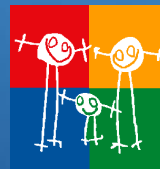


# How to detect infants and families in distress in front line services

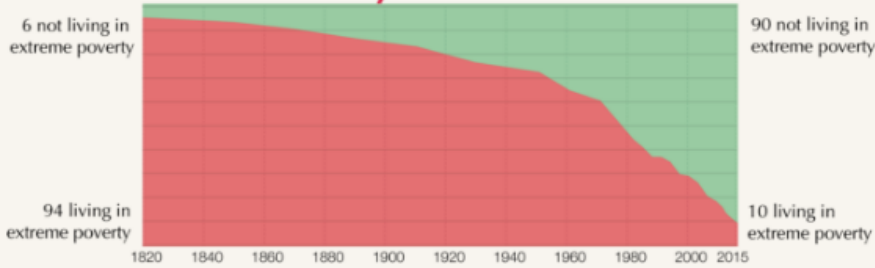
Kaija Puura, Professor, Department Chief, Tampere University and Tampere University Hospital  
Associate Executive Director, WAIMH



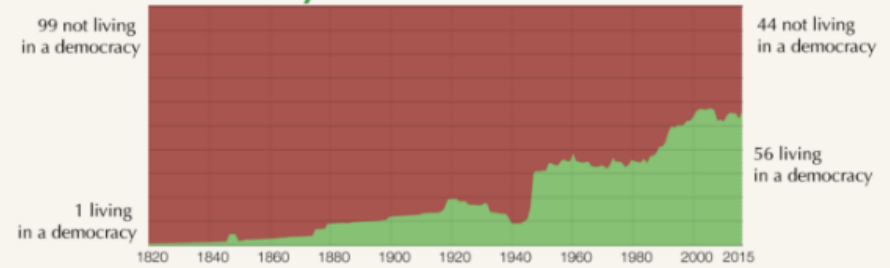
Lasten ja naisten toimialue  
Pirkanmaan sairaanhoitopiiri

# The World as 100 People over the last two centuries

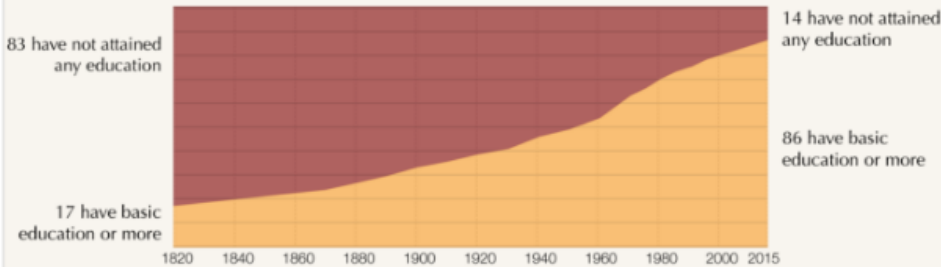
## Extreme Poverty



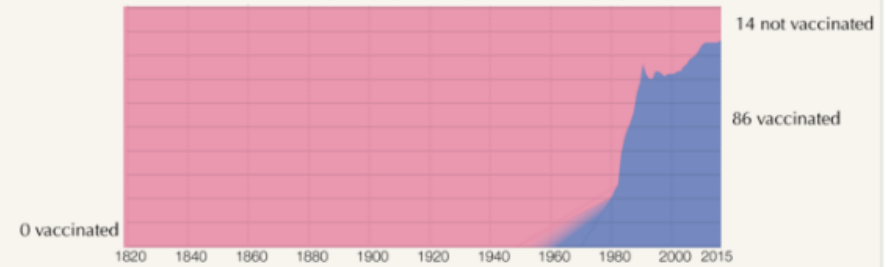
## Democracy



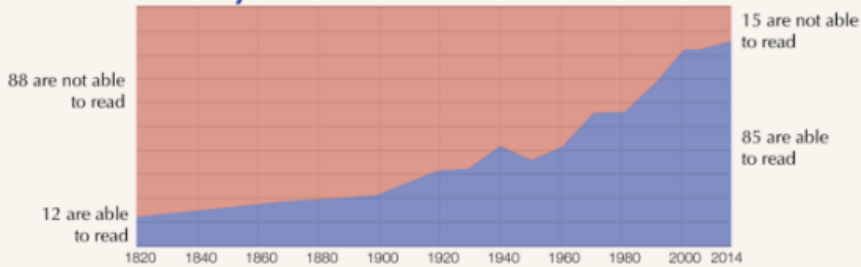
## Basic Education



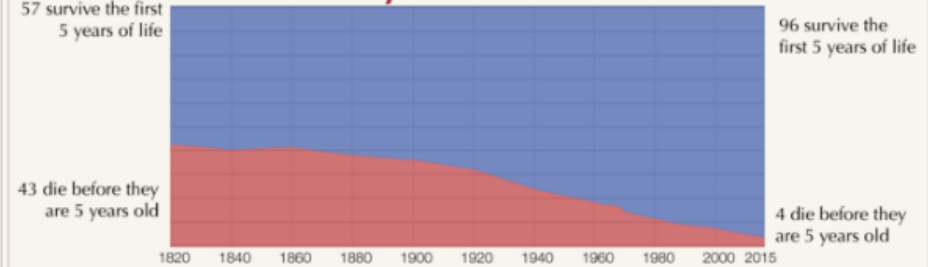
## Vaccination against diphtheria, pertussis (whooping cough), and tetanus



## Literacy



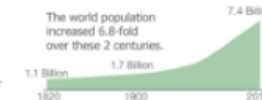
## Child Mortality



**Data sources:**

Extreme Poverty: Bourguignon & Morrison (2002) up to 1970 – World Bank 1981 and later (2015 is a projection).  
 Vaccination: WHO (Global data are available for 1980 to 2015 – the DPT3 vaccination was licenced in 1949)  
 Education: OECD for the period 1820 to 1960. IJASA for the time thereafter.  
 Literacy: OECD for the period 1820 to 1990. UNESCO for 2004 and later.

Democracy: Polity IV index (own calculation of global population share)  
 Colonialism: Wimmer and Min (own calculation of global population share)  
 Continent: HYDE database  
 Child mortality: up to 1960 own calculations based on Gapminder; World Bank thereafter



All these visualizations are from [OurWorldInData.org](http://OurWorldInData.org) an online publication that presents the empirical evidence on how the world is changing.

Licensed under CC-BY-SA by the author Max Roser.



# Contents

Infants and families in distress – who are they?

What do we need to find them?

Finland as an example: current situation and national reform

Digitalization as provider of new possibilities



# Parents

## Parental trauma

- Particularly childhood maltreatment associated with adult life mental health problems (Gilbert et al, 2009)

## Transgenerational maltreatment (Suderman et al 2012)

- Poor parenting begets poor parenting by epigenetic changes – molecular memory in hippocampal areas

## Substance abuse (Dunn et al 2002)

## Adversity

- Multigenerational adversity

- 12%-20% of mothers experience perinatal depression (Tamminen 1990, Ahlqvist 2017)
- 10% of mothers report symptoms of perinatal anxiety (Matthey 2008)
- 5-9% of fathers report their mental health to be poor perinatally (Mäntymaa ym 2002; Matthey 2003; Luoma ym. 2013).

Parental lack of social relationships and support - loneliness - are associated with mental health problems of the child later on (Armstrong et al., 2005, Pihlakoski et al, 2012).

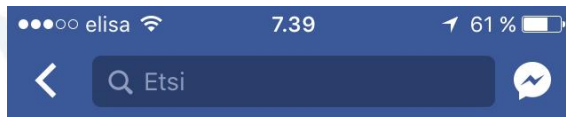
- Young people migrate to cities – grandparents, siblings far away or too busy to help
- Refugee and immigrant families may be particularly isolated

Stressful life events still affecting parents (Jenkins ym. 2015)

# 11.5.2017 Two mothers came out with their story of their helpless rage towards their infants, and how it resulted in physical abuse and them seeking help for themselves

"You cannot even begin to describe the amount of shame..."

"I can still feel how I grinded my teeth..."



Yle Uutiset

Eilen kello 16.27 · 🌐

"Ei sille häpeän määrälle ole edes sanoja."  
Vaitettu lapsiraivo hiipi äitien elämään  
yllättäen. Rohkeus mitattiin kykynä hakea  
apua.



Kaksi äitiä kertoo, kuinka pinna äkkiä  
katkesi: "Tunnen yhä hampaissani, mil..."

yle.fi

70 jakoa

## Koskettava uutinen väkivaltaisista äideistä tukki auttavan puhelimen linjat: "He tietävät toimivansa tosi väärin"

Yle kertoi viikonloppuna kahdesta äidistä, jotka ovat olleet lapsiaan kohtaan väkivaltaisista. Avun huutava tarve paljastui jutun julkaisun jälkeen.

📄 Lasten kaltoinkohtelu 11.5.2017 klo 19.05



Liisa Leinonen



JAA

400





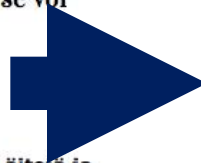
# Vaativa työ, vanhemmuus ja piinaava stressi? Sinulla voi olla perhe-burnout

Perjantai 21.4.2017 klo 07.00



Vanhemmuus on stressaavaa, jopa siinä määrin, että se voi johtaa burnoutiin.

- Uupumuksen syynä voi olla vaativa työ, mutta myös vanhemmuuden valtavat vaatimukset.
- Perhe-burnoutista voi kärsiä jopa useampi kuin yksi kymmenestä vanhemmasta.
- Perhe-burnout vaivaa tutkimuksen mukaan yhtä paljon äitejä ja isiä.



Vaativa työ ja vaativa perhe-elämä voi olla stressaava yhdistelmä. (MOSTPHOTOS)

Tuore belgialaistutkimus antaa viitteitä siihen, että burnoutin syynä ei ole aina työ, vaan myös perhe-elämä voi uuvuttaa niin, että ihmisellä voi olla burnout.

Parents who work hard do not have the energy to give their children all that good they feel and know would be good for them

parents with family burn-out felt they were ineffective and somehow not connected with their children at least once a week

In a Belgian study with **2000** parents about **12%** suffered from significant family burnout

*danielle fantis*  
DANIELLE FANTIS  
PHOTOGRAPHY



*ways*



# Changes seen

Longer education – older parents

- The median age of first time parents has gone up

”I cannot find myself anymore...”

- Longer time of living for oneself – adaptation hard
- Loneliness despite relationship
- Hardship of everyday boredom
- Lack of intimacy between parents

All sorts of ideologies on how to be a good parent – what to do with emotions?

# Risks to the child seen late

## Maternal perinatal depression

- 5,5-fold increased risk for conduct disorder in 12-year follow-up compared to children with non-depressed mothers

## Maternal perinatal emotional lability

- 3-fold increased the risk for emotional disorder

(Pihlakoski ym. 2012).





www.daniellefantisphotography.com

The Sidge and Feed baby bottle is seeking sponsors on Kickstarter and will allow mothers to check their phone while breastfeeding their child.



# Parents and smart devices

## Parental use of smart devices while with children

- Decreases parental sensitivity to infant's cues (Golen & Ventura 2015) and reciprocal interaction with the child (Radesky ym 2014)
  - *"disconnected parenting"* – *here but gone*
    - **For a baby like "still face"**
  - *Two choices for the child*
    - **passive submission**
    - **misbehaviour to get attention**



- <https://www.youtube.com/watch?v=apzXGEbZht0>

# Infants and young children



**15–35% of infants have significant problems with sleeping** (Crncec ym. 2010)

20-40% of young children have problems of variable severity with feeding or eating (Bryant-Waugh ym. 2010)

Problems with feeding and eating leading to poor weight increase are found in 1–3% of infants

(Skovgaard ym.2007; Chatoor & Macaoay 2008)



In the Danish birth cohort study 20% of children under 3 were estimated to have a mental health disorder (Skovgaard ym. 2007)

---

In our own study 3-4% of infants under 24 months presented with signs of social withdrawal

(Puura ym. 2010)

# At risk are also

Infants and young children with recurrent or chronic illness

Primaturely born infants

Infants who cry a lot

Infants with challenging temperament

# and infants and toddlers watching too much TV

## Watching TV in early childhood

- Makes more passive and takes time from interaction (Mitleer & Gronsburg, 2012)
- Increases the risk of getting bullied as interaction skills remain poorer (Pagani ym. 2015)
- Exposes children to seeing inappropriate content (e.g. TV news...) (Fitzpatrick ym. 2012)
- **Useful only when watched with an adult who can talk about the content with the child** (Richert ym 2011)



# How to find them?

# What is needed

Organization of services

Motivation for parents to use services

Training of the staff on know-how of IMH

Training of staff to master assessment and first line treatment methods

# Finland as an example: current situation and national reform

# Tiered services in IMH

## Primary care

- maternity and well-baby clinics in each municipality
  - District nurse/midwife and GP working together
  - Psychologist
  - Social worker
  - Family worker
- advanced well-baby clinic

# Second tier

- family guidance clinics / central hospitals with IMH teams
  - Nurse specialized in child mental health
  - Psychologist
  - Social worker
  - Child psychiatrist



# Third tier

Infant psychiatric team in each University Hospital

- Senior child psychiatrist
- Junior child psychiatrist
- Psychologist
- Social worker
- Nurses

Some University Hospitals have a day ward for families

# National recommendations: screening

Edinburgh postnatal depression scale (EPDS)

- Depressive and anxiety symptoms

Audit – questionnaire on alcohol consumption

Questionnaire on family violence

European early promotion project – interview

- Aspects of caretaking, everyday life, social support



# National recommendations: screening

VaNePsy – early neuropsychological  
development of the infant

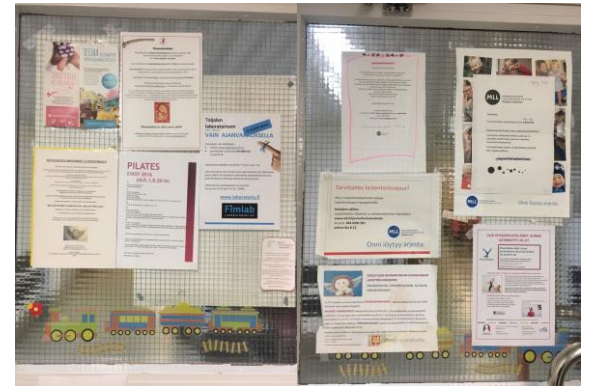
But

No specific tool for assessing infant mental  
health under the age of 4 years



## National recommendation for timing and tools in check-ups

- Followed only partly
- Personnel finds questionnaires tedious – busy schedule



Difficulties with identifying need

Lack of intervention models at the primary care level

# The minimum to know about IMH: the BIMHS



Items of the Basic Infant Mental Health Screen - BIMS				
1 Ask the mother: Are you worried about your child?	yes	try to clarify what is worrying the mother	mother is worried about infant health or development	refer to nurse in nearest community health clinic (CHC)
no, mother is not worried			mother is worried about infant behavior or relationship	refer to nurse /community psychologist in nearest CHC
2 Ask the mother: How have you been feeling?	not well	try to clarify if there is a health problem, or if the mother is feeling anxious, depressed or burdened	health problem	refer to nurse/doctor in nearest CHC
yes, mother is well			anxiety, depression, burden	refer to psychologist or psychiatric services in nearest CHC
3 Weigh and measure the infant	problems	try to clarify how feeding is going, also if there are stressful things happening with the mother and infant	problems with feeding	refer to nurse/ dietician in nearest CHC
growth is all right			stress in the family	refer to community psychologist /social worker in nearest CHC
4 Look at the eye contact of the infant: do you feel that the infant is in contact with you?	little or no eye contact	try to clarify if there is a health problem of the infant or the mother, or if the mother is feeling anxious, depressed or burdened	health problem	refer to nurse/doctor in nearest CHC
eye contact with mother and with you			anxiety, depression, burden	refer to community psychologist in nearest CHC
5 look at shared pleasure (smiles or laughter) between infant and mother	no shared pleasure	try to clarify if there is a health problem of the infant or the mother, or if the mother is feeling anxious, depressed or burdened	health problem	refer to nurse/doctor in nearest CHC
			anxiety, depression, burden	refer to community psychologist in nearest CHC
6 Ask yourself are you worried about this infant or this family?	yes	try to clarify what it is that worries you: is it in the infant, in the mother or in the interaction	ask the mother to come again	
no				
Great, you have completed the Basic Infant Mental Health Screen				

Table 1. Puura, Berg, Malek and Kaukonen: the Basic Infant Mental Health Screen for primary care workers, adapted for use in Cape Town area, South Africa

A close-up photograph of a person's hands holding a large, multi-page document. The document features a table with multiple columns and rows of text, which is slightly out of focus. The word "CHALLENGES" is overlaid in large, bold, blue capital letters across the middle of the image.

# CHALLENGES



# The National reform of health and social welfare services - SOTE

## Equal provision of services to all citizens

- Young families move to (Southern Finland) cities
- Basic services must be provided even in areas with less (young) people

## Integration of health and social welfare services

- Working together at the grassroot level – Rinkeby!
- Working together also in administration – joint budget
- County responsible for providing services – one way or another

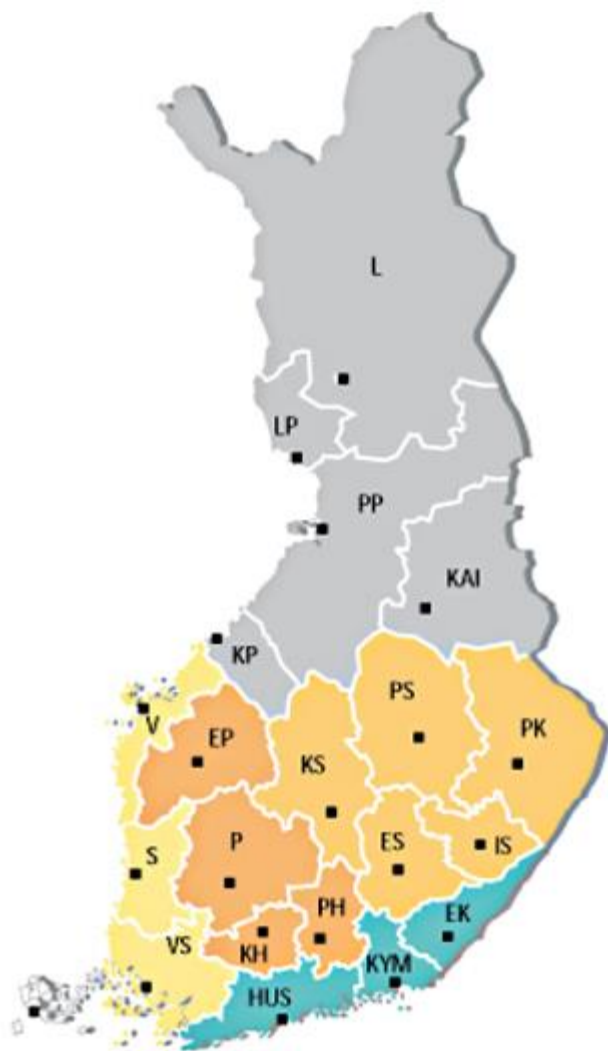
# The National reform of health and social welfare services - SOTE

## Strong Family Centres

- Primary care services, family guidance clinics and maybe part of second tier services combined
- All services families need under same roof

## Bringing specialized care closer to Family Centres

- Case consultation
- Training and implementation of new methods
  - *Wonderful years, Ta upp oron*



- HYKS erva  
Helsinki ja Uusimaa (HUS)  
Etelä-Karjala (EK)  
Kymenlaakso (KYM)
- KYS erva  
Pohjois-Savo (PS)  
Etelä-Savo (ES)  
Itä-Savo (IS)  
Keski-Suomi (KS)  
Pohjois-Karjala (PK)
- OYS erva  
Pohjois-Pohjanmaa (PP)  
Lansi-Pohja (LP)  
Lappi (L)  
Kainuu (KAI)  
Keski-Pohjanmaa (KP)
- TAYS erva  
Pirkanmaa (P)  
Etelä-Pohjanmaa (EP)  
Kanta-Häme (KH)  
Päijät-Häme (PH)
- TYKS erva  
Vaasa (V)  
Varsinais-Suomi (VS)  
Satakunta (S)
- Keskussairaaloiden sijaintikunnat

# What about observation methods?

## Alarm Distress BaBy Scales

- Can be used in primary care
  - *own study with 13 GPs trained – acceptable reliability, and definite improvement of the IMH skills of the GPs*
- An attempt to train primary care nurses
- The only unit where the method is used is the one in direct supervision

In conclusion – needs lot of training resources and support after training

# Digitalization as provider of new possibilities



Web-based infant mental health services – connecting primary and tertiary level expertise: **The Huoma-model of Tampere University Hospital**

# Huoma

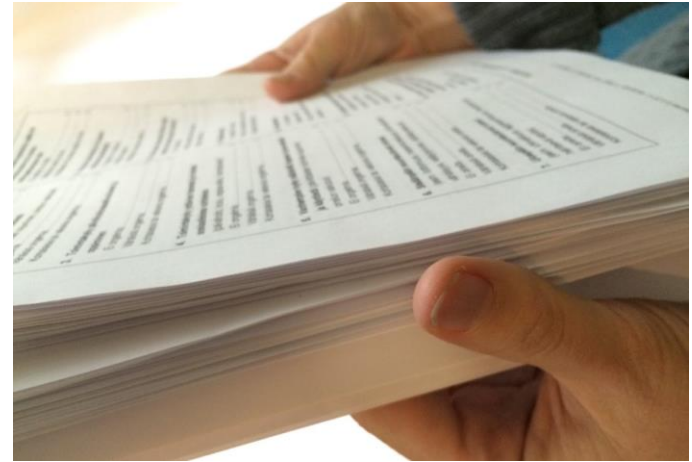
## For parents:

- Links to reliable sources of information and psychoeducational video clips
  - "Smart" web-based questionnaires to be filled-in with smart device before well-baby clinic visit or *when parents feel the need*
    - *EPDS, Audit*
  - The EEPP-interview in a "smart" questionnaire format
- As a new tool
- The Infant Mental Health Form

# Huoma

## For the primary health care

- Smart web-based questionnaires – help to identify need and guide treatment decision
- Smart-IMHA to assess possible mental health problems






**Infant MHA**

Mental health assessment form for children aged 0 to 3 years

The infant's/young child's name	Social security number/Date of birth
Name and occupation of the person completing the form	
Date of completing the form	

In each question, circle the alternative that best describes the infant's/young child's current situation. One, the most severe, alternative is taken into account in each question. See pages 2 and 3 for instructions.

- |   |  |
|---|--|
| <p><b>1. Age-appropriate development</b><br/>                 No delay or no risk of delay ..... 0<br/>                 Minor delay or risk of delay ..... 1<br/>                 Moderate or severe delay ..... 2</p> <p><b>2. Infant's/young child's somatic diseases</b><br/>                 None ..... 0<br/>                 Minor ..... 1<br/>                 Moderate or severe ..... 2</p> <p><b>3. Functioning at home</b><br/>                 (activities of daily living, effect of symptoms)<br/>                 No problems ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>4. Functioning in day care</b><br/>                 No problems ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>5. Functioning in social relationships</b><br/>                 No problems ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>6. Parents' ability to regulate emotions and behavior of the infant/young child</b><br/>                 (smoothness of activities of daily living, effect of symptoms)<br/>                 No problems ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>7. Joylessness, lack of play or interest, withdrawal, anxiety, fears</b><br/>                 None ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>8. Aggressive, defiant or restless behavior that is excessive considering the infant's/young child's age-appropriate development</b><br/>                 None ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> | <p><b>8. Danger to self or others or behavior that is harmful to self or others</b><br/>                 None ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>10. Significant disturbance in the ability to engage in social relationships or in behavior, emotions or thinking</b><br/>                 None ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>11. Assessment of parent – child interaction</b><br/>                 No concern ..... 0<br/>                 Minor concern ..... 1<br/>                 Moderate or severe concern ..... 2</p> <p><b>12. Family functioning or family factors affecting the infant/young child</b><br/>                 No problems/unknown ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>13. Does the infant/young child have a family history of mental illness?</b><br/>                 None/unknown ..... 0<br/>                 Yes, sibling or a close relative with mental illness ..... 1<br/>                 Yes, parent with mental illness ..... 2</p> <p><b>14. Parental substance use</b><br/>                 No problems/unknown ..... 0<br/>                 Minor problems ..... 1<br/>                 Moderate or severe problems ..... 2</p> <p><b>15. Domestic violence</b><br/>                 None/unknown ..... 0<br/>                 Yes, among siblings ..... 1<br/>                 Yes, between parents or directed at children ... 2</p> <p><b>18. Is the parent concerned about the infant's/young child's emotional well-being, behavior, concentration or ability to get along with others?</b><br/>                 No concern ..... 0<br/>                 Minor concern ..... 1<br/>                 Moderate or severe concern ..... 5</p> |
|---|--|



# Huoma

## Connecting primary and tertiary care expertise in organizing care

- video consultation for making infant mental health assessment and treatment plan
- Web-based Parent Coaching-programme
- When needed treatment in the tertiary services can be started without delay



## Web-based Parent Coaching

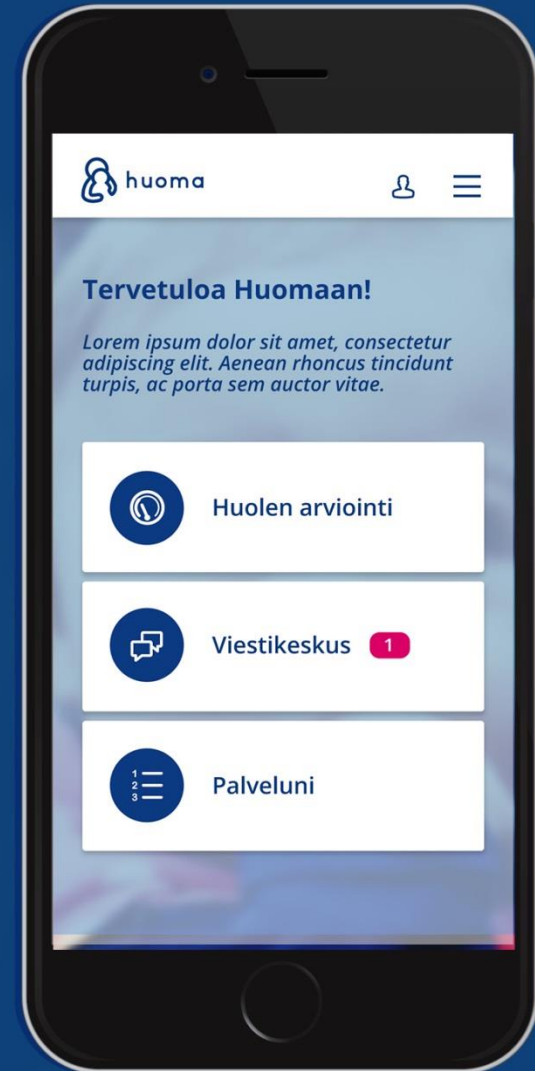
- Based on adaptation of the Dialectic Behavioral Therapy for parents developed in our clinic
- At first 4 "packages" for problems with infant sleeping, feeding, emotion regulation and burdening everyday life – 10 sessions in each package
- Daily workbook for parents to fill-in and the "coach"/therapist can see
- Phone/video connection once a week – or needs based - to the "coach"



# huoma

*Huolenpitoa perheellesi*

Kun lapset ovat pieniä, vanhempien arjessa jaksaminen on onnellisen perhe-elämän perusedellytys. Huoma on TAYS:n mobiilipalvelu, joka tarjoaa vanhemmille tukea ja työkaluja tasapainoisen arjen säilyttämiseksi - ajasta tai paikasta riippumatta.





Perheen palvelunäkymä

Ammattilaisen palvelunäkymä



 Asiakkaat

 Viestit

 Ajanvaraus

 Videokonsultaatio



## Asiakkaat

LAJITTELUKRITERIÖ

Seuraavat vastaanotot

Hae

&lt; 09.06.2017 (6) &gt;

AIKA	NIMI	KÄYNNIN SYY	PALVELUNTARVE	SEURAAVA KÄYNTI
09:30	<b>Heljä Niinistö</b>	2 kk seuranta	Normaali	09.06.2017
 10:00	<b>Saara Poutiainen</b>	Pikkulapsipsykiatrin konsultaatio	<b>Korkea</b>	09.06.2017
10:30	<b>Erkki Louhisola</b>	4 kk seuranta	Normaali	09.06.2017
11:30	<b>Sini Groop</b>	4-6 viikkoa lääkäriineuvola	<b>Tarkkailtava</b>	09.06.2017
 12:00	<b>Eila Paasio</b>	2 kk seuranta	<b>Tarkkailtava</b>	09.06.2017
12:30	<b>Aino Rehn</b>	8 kk lääkäriineuvola	Normaali	09.06.2017



# Other aspects of HUOMA

Through "smart" digitalized questionnaires

- Real-life data on parental and infant well-being
- New data on everyday life in families
- Possibilities for both guiding service planning and research

## Videoconnection

- A way of teaching and learning regardless of distance



# National programme to support parenting

Low threshold, accessible services for parents when difficulties arise in caretaking or there is worry concerning child's behaviour

Digitalized services can help provide these and also support the work done in primary care level

# National programme to support parenting

Willingness of all adults to help and guide children with their difficulties – child friendly society

”None of us is enough alone” – cooperation and respect between experts on all fields working with families



WORLD ASSOCIATION FOR  
INFANT MENTAL HEALTH

# 16<sup>TH</sup> WAIMH WORLD CONGRESS

New challenges for a 3<sup>rd</sup> millennium Infant Mental Health

Rome | May 26-30, 2018 | Ergife Palace Hotel

Nature >  < Nurture

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## REGISTRATION NOW OPEN !

CALL FOR ABSTRACTS IS OPEN. Submission deadline: October 30th

WAIMH World Association for Infant Mental Health >>

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