities; and management of the Medical Services Plan, Pharmacare, Ambulance Services and BC HealthGuide self care programs.

Ministry of Children and Family Development

The BC Ministry of Children and Family Development (MCFD) provides support to children and their families and plays a major role with respect to healthy infant and child development. MCFD provides community-based, child and youth mental health services along with specialized residential services. Additionally, MCFD delivers services for child protection, children and youth in care, adoption, child care, early childhood development, children and youth with special needs, youth justice, and deaf and hard of hearing.

Other Provincial Ministries

At the provincial level, key partners within the government include the Ministry of Education which has explored the expansion of early learning programs and kindergarten. Other Ministries with a role in early childhood development include the Ministry of Housing and Social Development, Ministry of Aboriginal Relations and Reconciliation, Ministry of the Environment,

Ministry of Attorney General, Ministry of Public Safety and Solicitor General, and Ministry of Advanced Education and Labour Market Development.

Provincial Health Services Authority

The Provincial Health Services Authority (PHSA) is responsible for ensuring that high-quality specialized services and programs are coordinated and delivered within the regional health authorities. PHSA operates eight provincial agencies including: BC Mental Health & Addiction Services, BC Children's Hospital, BC Women's Hospital and Health Centre, BC Centre for Disease Control, BC Cancer Agency, BC Renal Agency, BC Transplant and Cardiac Services BC. One of PHSA's four key strategic directions is Population and Public Health (PPH).

The role of regional health authorities overall is to identify and assess the health needs in the region, to deliver health services (excluding private physician services and BC Pharmacare) to British Columbians in an efficient, appropriate, equitable and effective manner, and to monitor and evaluate the services which it provides.

Local governments exert important influence on policy and bylaws for "child-friendly" initiatives in areas such as public and community health, housing, social services, community safety, recreational services, and environmental health. As well, many communities have an inter-sectoral early years group, and community organizations provide many services that offer important local access to health support for families with infants and young children.

Aboriginal communities

On a provincial level, the signing of the *Transformative Change Accord*, the Leadership Council representing the First Nations of British Columbia, the Province of British Columbia and the federal government have agreed to a shared commitment to action on closing health, social, and economic gaps between First Nations and other British Columbians. Further work has taken place to develop action plans to close health gaps by 2015. The success of these initiatives will require, in part, ongoing collaboration among various levels of government.

On a community level, it is important that Aboriginal groups have full involvement in the planning and delivery of early childhood health and development programs to families on First Nations reserves as well as Aboriginal families in other communities. Capacity building and partnership with Aboriginal communities can strengthen and support the shift toward self governance of the health care system and facilitate the management, planning and delivery of Aboriginal services.

Appendix D: Interview Guide

The BC Healthy Child Development Alliance is a coalition of health, social, education, and community organizations sharing a common interest in promoting the healthy development of children in BC. The BCHCDA has identified improvement of infant/child mental health services and policies as a priority area. The purpose of this project is to build the capacity of the Alliance and partners to make policy and program recommendations on infant and children's mental health programming.

Information gathered during interviews will address key attributes of early child development (ECD) programs that promote mental health, work that has been done within BC towards the promotion of mental health in early childhood, and opportunities for improvement in this area. Representatives across a number of organizations have been selected in order to provide a comprehensive picture of mental health services in early child development.

Thank you for your participation in this project.

Questions:

1. In your area of work, what's currently happening in BC in terms of programs/services that promote infant/child mental health and prevent mental disorders?
2. Within the context of BC and based on evaluation data, what ECD programs have experienced success in the promotion of mental health and prevention of mental disorders?
3. What are the key attributes of ECD programs that are addressing MH?
4. What are some of the barriers or challenges in promoting mental health/preventing mental disorders in ECD programs?
5. What are some of the opportunities for service improvement in this area?
6. Is there anything else you'd like to add?

Appendix E: Infrastructure development for a mental health promotion and mental disorder prevention strategy

Barry and Jenkins (2007) outline the process of developing an infrastructure for mental health promotion and mental disorder prevention strategy:

- Establish a policy framework that provides a mandate for action.
- Develop a strategic action plan which identifies priorities, key goals and objectives for action.
- Coordinate an intersectoral and partnership approach to policy implementation at governmental, regional and local levels.
- Invest in research to guide evidence-based policy and practice.
- Invest in human, technical, financial and organizational resources to achieve priority actions and outcomes.
- Support capacity building and training of the mental health promotion workforce to ensure effective practice and program delivery.
- Identify models of best practice and support the adoption and adaptation of high quality, effective and sustainable programs, particularly those meeting the needs of disadvantaged groups.
- Engage the participation of the wider community.
- Put in place a system to monitor policy implementation and impact.
- Systematically evaluate program process, impact, outcome, and cost.