



**NORDISK FÖRENING
FÖR SPÄDBARNNS UTVECKLING
NFSU**



Fokus på späda & små barns psykiska hälsa eller "Infant mental health"

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Späda och små barns psykiska hälsa kan definieras som barnets förmåga att

..uppleva, uttrycka och reglera känslor

..skapa nära, trygga band till andra människor

..utforska sin miljö och lära sig saker

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Späda & små barn utvecklas i samspel med sin omgivning

..med sina omsorgspersoner

Hjärnans utveckling formas av barnets upplevelser

© Catarina Furmark

När det finns risker för att barnets psykiska utveckling kommer att hämmas så måste vi agera - snabbt!

Små barn kan inte vänta

- Selma Fraiberg

"Man kan **inte slå sig till ro med att det kommer att gå över.**"

Margaretha Brodén

"Barnet har ett språk innan språket."

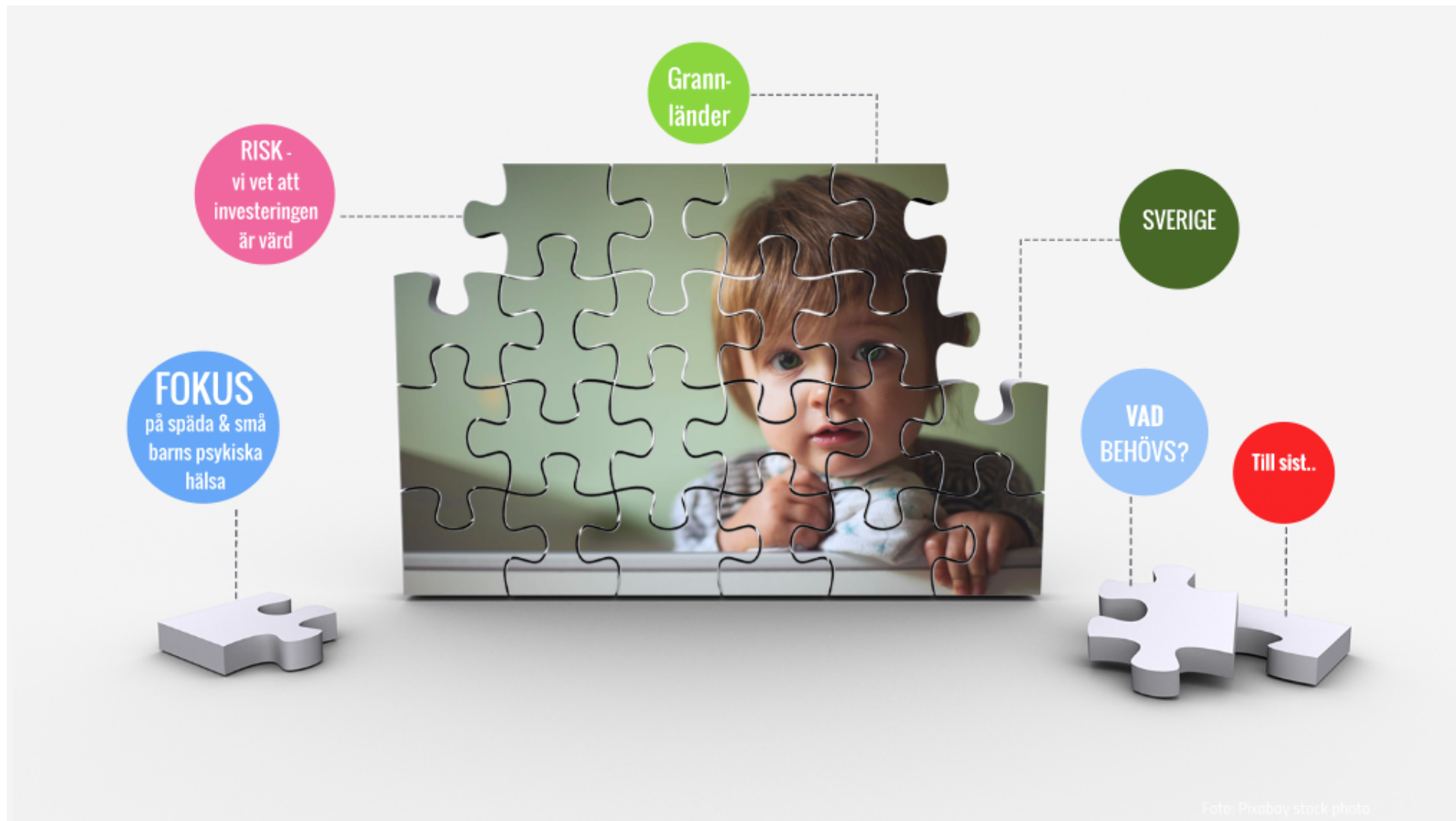
Pia Risholm Mothander

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**...men är det så farligt då?
Barn klarar sig väl ändå?
Vi människor är ju resilienta?**

.. Jo, det är sant - vissa klarar sig bra - medan andra är trea redan från start... Utsatta barn & deras familjer behöver riktat stöd & behandling.

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Det finns risk - och så finns det kumulativ risk

Flera riskfaktorer = flerfaldigt större risk att utveckla psykisk ohälsa

"The "wait and see" philosophy seemed to be a factor in several cases, and may have resulted in too long a wait for adequate measures and interventions to be taken. Social disadvantages, trauma, and other environmentally acquired conditions may also be given as the ultimate explanation for a person's shortcomings. The concept of "double hazards," implying that a child may be exposed to both cognitive deficits and insufficient social support, must also be highlighted.¹⁹ Thus, the interaction of environmental factors – supportive as well as adverse – must always be considered."

Clinical Audit Dovepress
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ORIGINAL RESEARCH

An audit of teenagers who had not succeeded in elementary school: a retrospective case review

This article was published in the following Dove Press journal:
Clinical Audit
9 March 2013
Number of times this article has been viewed

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Objective: The aim was to perform a retrospective case review of pupils who had not succeeded in elementary school, in order to analyze barriers at individual and system levels.
Methods: Forty-five pupils, aged 16–20 years, who had not qualified for senior high school, were consecutively assessed within the school health unit to determine their cognitive function, school history, measures taken, previous assessments, and diagnoses given.
Results: School health records revealed early problems with learning, reading, mathematics, and attention, but very few students had received an appropriate diagnosis. Our review and assessment when all the data had been compiled demonstrated that the vast majority (96%) of participants had clear developmental problems. Attention problems or full attention deficit/hyperactivity disorder dominated. About half of the students reported extensive truancy. Mean intelligence quotient in the study group was 83.9, about 1 standard deviation below the mean. Fluid intelligence was significantly superior to crystallized intelligence.
Conclusion: Screening and identification are needed throughout the school years of children who present symptoms that could interfere with their academic achievement. Intervention needs to be based on skilled assessment, with consideration given to each individual's broad panorama of cognitive deficits and assets, as well as concomitant social adversities that may underlie their school failure. Since there can be a significant negative impact of limited educational opportunities on future socioeconomic outcomes, the question of who is at risk is important both for affected individuals and more generally for public health.
Limitations: The study group was small and may not have been fully representative. In spite of limited confidence about generalizing from the results, the findings call for reflection.
Keywords: school failure, cognitive, ADHD, fluid, crystallized, intelligence

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..psykiskt och fysiskt "slitage"

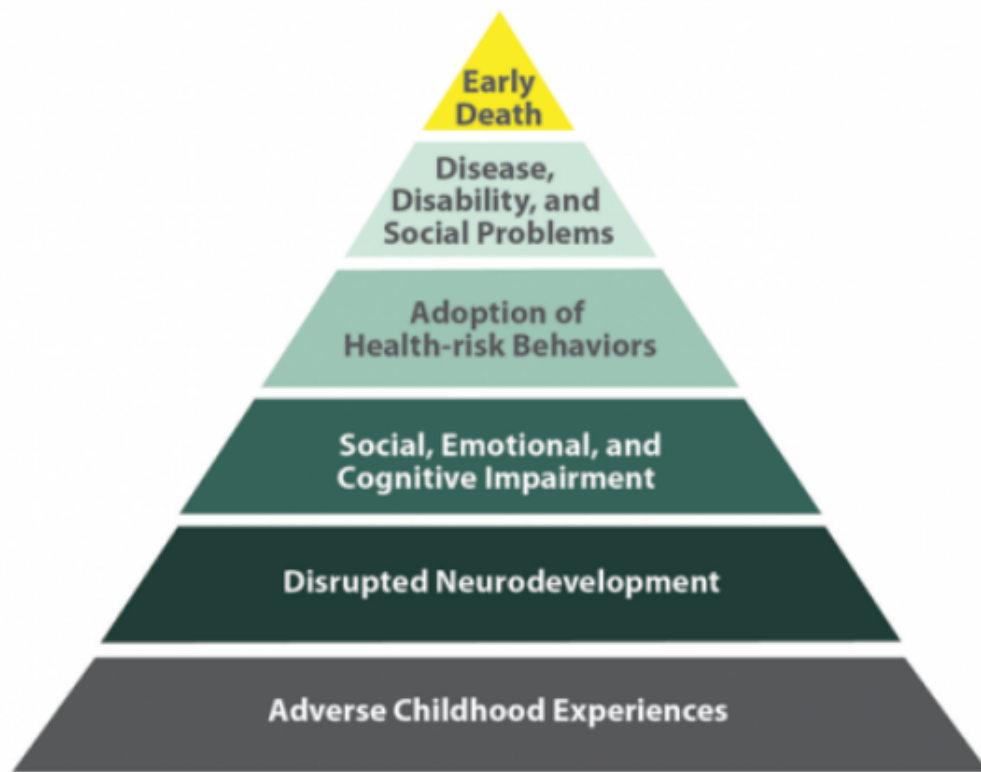
- svåra upplevelser i barndomen skapar kronisk stress - upphov till biologiska förändringar (biological embedding/allostatic load)

Vaiserman, 2014

- sämre fysisk hälsa
- högre risk för psykisk ohälsa
- risk för negativ utveckling för individen på flera plan: utanförskap, kriminalitet osv

Felitti et al 1998

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Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



ACE studien)
("Adverse
Childhood
Experiences")

<http://acestudy.org/index.html>

*ACE - A
springboard to
hope!*

17.000 Kaiser
Permanente
patienter

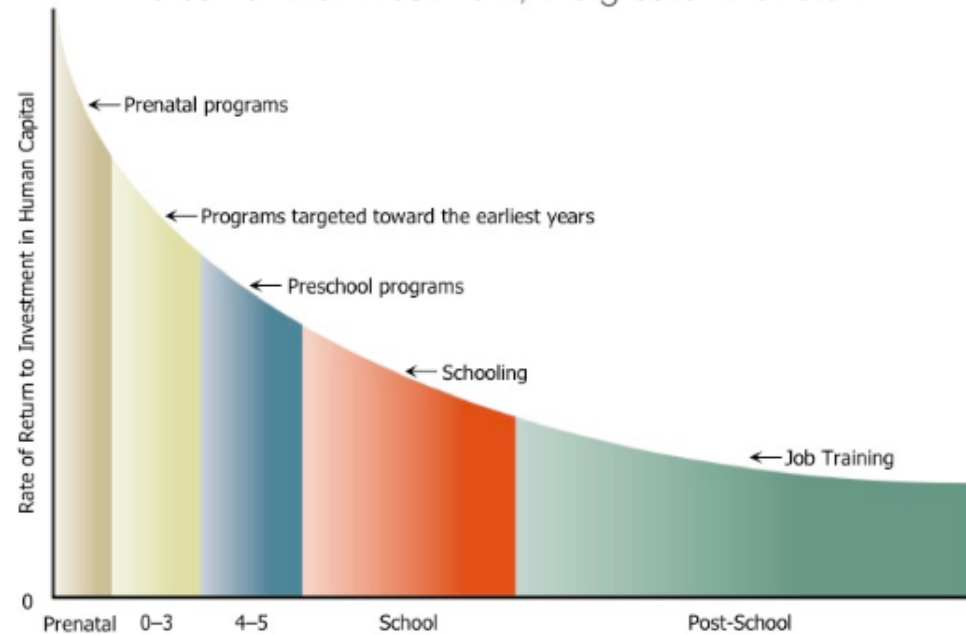
Anda, Felitti, Perry et al, 2006

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.. rent krasst...vi
vet att det är
värt pengarna...

EARLY CHILDHOOD DEVELOPMENT IS A **SMART INVESTMENT**

The earlier the investment, the greater the return

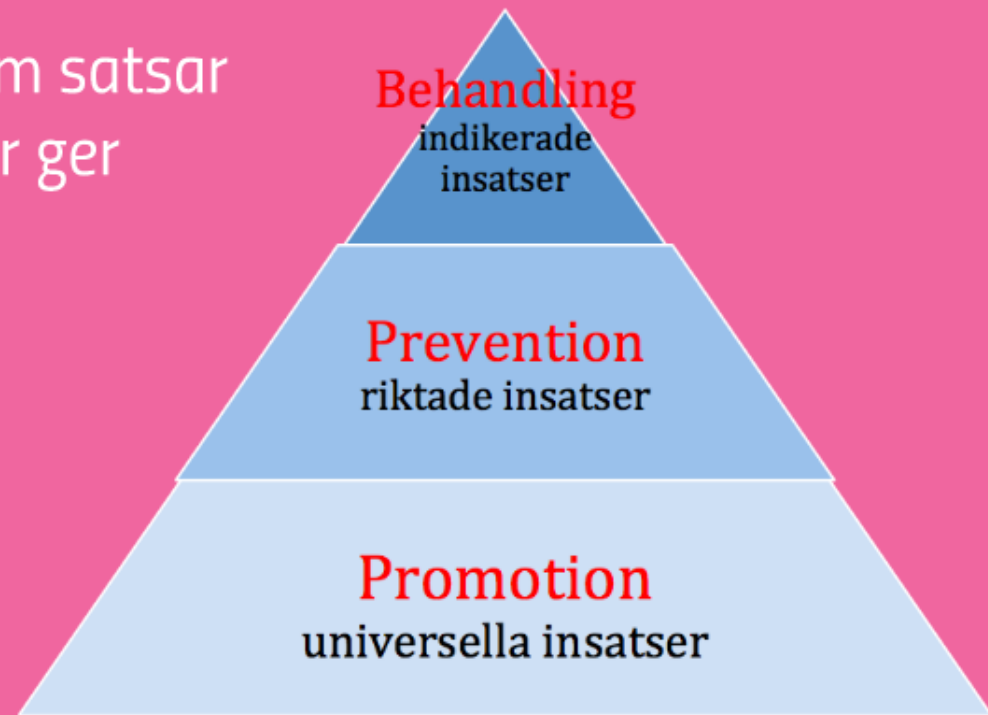


Source: James Heckman, Nobel Laureate in Economics

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..har vi råd att inte satsa?

Hög-kvalitativa program som satsar på stöd på alla nivåer 0-5 år ger 13% per år i avkastning på investeringen



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PERSONLIGA LIDANDET VIKTIGAST!

..men även siffror för att belysa absurditeten i att inte satsa på tidiga insatser....

Ett fullbordat suicid kostar samhället ungefär 19 miljoner.

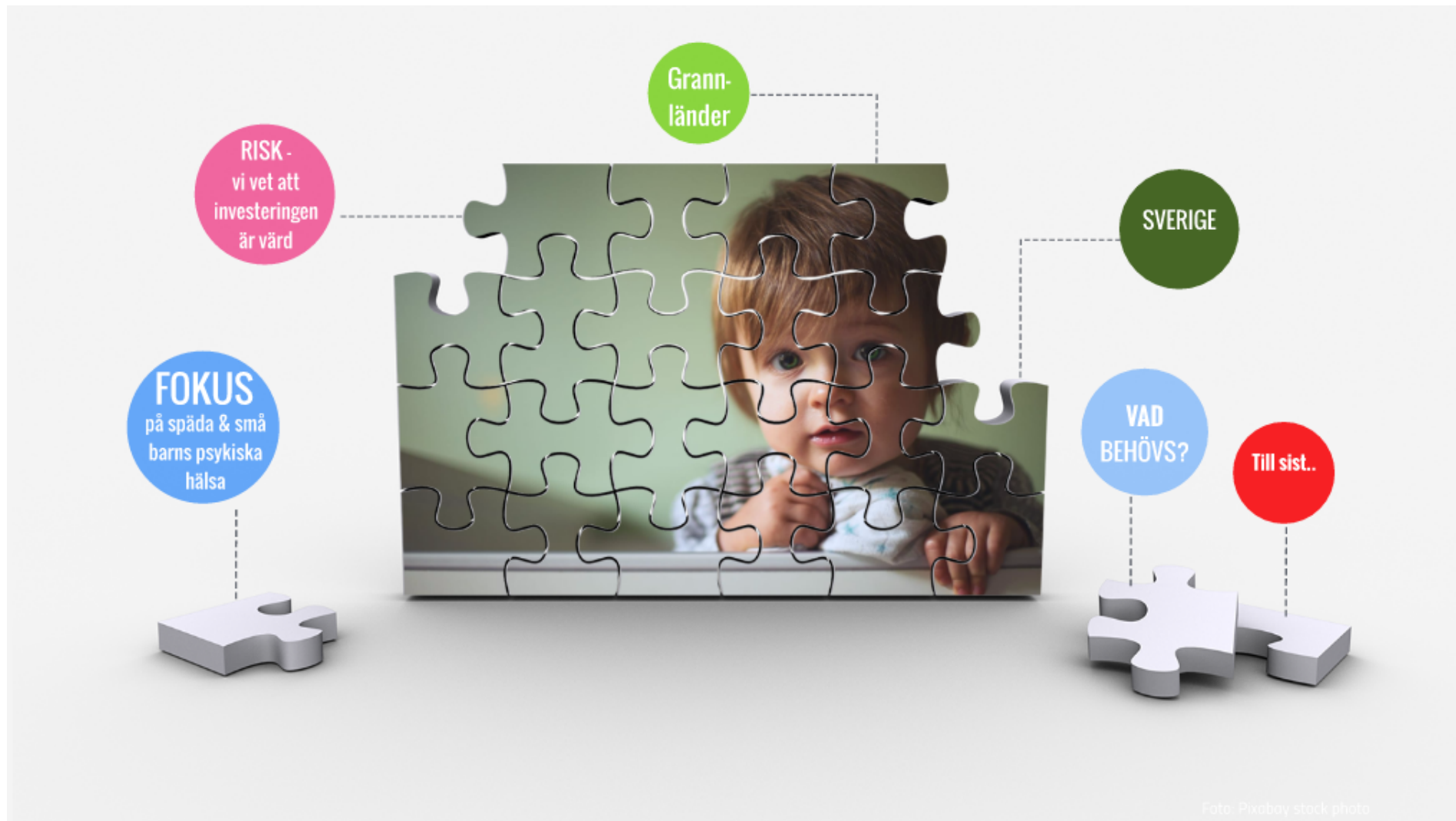
1478 personer tog sitt liv år 2016. Det kostade samhället 2,7 miljarder kronor.

En gängmedlem som är kriminell i 15 år kostar samhället 23 miljoner kronor.

Det räcker med 1,5% "successrate" i stödprogram för att man ska få tillbaka på sin investering!

Källa: Nationalekonomer Nilsson & Wadeskog BRÅ 2008
MSB samt NASP

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Grannländerna



Norge



Finland



Danmark



Island

Skillnader & likheter i de nordiska länderna

- många likheter på promotions-
och preventionsnivå
Skillnader på indikerade
insatser



Goda exempel från grannländerna:
Norge: R-BUP - Marit Bergum Hansen
Nytt kompetenscentrum Bufetat - Hanne Braarud
LIN-studien - Vibeke Moe
Tidigare späd och småbarnsnätverket



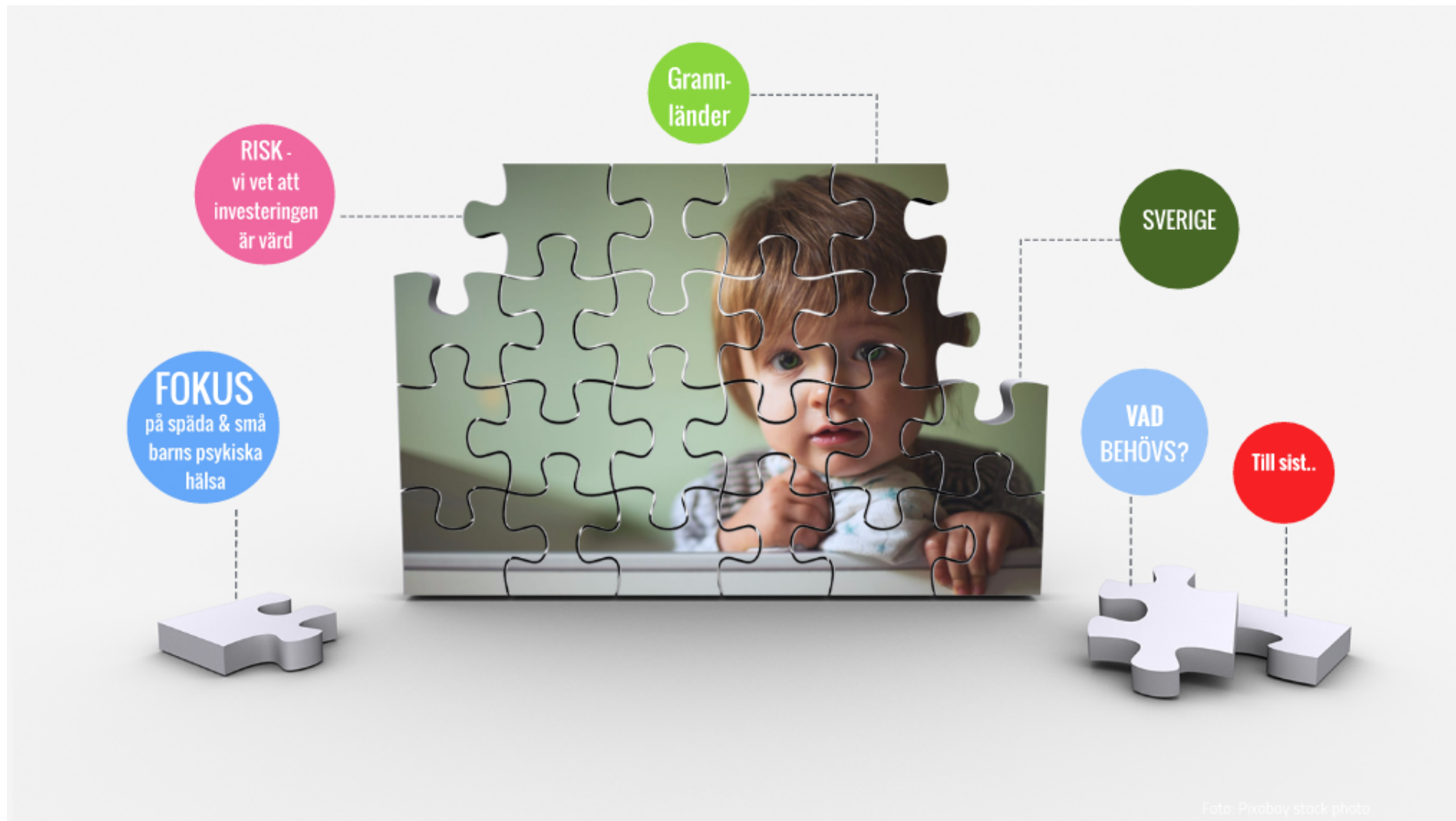
Danmark: Copenhagen Infant Mental Health Project (CIMHP, 2015-2020) Mette Vaever
Copenhagen Cohort study - Anne-Mette Skovgaard Vaever



Finland: Fokus på späda & små barns psykiska hälsa - starkt engagemang i WAIMH; World association for Infant Mental Health - Tuula Tamminen, Palvi Kaukonen, Kaija Puura

Island: svårt sedan finanskris,
stort intresse för nordiskt utbyte
- Stefania Arnardottir





Arbetet med späda och små barns psykiska hälsa i Sverige

Promotion
MVC/BVC



Prevention

Första linjen samt vissa projekt/verksamheter med riktade insatser

Behandling

BUP/socialtjänst/specialverksamheter



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UPPDRAG

Kartläggning angående riktat samspele

till späd- och småbarnsfamiljer

Catarina Furmark, leg psykolog/doktorand, projektansvarig

Kerstin Neander, Fil dr, senior rådgivare

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..fler rapporter??

Socialstyrelsens slutrapport från tidigare uppdragsperiod:

- det riktade stödet till föräldrar med späda barn behöver förstärkas.
- möjligheter till samspelestödd varierade och var begränsade.



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Fokus på toppen av pyramiden



Behandling
indikerade insatser

Prevention
riktade insatser

Promotion
universella insatser

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Vart hänvisar jag en förälder som har det svårt?

Blekinge läns landsting
Landstinget Dalarna
Region Gotland
Region Gävleborg
Region Halland
Region Jämtland Härjedalen
Region Jönköpings län
Kalmar läns landsting
Region Kronoberg
Norrbottens läns landsting
Region Skåne
Stockholms läns landsting
Södermanlands läns landsting
Region Uppsala
Värmlands läns landsting
Västerbottens läns landsting
Västernorrlands läns landsting
Västmanlands läns landsting
Västra Götalandsregionen
Region Örebro län
Region Östergötland

Stora olikheter

Foto: SKL

© Catarina Furmark

Vad har vi hittat hittills?

Små barn och deras familjer i behov av behandling och riktad stöd har inte samma möjligheter till detta i olika delar av landet

- Olika tillgänglighet
- Olika huvudmän - otydliga uppdrag
- Olika nivå - olika metoder används i olika delar av landet

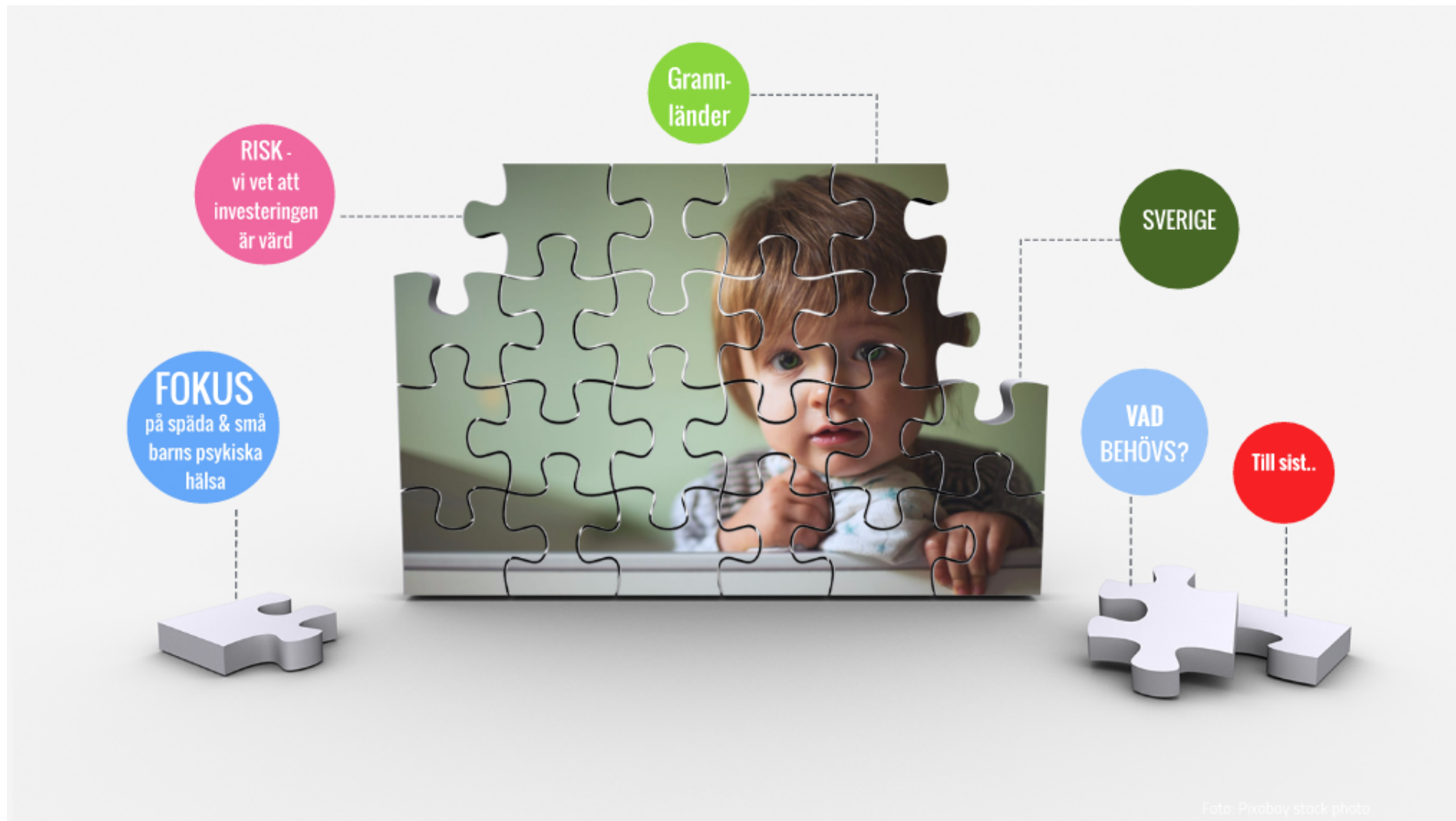
kontakta oss

- rapporteras utgången 2017



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Vi vet ganska mycket om spädbarns sätt att berätta att de inte "mår" bra :

- Mat- och sömnstörningar
- Svårtrötat, oroligt
- Ihållande social tillbakadragenhet
- Kontaktsvårigheter - närhet/distans
- Försenad/avvikande utveckling

..och för äldre barn:

- Trots
- Aggressivitet
- Passivitet/minskad glädje
- Svårigheter i emotionsreglering

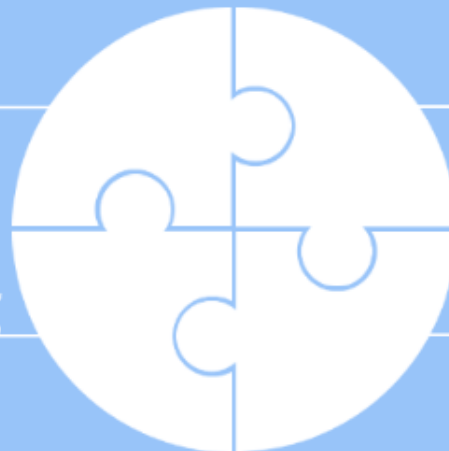
Vilken kompetens behöver vi för att tolka det lilla barnets signaler?

#1 resurser

Öronmärkta pengar så att inte arbetet med spädbarns psykiska hälsa blir en fattig kusin från landet...

#3 utvärdering

möjlighet till kvalificerad utvärdering & forskning



#2 kunskap/kunskapsenhet

Utbildning i metoder; både bedömnings- och behandlingsmetoder, handledning

#4 samverka & påverka!

Prioritera samverkan och att kunna påverka på organisationsnivå

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The 1001 Critical Days

The Importance of the Conception to Age Two Period

Kunskapen behöver bli känd: de tusen första dagarna - kunskapskampanj i många länder.



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WAIMH Position Paper on the Rights of Infants

Edinburgh, 14-18 June, 2014 (amended March 2016)

© World Association for Infant Mental Health (13th May 2016)



Photo: Adobe Stock.

Preamble and Rationale

We, as professionals and members of the World Association for Infant Mental Health (WAIMH) who work with infants and parents within different cultures and societies, affirm that there is a need to recognize specific Rights of Infants, beyond those which have already been specified in the United Nations Convention on the Rights of the Child (UNCRC) adopted

Drawing attention to the particular needs and rights of the child in the first years of life is needed for several reasons. An all-too-common view is that the baby is "too small to really understand or to remember" and thus the baby's perspective is often not appreciated by health professionals and even by parents. Infants have unique needs and behaviors of attachment

Additionally, consideration of infant needs and rights could guide policies of supports for mothers, fathers and caregivers, and in giving value to babies in contexts of risk and violence.

As indicated in the WAIMH by-laws, our aims include "...to promote education, research, and to promote the development

I. Basic Principles of Infant Rights (Birth to three years of age)

1. The infant by reason of his/her physical and mental immaturity and absolute dependence needs special safeguards and care, including appropriate legal protection.
2. Caregiving relationships that are sensitive and responsive to infant needs are critical to human development and thereby constitute a basic right of infancy. The infant therefore has the right to have his/her most important primary caregiver relationships recognized and understood, with the continuity of attachment valued and protected--especially in circumstances of parental separation and loss. This implies giving attention to unique ways that infants express themselves and educating mothers, fathers, caregivers and professionals in their recognition of relationship-based attachment behaviors.
3. The infant is to be considered as a vital member of his/her family, registered as a citizen, and having the right for identity from the moment of birth. Moreover, the infant's status of a person is to include equal value for life regardless of gender or any individual characteristics such as those of disability.
4. The infant has the right to be given nurturance that includes love, physical and emotional safety, adequate nutrition and sleep, in order to promote normal development.

II. Social Areas and Principles

1. Policies...
2. Policies...
3. Policies...
4. Policies...
5. Policies...
6. Infant...
7. The p...

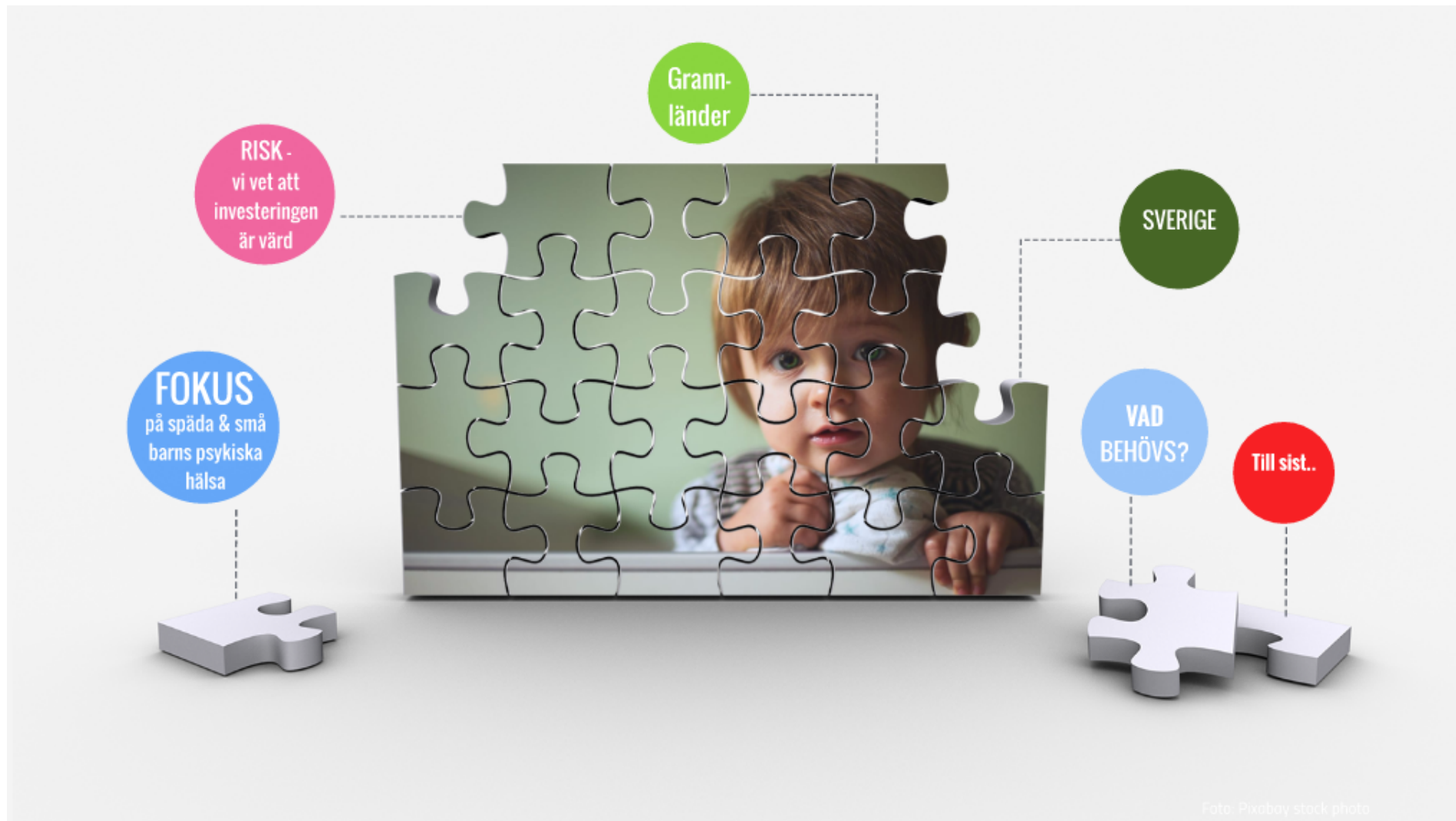
Furmark


"Of course, children "get over it" – they have no choice. Children are not resilient, but malleable.

In the process of "getting over it," elements of their true emotional, behavioral, cognitive, and social potential are diminished – some percentage of capacity is lost and a piece of the child is lost forever.

Bruce Perry

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“It's not our job to
toughen our children up
to face a cruel and
heartless world. It's our
job to raise children
who will make the world
a little less cruel and
heartless.”

- L.R. Knost

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