Early intervention in Norway

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Outline

- History and organisation of the IMH work in Norway
- Some relevant facts about Norway
- Our strategy to strengthen IMH
- Challenges and future goals

The National Network for Infant Mental Health established 2006

- Commissioned (economy) by the Norwegian Directorate of Health and the Ministry of Children and Equality
- Main responsibility to increase awareness of the 1001 critical days and for strengthening services for infant mental health in Norway
- Clinicians and researchers work together to strengthen knowledge-based practice (midwifes, PH nurses, psychologists, family therapists, pedagogues, medical doctor)
- 16 positions and one PhD student with external funding
    - Extra funding since 2015 for piloting NFP, 14 positions

Our team

Main objectives

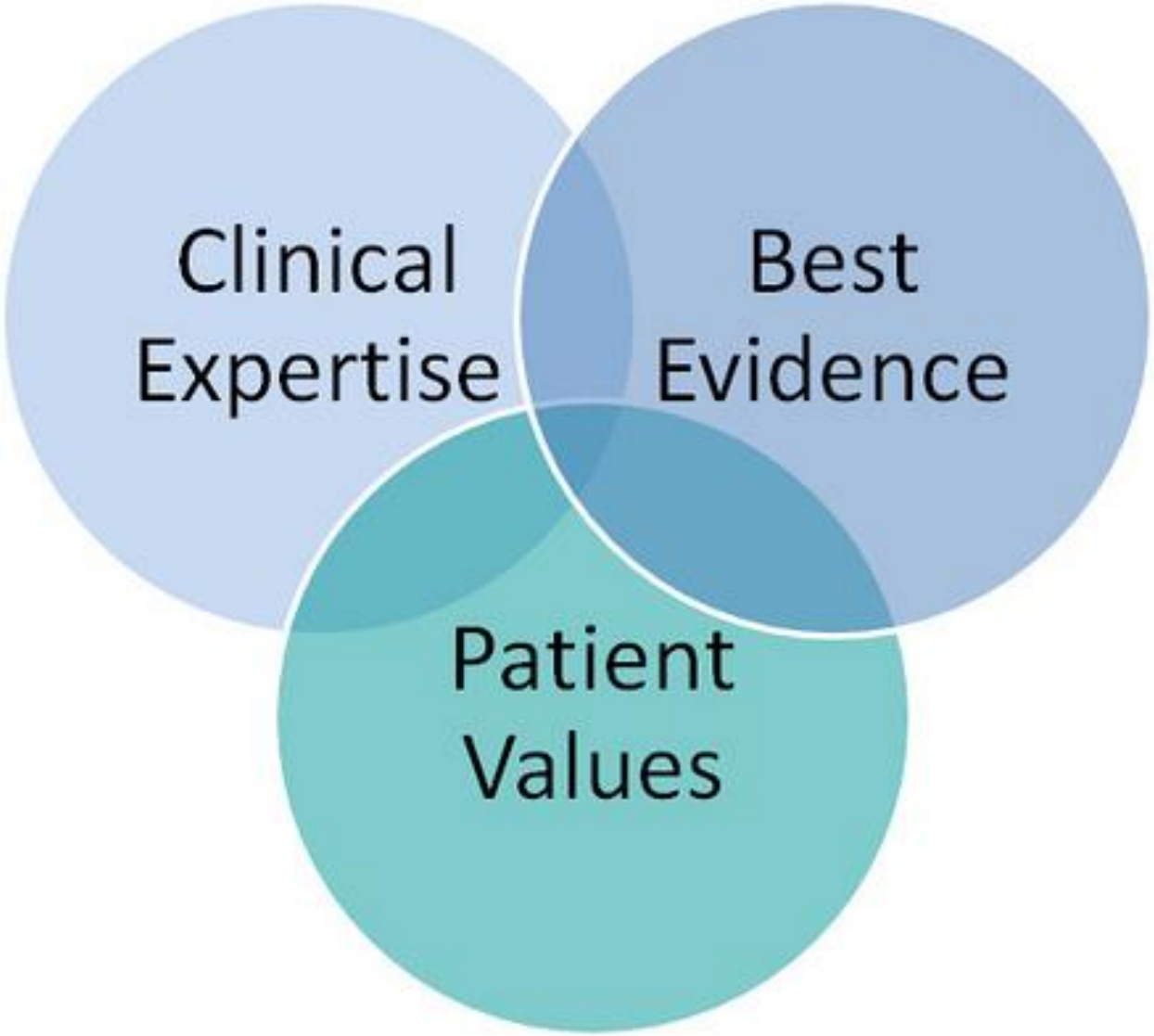
•To support public health services to identify pregnant women, and infants and parents at risk and to provide early effective interventions (“babies cannot wait”)

•To strengthen the collaboration between the primary care and specialist level (seamless services)

•To provide knowledge about the validity of screening tools and suitable assessment and treatment methods for young children and their families

Main activities

1. We provide post graduate training in IMH topics to health practitionairs from all diciplines (nurses, midwifes, psychologists, social workers, GPs, etc) who want to specialize in IMH
2. We initiate research projects to validate assessment tools and test interventions in a Norwegian context, and most important
3. We implement knowledge-based («evidence-based») methods into clinical practice
4. We support policy makers, contribute with strategic documents, national guidelines, etc.

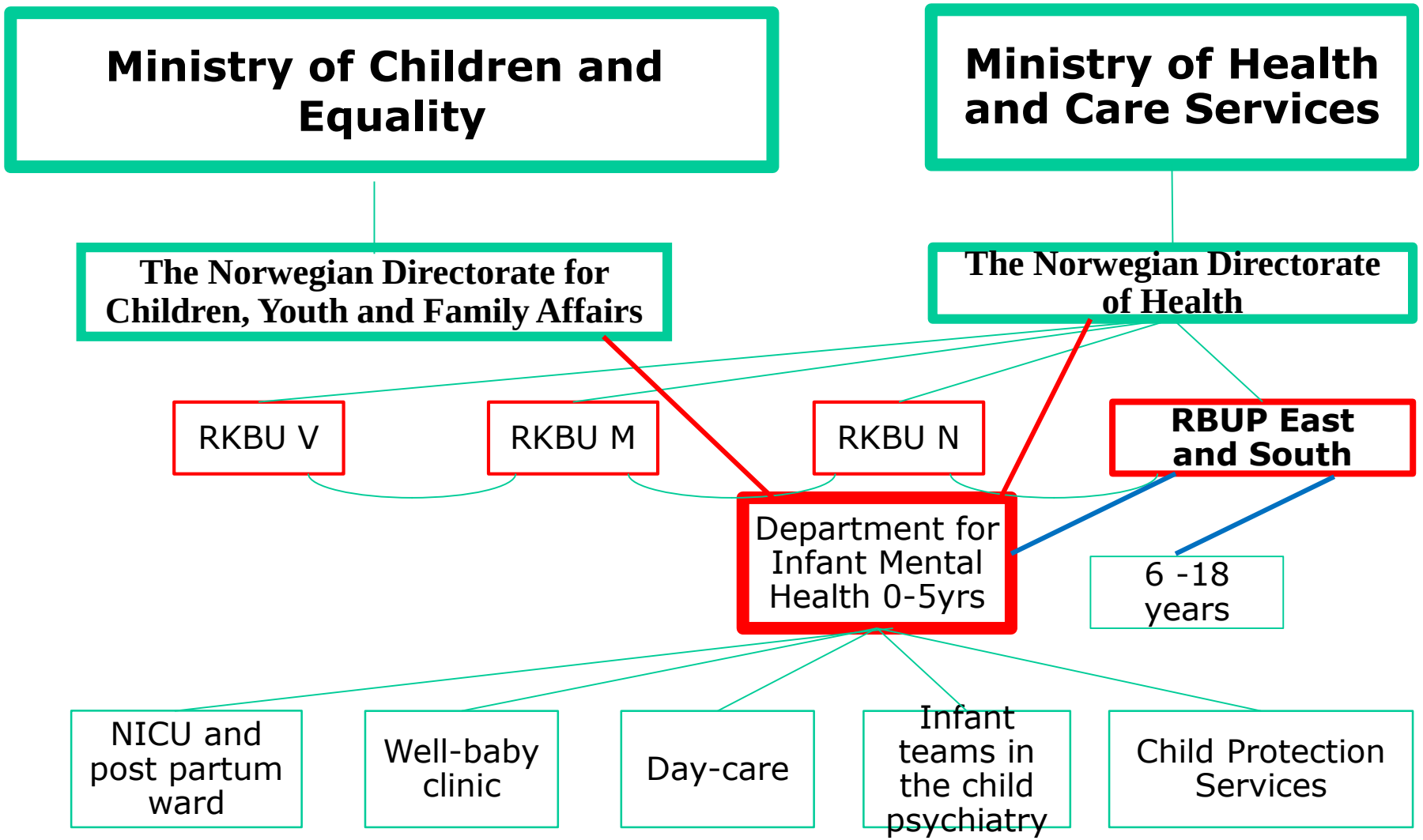

Clinical Expertise
Best Evidence
Patient Values

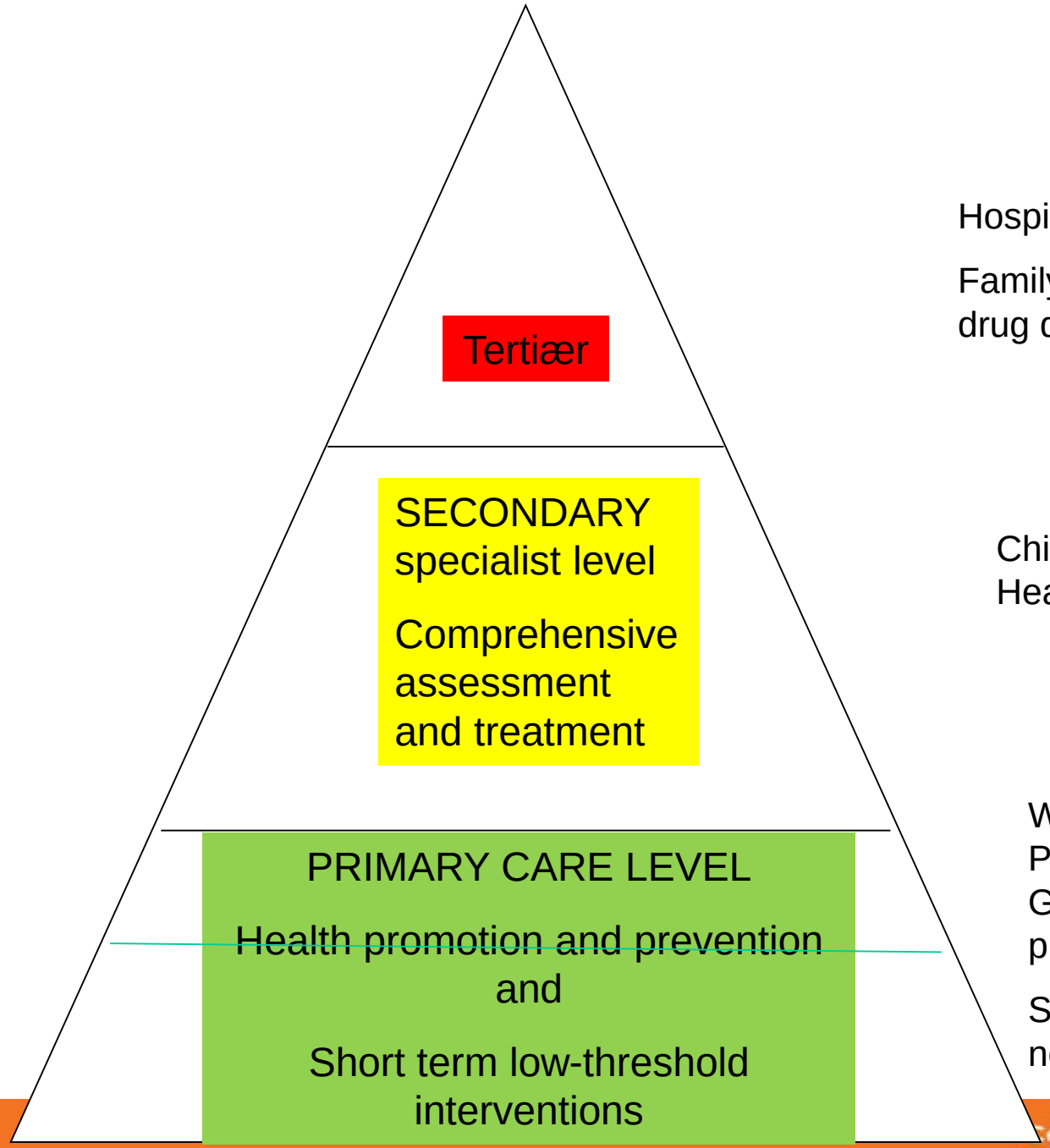
Four regional centres for child and adolescent mental health in Norway

A national network for infant mental health established in 2006

Department for infant mental health

RBUP East and South


Ministry of Children and Equality
Ministry of Health and Care Services
The Norwegian Directorate for Children, Youth and Family Affairs
The Norwegian Directorate of Health
RKBU V
RKBU M
RKBU N
RBUP East and South
Department for Infant Mental Health 0-5yrs
6 -18 years
NICU and post partum ward
Well-baby clinic
Day-care
Infant teams in the child psychiatry
Child Protection Services



Hospitals, ex.NICU

Family units for parents with drug dependency

Child & Adolescent Mental Health Services, Infant teams

Well-baby clinics: Midwifes, Public health nurses, GP/pediatrician, child physiotherapist

Some have psychologists, some not

Facts about Norway

- Population: 5.2 mill
- 15% immigrants (has accounted for most of Norway's population growth- an increasing number from non-Western countries, Somalia, Pakistan, Iraq and Kurdistan region, Syria)
- About 1 mill children below 18 years
- 60 000 births pr.year
- A total benefit period for parental benefit is 49 weeks at 100% coverage or 59 weeks at 80% coverage (14 weeks devoted to fathers)
- About 85% of all children between 1-2 years in day-care (nursery)

Facts about Norway cont.

- Well-baby clinics in every municipality in Norway, free of charge, reach 98% of the target population
- Aims: health promotion, prevention and early identification
- Staff: midwife, public health nurse, GP/pediatrician, physiotherapist (psychologist, optional)
  - Offers min. 1 home visit first week post partum (Norwegian guidelines: min.2 home visits, and 3 or more to risk families)
  - Min.8 health check-ups during the first year of the infant's life (great opportunity for health promotion and preventive work)

Challenges

- 6% premature -family centered care in NICUs is still not well implemented («there is no such thing as a baby»)
- 15-20 % of children (3-18 yrs) have mental health problems (anxiety, depression, behavioral problems – lack numbers for children <3 years)
- Between 5.7 and 7 % of infants between 4 and 12 months have indications of developmental delays (ASQ)-no systematic screening for developmental delays in well-baby clinics
- A substantial increase in young children in the CPS (about 53 000 per year, 4%< 5 years) - lack of attachment-based interventions, mainly «external» support
- Generally few knowledge-based interventions for infants and families are implemented in Norway

Challenges cont.

- 10-15% of new mothers have moderate to severe depressive symptoms in the perinatal periode- a possible increase the recent years- too few are identified and treated

- Recent Scandinavian studies suggest that 5-10% of new fathers suffer from moderate to severe symptoms of anxiety and depression- little or almost none attention on fathers' mental health in the perinatal periode

5% Major depression

Challenges cont.

- 3 – 9 % of the child population experiences serious degree of physical abuse
- 12.5 % are witnessing violence between parents
- Most exposed are the very young children - mest utsatt er de minste barna – “mørketallene” hidden numbers are substantial

CHALLENGES CONT.

- A challenge and potential obstacle to early identification is that within many professional environments there are ideological attitudes associated with systematic mapping of symptoms or skills.

- Big differences in competence and health services around the target group in services across the country, with which we will work systematically to change.

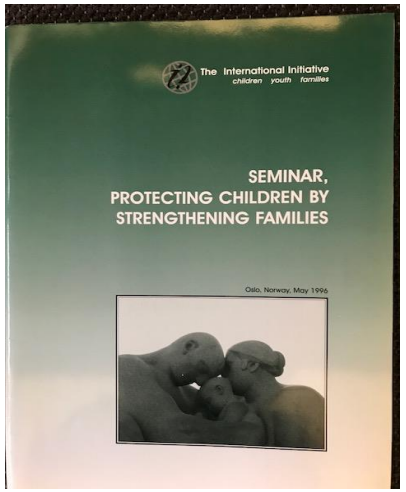
Different ways to approach the challenges

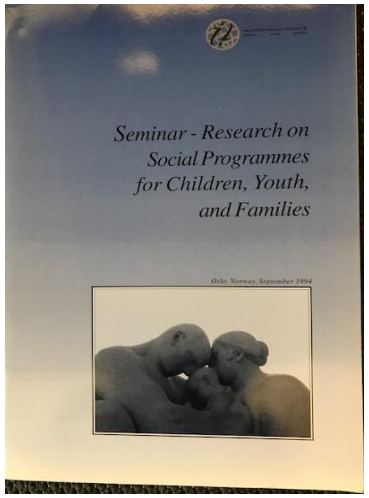
IMH is a complex dicipline

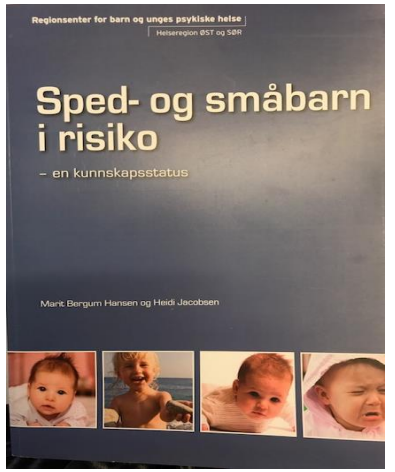
- Interplay between gene and environment
- The transactional framework (A.Sameroff)
- Developmental psychology
- Perinatal mental health
- Bronfenbrenners' ecological model

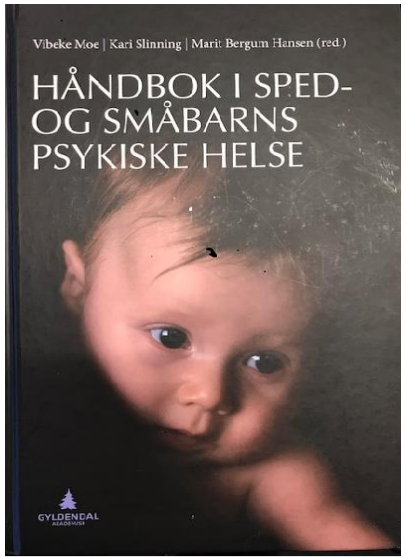
- A strong need for a multiproffesional team (midwife, nurse, psychiatrist, psychologist, pediatrician, physiotherapist)

Producing reports, books, e-learning (Helsestasjon 0-5) and scientific articles









Annual regional and/or national conferences about infant mental health and relationship-based interventions

- In collaboration with the Regional centres and the local mental health services and CPSs- importance of local ownership and shared responsibility
- One or two-days seminars and conferences for professional working with infants and young children in day-care (80-90% of all 1-2 yrs old infants in daycare: attachment-focus, flexible adaptation)
  - Always speakers from the Norwegian network *and* from the local services (empowerment focus)

  - Increasing request for education and training in screening and assessment tools and programs for early intervention in both primary care and the specialist level

International support and collaboration

Research and clinical networks:

- World Association of infant mental health (WAIMH)
  - NFSU Nordisk forening for spedbarnsutvikling
- The International attachment network (SEAS/IAC)
  - Nordic attachment network (NAN)
- The Marce Society
  - The Nordic Marce

Theory and research based on attachment and the framework of the Transactional model (Sameroff, A.)

- "*There is no such thig as a baby" (Winnicot, D.)*
- *"There is no such thing as a mother/father" (Bruchweiler-Stern, N,)*

(their selves are formed in the unique relationships)

- An infant's development is completely dependent on a healthy relationship with it's primary caregivers

Education of supervisors and therapists

Training program for 3 semestres at RBUP:

- Midwifes, psychologist, psychiatrists are offered post graduate training in perinatal mental health to improve support and treatment of pregnant and post-partum women with mental health problems
- 2 days per month, 1 day theory and one day clinical supervision

Post-graduate education program in infant mental health

- 2 years program for multi-professionals in primary care and specialist level
  - two days per month, both training and supervision
- Content builds on the 1001 critical days manifesto
  - Theory, assessment and treatment methods
  - written examination at the end of the education

Conducting research

- A longitudinal study of young children in foster-care
- A longitudinal population study of infant vulnerability and plasticity from pregnancy to age 3 years
- A longitudinal population study of infants' development from 4 months to age 24 months- risks and protective factors
- A longitudinal study of children born to mothers with mental health problems and/or drug addiction.
- Circle of Security- an implementation study
- RCT on the effects of Marte Meo
- RCT on the effects of Mamma Mia-internet based intervention to prevent postpartum depression
- Feasability and acceptability of the ABC to families in CPS
- Feasability and acceptability of CPP
- Feasability and acceptability of NBO

What is done in the different fases of the families lives?

Pregnacy

- Identify and help pregnant women and their partners with mental health problems

- The Edinburg method –
  - Screening with EPDS and follow-up conversation with exploration of the answers
  - Offer councelling to women with moderate problems
  - Refers to GP in severe cases– as you do in Sweden

- EPDS also used at the six weeks and three months postpartum consultations in the Well-baby clinics (BVC)

Premature children

- Many of the Neonatal Intensive Care Units (NICUs) have not established family centered care
- We provide training and supervision of the nurses in NICU by use of use of an adapted version of NBO
- NBO: Relation based intervention – support the bonding- and attachment process
  - Supporting parents reading and responding to the infant's subtle signals-avoid overstimulating and promote parental self-confidence

High-conflict families

- Child-Parent Psychotherapy (CPP) – we currently train the first group of therapists in Norway – 30 participants from CPS and BUP
- Implementation study; acceptance and feasability
- An RCT under planning in collaboration with Sweden

Child Protection Services

- Attachment and Biobehavioral Catch-Up (ABC)
- Pilot study with seven CPSs and 12 parent coaches
- Acceptability and feasability
- COS-Virginia group model
- CROWELL/WMCI

Well-baby clinics

Identification –

- Children: ASQ, ASQ-SE, ADBB

- Parents: EPDS – key to identify other problems as e.g. drug use and domestic violence

Well-baby clinics – what do we do?

- Edited a new book in Norwegian for health practitioners (Helsestasjonsboka)
- Developed an internet-based program: Helsestasjon0-5.no
- Dayseminars
  - Attachment in infant and young children
  - Prevention of sleep difficulties
  - Anxious children

- Trainings
  - NBO
  - ASQ og ASQ:SE
  - ADBB
  - EPDS/The Edinburgh method
  - Marte Meo

Child and Adolescent psychiatry - outpatient clinics

- DC 0-5: Diagnosic tool as a suplement to ICD-10
  - Five axes
  - Training and supervision based on clinical cases
- COS-Virginia: Individual model
- Child Parent Psychotherapy
- CROWELL/WMCI
- MIM
- Bayley

Art of balance

- Supporting parents in the newborn periode is an «art of balance»
- Not to disturb intuitive parenting behavior, but support the parent’s self-confidence by confirming and building on the good things they already do to their infant
- Minimize traditional teaching

Today's situation

- No longer ear-marked funds for infant mental health, but still an erea of high priority, but how long??? Dependence of good-will from the Directors of the four regional centres

- Stronger pressure on the other regional centres to give priority to infant mental health
  - 4 regional coordinators that work wit strategic plans to strengthen IMH all over the country-goal: similar high quality services independent of where the families live

- Our hope for the future is to establish a Norwegian center /network for infant mental health with permanent funding from the government and more human rescources for education, supervision and research to ensure equality in the services independent of where families with infants live

High priority for the next years

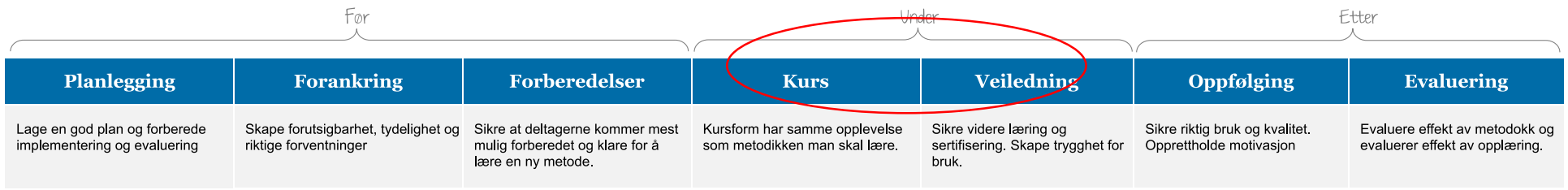
- Improve knowledge about implementation theory and research among leaders in the IMH services
- Written collaboration contracts between RBUP and local leaders when they request training and supervision for their staff
- New methods/interventions must be integrated in written routines in the clinics (plans for recruiting families to the specific intervention and for maintenance of new therapeutic skills)

High priority the next years cont.

- Support the services to better decion-making regarding who will profit from short-term interventions in the primary care system and who need more specialized services in the specialist care (Focusing on stepped-care)

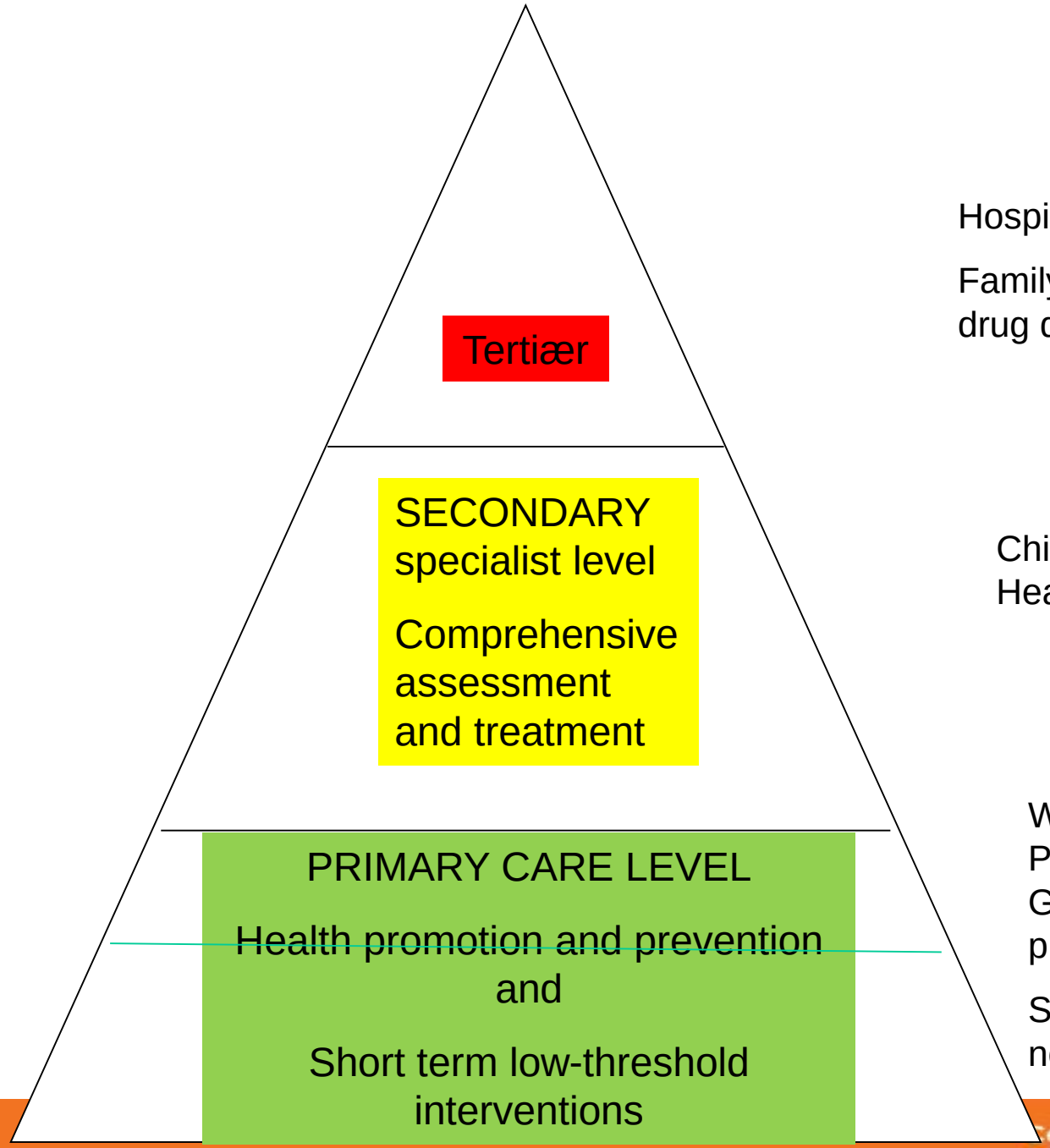
- Supporting the services to build feedback systems to evaluate the short and long-term effects of the interventions

Training and supervision



Plan the training «Before, During and After»

Training as a service means that we need to design more than just the course itself; Also secure proper grounding, preparation, guidance, supervision, motivation, implementation and evaluation.



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