GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Infant Mental Health: A Model of Care

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1 Introduction

In Western Australia (WA), the focus on infant mental health within the ICA (Infant, Child, and Adolescent) mental health system has been relatively limited. There is currently no discrete public service for infant mental health care. Those requiring infant mental health care are typically cared for under perinatal and maternal mental health services at King Edward Memorial Hospital (KEMH) or Fiona Stanley Hospital, where the mother is the primary recipient of care, and/or at Perth Children's Hospital (PCH). In most of these cases, infant mental health care is provided to those who are considered to be 'high risk'.

A Model of Care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.[1] The Mental Health Commission (MHC) has developed this document, the **Infant Mental Health Model of Care,** to define how infant mental health care will be delivered in WA's future ICA mental health system. Under this Model of Care, infants and young children aged 0-4 years of age will have access to a range of general and specific mental health supports that are person-centred and evidence based. This will be achieved through:

- **Community Infant, Child and Adolescent Mental Health Service (ICAMHS) providing the majority of care to infants and young children**. Community ICAMHS Hubs will have dedicated, specialised infant mental health workers who will provide direct supports and care coordination.
- **Increased access to the expertise of a new statewide Infant Mental Health Service (IMHS)**. IMHS will provide specialised and intensive supports to infants, young children, and their families and carers. This includes working in partnership with Community ICAMHS, the Child Development Service (CDS) perinatal and maternal mental health services, and other services, to provide case-by-case advice and joint care.
- **Greater capabilities within the ICA mental health system**. Community ICAMHS and IMHS will contribute to building the system's capacity to respond to and manage infant mental health issues.

This Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the Infant Mental Health Model of Care, with support from relevant good practice models in other jurisdictions. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design of this Model of Care. It included a broad range of voices including, families and carers with lived and/or living experience of mental health issues,

[1] NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney.

clinicians, and other system leaders. To ensure a broad reach, a survey was subsequently designed and shared with a cross-section of stakeholders across the ICA mental health system.

Service Guarantee, and ICA Culturally Safe Care Principles underpin this Model of Care

A Service Guarantee has been developed to outline what children, families and carers should expect to experience in their interactions with the ICA mental health system. The Service Guarantee has eight principles, outlined in Figure 1 (refer to page 5). These principles apply to all ICA mental health services and are intended to guide how all Models of Care, including the Infant Mental Health Model of Care, are implemented. Alongside the Service Guarantee, ICA Culturally Safe Care Principles have been developed to guide and enable the delivery of culturally safe and appropriate care to Aboriginal and Torres Strait Islander children, families, and carers across all ICA mental health services, including this Model of Care. A summary of the ICA Culturally Safe Care Principles is provided in Figure 2 (refer to page 6).

Purpose of this document

The purpose of this document is to describe how infant mental health care will be delivered across the ICA mental health system. It is not intended to define specific approaches, provide clinical advice, or outline specific workforce, infrastructure or other resource requirements. Further, it is not intended to provide guidance for specific regions, districts or communities. For these communities, this Model of Care provides an overarching framework that can be adapted to address local needs. It is recognised that this Model of Care is a living document; it will evolve over time to reflect new research, and findings from monitoring and evaluation activities.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with infant, child and adolescent mental health.

For this Model of Care, the term **infants, young children, families and carers** have been used and is inclusive of all infants, young children, family, carers, supporters and community members who have an experience of an infant mental health issue. Section 6 contains a list of the key terminology used within this document.

The term ‘Aboriginal peoples’ has been used throughout the document and is intended to refer to all Aboriginal and Torres Strait Islander peoples.

Figure 1 | Service Guarantee principles

All children, families and carers are empowered to achieve and maintain their best possible mental health and wellbeing regardless of who they are or where they are from

You can easily access the care you need		All children, families and carers have flexible access to public services which feel welcoming, and receive the right service at the right time without barriers.
You are at the centre of the care that you receive		All children, families and carers receive care that is tailored to their needs and preferences, where they are informed and have choice about their care.
You have a voice in your care		All children, families and carers can actively contribute to the design and delivery of the services they might receive, and feel that their care is responsive to their needs.
Your family and carers are partners in your care		Families and carers are empowered and involved in their child's care in a way that is safe, appropriate and collaborative, while respecting the child's wishes.
Your care wraps around you		All children, their families and carers experience care that is effectively coordinated in an integrated service system, resulting in harmonious supports.
Care improves your wellbeing		All children, their families and carers receive care that is meaningful to their goals and supports their recovery in line with their definition of wellbeing.
You have lasting support and care		All children, families and carers are supported through their care journey to access or transition between services based on their needs.
You receive care from resourced and capable services		Care is provided by services that are fully resourced, with the capacity, capability and infrastructure necessary to provide tailored care.

Figure 2 | ICA Culturally Safe Principles

1	**Spiritual:** *We respect you, your connection to inner-self and your culture.*
2	**Accessible:** *Your journey of healing begins now.*
3	**Responsive:** *You are precious and your time matters.*
4	**Trauma-informed:** *Let us better understand the journey walked to now.*
5	**Wrap-around:** *Let us walk this journey side by side.*
6	**Empowering:** *Your story, your health – you are the driver.*
7	**Connected to the community:** *Your relationships and place in the community matter to us.*

ICA CULTURALLY SAFE CARE PRINCIPLES

Child, family, carer

SOCIAL AND EMOTIONAL WELLBEING DOMAINS

1	**Connection to community:** *Opportunities for individuals and families to connect, support each other and work together.*
2	**Connection to mind and emotions:** *The ability to manage thoughts and feelings.*
3	**Connection to body:** *Feeling physically strong and healthy and able to physically participate as fully as possible in life.*
4	**Connection to family and kinship:** *Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.*
5	**Connection to culture:** *Connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.*
6	**Connection to Country:** *Connection to Country helps underpin identity and belonging.*
7	**Connection to spirit, spirituality and ancestors:** *Spirituality provides a sense of purpose and meaning.*

2 Background: Case for change

This section provides a summary of infant mental health and the key reasons why change is needed within the ICA mental health system.

2.1 Infant mental health

Infant mental health refers to children from birth to age four's capacity to regulate and express emotions, form close and secure relationships, and explore their environments. The most common issues infants and young children experience is difficulties with their behaviours, sleep and eating, and some may experience child abuse and neglect. [2] To overcome these issues, a focus on strengthening an infant and child's development and well-being through secure and stable parent/carer-child relationships is required.[3]

Infant mental health care has emerged as a unique area of practice within mental health studies and practice. It is distinguished from child and youth sub-specialties, through its emphasis on parent/care-giver-child relationships and the integral role parents/caregivers play in assessment and treatment.[4]

2.2 Case for change

A child's development during infancy and early childhood can have lasting impacts on learning, social competence, and lifelong physical and mental health

Infant mental health problems can have serious consequences for infants, young children, families and carers. Common issues among infants and young children include emotional, behavioural, attachment, sleeping and eating difficulties. Environmental factors (e.g. where they are located with their families and carers), social factors (e.g. how they form relationships and attachments with their families and carers), or child abuse and/or neglect can contribute to infant mental health issues. These challenges can affect a child's development, early learning, relationship building, social competence, and physical and mental health.[5] Early prevention, identification and intervention can minimise these consequences and change the course of future mental health issues in childhood and adulthood. This is particularly important during the

[2] Izett E, Rooney R, Prescott SL, De Palma M and McDevitt M (2021) Prevention of Mental Health Difficulties for Children Aged 0–3 Years: A Review. Front. Psychol.
[3] Weatherston, D. (2000). The Infant Mental Health Specialist. Zero to Three: National Center for Infants, Toddlers and Families.
[4] McLuckie, A., Landers, A.L., Curran, J.A. et al. A scoping review of mental health prevention and intervention initiatives for infants and preschoolers at risk for socio-emotional difficulties. Syst Rev 8, 183 (2019).
[5] Weatherston, D. (2000). The Infant Mental Health Specialist. Zero to Three: National Center for Infants, Toddlers and Families.

first 1000 days of a child's life, from conception to two years of age, as experiences during this time can have a lasting impact on a child's health and wellbeing. As such, optimal development in the first 1000 days can support lifelong health and positive wellbeing.[6]

The focus on infant mental health in WA has been limited to date

At present, the Child and Adolescent Mental Health Service (CAMHS) are typically geared to supporting older children, particularly adolescents, rather than infants. CAMHS' current infant mental health capabilities are also limited, with few staff possessing specialised expertise. Where infants, young children, families and carers do receive support, it is generally because they are considered to be 'high-risk'. This means those who do not fall into the 'high-risk' category are likely to not receive the supports they need.

As no specialised public infant mental health service currently exists in WA, metropolitan-based perinatal and maternal mental health services are the primary way for mothers to receive infant mental health support. However, these services are limited in their scale, and struggle to meet demand or ensure equitable access to those in regional and remote areas. Further, opportunities are missed to address infant mental health needs in the community, which, if addressed, could reduce the incidence and severity of future child, adolescent, and adult mental ill health. In other Australian jurisdictions, such as Queensland and Victoria, dedicated public specialist perinatal and infant mental health services exist to provide specialised treatments, where the baby is at the centre of care.

The current ICA mental health system is not designed to support all infants and young children, resulting in a costly, crisis-oriented system

The current ICA mental health system is reactive to the needs of children, and predominantly focuses on older children, specifically children with complex needs and those in crisis. As such, investment in infant mental health will enable more infants and young children to access support earlier in their lives, reducing future demand on the system and supporting a long-term reduction in the prevalence of mental ill health amongst children. However, to achieve this, a shift in the focus from hospital-based support to community-based support is required.

[6] Centre for Community Child Health (2018). The First Thousand Days – Our Greatest Opportunity, Policy Brief Number 28. Murdoch Children's Research Institute/The Royal Children's Hospital, Parkville, Victoria. https://doi.org/10.25374/MCRI.5991184.

3 Overview to the Infant Mental Health Model of Care

This section provides an overview of the Infant Mental Health Model of Care, including its objectives, limitations, and its intended outcomes for infants, young children, families, carers, staff within the ICA mental health system, and the broader WA community.

3.1 What is an Infant Mental Health Model of Care?

The Infant Mental Health Model of Care outlines how specialised infant mental health care will be delivered for infants and young children aged 0-4 years of age. It details how Community ICAMHS and a new statewide IMHS will provide mental health care to infants and young children whose social, emotional, or developmental wellbeing is at risk, and work in partnership with services integral to infant mental and physical health. These services may include: perinatal and maternal mental health services, KEMH, Fiona Stanley Hospital, PCH, general practitioners (GPs), child health nurses, CDS, and other primary care and community providers.

As this is the Infant Mental Health Model of Care, the focus is on describing the role, responsibilities, and capabilities of Community ICAMHS and IMHS in regard to specialised infant mental health care. Further information on how Community ICAMHS delivers care can be found in the Community ICAMHS Model of Care document.

3.1.1 Objectives

The objectives of the Infant Mental Health Model of Care are to:

- Outline how infants, young children, families and carers will **access and receive infant mental health care** within the public ICA mental health system.
- Outline the **high-level workforce, infrastructure and delivery considerations** to implement this Model of Care.
- Guide the **future operational design of services** that will deliver infant mental health care.

3.1.2 Limitations

This Model of Care is intended to provide a framework that broadly defines how care will be provided. As such, it is not intended to:

1. **Define specific treatments, supports, therapies or interventions, or clinical guidelines**. It is understood that these decisions are subject to an individual's needs, the clinical judgment of a health worker, and the input of a parent or carer.
2. **Provide guidance on future service provision for specific regions or communities**. It is understood that future service providers will tailor the Model of Care to the respective needs of the communities they serve and the unique context in which they operate.
3. **Provide specific workforce, infrastructure or other requirements to deliver this Model of Care**. This will be the focus of future streams of work involving the MHC and other partners of the WA Government.

3.2 Model of Care's outcomes

The Infant Mental Health Model of Care is intended to deliver a range of outcomes, outlined in Table 1 below.

Table 1 | Infant Mental Health Model of Care intended outcomes

Outcomes that infant mental health care is seeking to achieve for…	
 **Infants, young children, families and carers**	Infants and young children receive support that **optimises their mental health** and contributes to a **reduction** in **long term mental health** issues.
	Infants and young children receive support that improves and strengthens the **infant/child-caregiver attachment relationship**.
	Infants and young children receive care that supports **early childhood and future development.**
	Parents and carers receive support that **improves their own mental health and wellbeing and** strengthens their **parenting skills.**
	Parents and carers **feel confident and empowered** to support their infants and young children into the future.
 **Staff working in infant mental health**	Staff are **highly skilled in infant mental health** and provide care that is informed by **best practice and ongoing research**.
	Staff feel a **sense of purpose** and are supported to **deliver safe and high-quality** care to infants and young children.

Outcomes that infant mental health care is seeking to achieve for…	
 **The broader ICA mental health system**	The wider infant mental health system can **easily access specialised advice and information** to support infants, young children, families and carers.
	The infant mental health system works **in partnership** to deliver **holistic and coordinated** care to infants, young children, families and carers.

3.3 Considerations for different communities and populations

It is recognised that there are historical barriers to accessing mental health care for different communities and populations, and that care is often not catered specifically to their unique social, cultural or other needs. This Model of Care is designed to be inclusive, accessible and of benefit to different communities and populations across the state. These include, but are not limited to:

- regional, rural and remote children, families and carers
- Aboriginal and Torres Strait Islander children, families and carers
- ethnoculturally and linguistically diverse (ELD) children, families and carers
- LGBTQIA+ children.

As part of implementing this Model of Care, there will need to be a level of adaption to ensure that the care delivered meets the needs of different communities and populations.

4 Infant Mental Health Model of Care in practice

This section describes the Infant Mental Health Model of Care in detail. It focuses on providing information around: who this Model of Care is for; who will provide care; how care will be provided; and where care will be provided.

4.1 Who is this Model of Care for?

This Model of Care is primarily for infants and young children aged 0-4 years of age with emotional, attachment, behavioural and mental health difficulties. In addition to these difficulties, these infants and young children may present with the following:

- Be medically unwell and physically at risk, having experienced traumatic births, spent time within a neonatal intensive care unit (NICU), been born with genetic abnormalities or disabilities, or be born prematurely.
- Experience or be at risk of infant family relationship disturbance, healthy attachment difficulties, complex trauma, neglect and/or have carers who are struggling to provide appropriate care.
- Experience or be at risk of atypical sleeping, feeding, settling, or display development delays, including motor, language and other skills.
- Have families and carers who are experiencing physical and/or mental health difficulties and illness (e.g. rejection of baby, early adolescent pregnancies, or drug and alcohol use).
- Have exposure to social and economic determinants that put the family at risk (i.e. early foster care and adoption).

Within the above profile of need, there may be variation in terms of the scale or complexity of an infant or young child's mental health needs. This Model of Care seeks to provide a broad range of supports to infants, young children, families, and carers that will be tailored to the complexity of their needs. While the Model of Care targets those aged 0-4 years of age, there should be some flexibility in the age cohort. For example, services should be empowered to consider children aged 5 years of age who present with needs that would benefit from infant mental health supports, subject to clinical guidance and governance.

Aboriginal and Torres Strait Islander children, families and carers

It is recognised that the infant mental health care provided to Aboriginal and Torres Strait Islander infants, young children, families and carers needs to address their physical, mental, and social health and wellbeing in a cultural context. As such, care provided needs to be

culturally appropriate and respectful of Aboriginal and Torres Strait Islander communities' traditional healing and medicine practices, and delivered in accordance with the ICA Culturally Safe Principles.

ELD children, families and carers

It is acknowledged that the infant mental health care provided to ELD infants, young children, families and carers needs to be accessible and respectful of the cultural, linguistic, religious, and spiritual needs of ELD communities. It also should consider the specific needs of ELD infants, young children, families and carers (e.g. their refuge and/or migrant experience, potential impact of trauma from their journey, etc.).

Regional and remote children, families and carers

It is recognised that all levels of infant mental health care need to be accessible to regional and remote infants, young children, families and carers across WA, and be tailored to local communities' context and needs. To do this, future implementation planning and service design activities needs to involve stakeholders from within regional and remote areas of WA.

4.2 Who will provide care to children, families and carers?

Community ICAMHS and IMHS will work together to provide specialised mental health care to infants and young children, families and carers, using a stepped care approach. This will involve specially trained infant mental health workers in Community ICAMHS and the statewide IMHS providing care to infants and young children, subject to their needs. These clinicians will be trained in evidence-based infant mental health assessments and therapies, and receive robust, clinical and reflective supervision.

It is recognised that providing care to infants and young children requires a focus on the families and carers and is the responsibility of a broad range of health and social care services. As such, the Model of Care describes how Community ICAMHS and the statewide IMHS will work with other mental and physical health care providers, including with hospital-based perinatal and maternal mental health services, CDS and primary care and community services. Table 2 provides an overview of how these services will deliver infant mental health care. Further detail is provided thereafter.

Table 2 | Overview of how infant mental health care will be delivered in the future ICA mental health system

Service	Description
Community ICAMHS	Community ICAMHS Hubs will have infant mental health workers who will be trained in infant mental health assessments and therapies, and have specialised skills in working clinically with dyads and family systems. These infant mental health workers will conduct assessments and deliver therapies to infants and young children with complex needs. They will also support other Community ICAMHS clinicians to provide treatments to infants and young children with less

Service	Description
	complex needs, and provide case by case advice to primary care providers. Community ICAMHS clinicians will provide care coordination, however, in some circumstances the infant mental health worker may act as the care coordinator. In addition, Community ICAMHS will provide peer support options to families and carers.
IMHS	The new statewide IMHS will work in partnership with Community ICAMHS, specifically it will provide training and supervision, resources, and case-by-case advice to Community ICAMHS' infant mental health workers and other clinicians, and deliver shared care with ICAMHS. IMHS will provide specialised and intensive supports to infants, young children, families and carers who have been referred to the service by Community ICAMHS. The IMHS will also provide shared care in hospitals and other settings. In addition, IMHS' research and excellence function will help to build the system's capability and capacity to identify, manage and support infant mental health issues.
Hospital-based services	Infants and young children may first receive care in a hospital-based setting, such as in perinatal and maternity wards or Mother Baby Units. When this occurs, Community ICAMHS and IMHS will work in collaboration with metropolitan and regional hospitals to provide mental health care to infants, young children, families and carers, either by providing case by case advice or shared care.
CDS	Community ICAMHS and the statewide IMHS will work in partnership with CDS to deliver care to infants, young children, families and carers, particularly when a child has a significant developmental delay or difficulty. This may involve the services working together in a shared care arrangement (e.g. Community ICAMHS and CDS may conduct joint assessments or deliver supports together), or Community ICAMHS, IMHS or CDS sharing expertise with each other to support care provision to a child, family, and carer (e.g. Community ICAMHS providing case by case advice to CDS or vice versa).
Primary care and community services	Community ICAMHS and IMHS will work with primary care, and community services, including not for profits, Aboriginal community-controlled health organisations (ACCHOs) and other services, to provide shared care and case by case advice to enable these services to respond to and better support the needs of infants, young children and their families and carers. Community ICAMHS and IMHS will also help to build the capability of these services to deliver infant mental health care.

4.2.1 Community ICAMHS

Community ICAMHS Hubs will have specialised infant mental health workers to support infants, young children, parents and carers in community-based settings. These infant mental health workers will sit within the Community ICAMHS Hubs and provide outreach support to the Community ICAMHS local clinics. This includes periodically visiting the local clinics across all

regions of WA, to conduct assessments and appointments, and provide supports to clinicians. Alongside the infant mental health workers, the Community ICAMHS Hubs and local clinics will have clinicians who have some expertise in infant mental health, who will provide care coordination and deliver supports to infants and young children with less complex needs.

Role of Community ICAMHS' infant mental health workers

The level of support that an infant mental health worker provides to each infant, young child, family and carer may vary. For example, if an infant/young child's needs are less complex, another Community ICAMHS clinician will provide care coordination and supports, and draw on the infant mental health worker's expertise as required. However, if an infant/young child's needs are highly complex, then an infant mental health worker will deliver supports, while another Community ICAMHS clinician acts as the infant, young child, family and carer's care coordinator. Table 3 below provides a summary of the infant mental health worker's key responsibilities.

Table 3 | Infant mental health worker's key responsibilities

No.	Infant mental health worker's key responsibilities
1.	Support the Community ICAMHS intake team to triage referrals.
2.	Conduct infant mental health specific assessments and deliver infant mental health therapies, particularly to those infants and young children with more complex needs.
3.	Provide support to other Community ICAMHS clinicians who are working with infants, young children, families and carers with less complex needs. For example, the infant mental health workers may provide case by case advice to an ICAMHS clinician supporting an infant/young child with less complex needs.
4.	If required, carry out care coordination. However, for the most part, it is anticipated that other Community ICAMHS clinicians will be an infant/young child's care coordinator.
5.	Provide case by case advice and shared care with CDS, primary care and other community service providers, as needed.
6.	Draw on IMHS to provide case by case advice that supports infant mental health workers to provide specialised and intensive supports to infants, young children, families and carers.
7.	In severe and complex cases, work with IMHS to deliver specialised and intensive supports, using a shared care approach. In these shared care arrangements, Community ICAMHS will lead care provision.

4.2.2 Role of the statewide IMHS

While infant mental health capabilities will be integrated within Community ICAMHS, a new statewide IMHS is required to provide specialised and intensive mental health care for infants, young children, families and carers. The new statewide IMHS will be responsible for:

- Providing case by case advice to Community ICAMHS infant mental health workers and other key partners (e.g. perinatal and maternal mental health services, CDS, GPs, etc.).

- Providing care alongside Community ICAMHS' infant mental health workers, perinatal and maternal mental health services, CDS and other key partners. This may involve Community ICAMHS' infant mental health workers and IMHS delivering different types of supports simultaneously, or both services delivering supports together, through co-facilitation of programs, or jointly conducting one-on-one consultations and group sessions.
- Delivering intensive, specialised treatments and therapies to those infants, young children, families, and carers whose needs are high in severity and complexity. Care could be provided in the community, in outreach and in hospital-based settings (KEMH, Fiona Stanley Hospital, PCH, etc). When an infant and young child fully transitions to IMHS, an IMHS clinician will provide care coordination. However, the Community ICAMHS' care coordinator will sustain contact with the family, but with less frequency, and become an ancillary member of IMHS' multidisciplinary care team. Becoming a member of the care team will help to support the infant/young child's continuity of care.

The IMHS will also visit the local clinics across all regions of WA on a periodic basis throughout the year to conduct assessments and appointments.

Statewide IMHS' research and excellence function

The new statewide IMHS will play a role in supporting and upskilling the ICA mental health system, in particular Community ICAMHS, in the provision of specialised infant mental health care. The following outlines the supports the research and excellence function will provide to Community ICAMHS and the broader system.

Table 4 | Overview of what IMHS' research and excellence function will provide to ICAMHS and the system

What supports will IMHS' research and excellence function provide to Community ICAMHS?	What supports will IMHS' research and excellence function provide to the system?
Training and professional development programs to infant mental health workers and other clinicians within Community ICAMHS. Training will cover multiple topics, including how to undertake infant mental health specific assessments and deliver specialised infant mental health supports. Training programs may involve classroom learning (e.g. lectures/workshops via in-person, virtual or hybrid settings) and job placements in IMHS.	**Education and training** to increase CDS, community health nurses, child health nurses, early childhood services, community organisations and primary care providers' capacity and capability for early intervention, identification and management of mental health issues amongst infants and young children aged 0–4 years of age.
Infant mental health reflective supervision, consultation and mentoring to infant mental health workers and others within Community ICAMHS, where required. Supervision will incorporate reflective practices and be	**Research related to infant mental health**. These research activities should inform the development of the IMHS' training and education programs, and educational resources, and be used to improve service delivery and the supports provided. As part of

What supports will IMHS' research and excellence function provide to Community ICAMHS?	What supports will IMHS' research and excellence function provide to the system?
provided in one-on-one and group settings. Supervision and consultation should be provided by clinicians who are infant mental health practitioners or infant mental health mentors, as defined in the Australian Association for Infant Mental Health (AAIMH) WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.[7]	undertaking research, the IMHS should form partnerships with researchers, such as tertiary education institutions and research institutes.
Educational resources (e.g. articles, FAQs, etc.) for Community ICAMHS to guide safe community management of infants, young children, and their families and carers.	**Parent/carer and community friendly resources on infant mental health** (e.g. information booklets, handbooks etc.). These resources should include general information about infant mental health and self-help strategies for parents and carers to use, particularly when waiting for care. For example, information provided to parents and carers should assist them to: ▪ enhance the infant/young child's capacity to regulate interactions, attention and behaviours ▪ promote the infant/young child's health and safety ▪ observe, encourage, and celebrate their infant/young child ▪ interact with infant/young child ▪ solve problems ▪ access social support.[8] These resources can be shared with parents and carers via Community ICAMHS Hubs and clinics, community services, primary care, CDS, early childhood services and others within the system.

[7] Australian Association for Infant Mental Health Western Australia (AAIMH WA). (2019). AAIMH WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. https://www.aaimh.org.au/media/website_pages/resources/for-professionals/infant-mental-health-competency-guidelines/AAIMH-WA-Competency-Guidelines-2nd-Edition-November-2019.pdf

[8] Australian Association for Infant Mental Health Western Australia (AAIMH WA). (2019). AAIMH WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. https://www.aaimh.org.au/media/website_pages/resources/for-professionals/infant-mental-health-competency-guidelines/AAIMH-WA-Competency-Guidelines-2nd-Edition-November-2019.pdf

What supports will IMHS' research and excellence function provide to Community ICAMHS?	What supports will IMHS' research and excellence function provide to the system?
	Forums to facilitate system-wide collaboration. This could include hosting events and workshops that bring various parts of the system together to share knowledge and experiences, and design solutions to current challenges.

4.2.3 Infant mental health hospital-based services

Infants, young children, families and carers may receive care in hospital-based settings, such as at the maternal and perinatal wards within KEMH, Fiona Stanley Hospital, and within PCH. In some circumstances, this may involve the support of IMHS. In these situations, IMHS' infant mental health specialists may provide:

- Case by case advice or in reach support to hospitals. This may involve IMHS supporting hospital-based consultation liaison psychiatrists in metropolitan and regional hospitals, and the paediatric consultation liaison psychiatrists within PCH.
- Intensive and specialist infant mental health care in hospital settings (e.g. in the Mother and Baby Unit or at PCH), via a shared care arrangement, with the hospitals leading the care.

If appropriate, IMHS' infant mental health specialists could be embedded within hospital settings. These specialists could complement hospital based services and provide specialised and intensive supports to infants, families and carers, and facilitate referrals to Community ICAMHS Hubs for ongoing treatment, if required post discharge.

4.2.4 CDS

CDS supports infants and young children experiencing significant developmental delays or difficulties that may impact on function, participation and/or parent/carer-child relationship. Depending on the infant, young child, family and carers' needs, Community ICAMHS' infant mental health workers, IMHS and CDS may work together to support an infant, young child, and their families and carers. This may involve the services providing case by case advice to each other, or working together in a shared care arrangement. For example, if Community ICAMHS receives a referral that indicates an infant or young child has a significant developmental delay, it may request CDS to support the assessment given CDS' expertise in this area.

Community ICAMHS and CDS

There will be occasions where Community ICAMHS and CDS will work together to support an infant, young child, family and carer. To enable this, Community ICAMHS and CDS will need to develop processes for referrals, case by case advice, shared care, care coordination and case conferencing between the two services.

4.2.5 Primary care and community services

Primary care and community services, including community health nurses, child health nurses, GPs, ACCHOs, Aboriginal Medical Services (AMS), and non-government organisations may work in partnership with Community ICAMHS and IMHS to support an infant, young child, and their families and carers. This will involve Community ICAMHS and IMHS:

- Providing shared care with primary care and community services to provide holistic supports to meet the needs of the infant, young child, family and carers.
- Providing case by case advice to primary and community health services to enable them to respond to and better support the needs of infants, young children, and their families and carers.
- Building the capacity and capability of primary care and community services to identify and support infants and young children with mental health issues, and their families and carers. This may include processes to support early access.

4.2.6 Stepped model of care

Community ICAMHS and IMHS will use a stepped model of care to deliver infant mental health supports. A stepped care approach involves providing supports that are matched to an infant, young child, family and carer's needs and preferences. For example, if an infant, young child, family and carers have highly complex needs, the support provided will likely be intensive.

How does the stepped model of care approach work?

Community ICAMHS clinicians will be responsible for supporting infants, young children, families and carers 'step up' and/or 'step down' the intensity of their care, including supporting the transition to and from IMHS. It is recognised that the stepped care approach may look different for each infant, young child, family and carer. The following provides some examples.

Example 1: An infant presents with highly complex needs upon entry into Community ICAMHS. The decision from the Community ICAMHS' infant mental health worker is to refer the infant and their family immediately to IMHS to receive intensive supports. After receiving care from IMHS, the infant and family then 'step down' into Community ICAMHS to receive ongoing support from their infant mental health worker.

Example 2: A young child and family presents with needs that are moderate in complexity upon referral into Community ICAMHS. The decision from Community ICAMHS' infant mental

health worker is to work with the IMHS to provide shared care. This involves Community ICAMHS' infant mental health worker, and IMHS running respective sessions with the young child and family, as well as facilitating joint sessions. After some time, the infant mental health worker and IMHS, with agreement from the family, decide the young child can 'step down' the intensity of their care. Community ICAMHS' infant mental health worker now continues to provide care, while IMHS only provides case by case advice.

Example 3: An infant presents with needs that are low to moderate in complexity upon entry into Community ICAMHS. The decision from Community ICAMHS' infant mental health worker is for an ICAMHS clinician with expertise in infant mental health, to provide therapies to the infant and family, with support from the infant mental health worker. After treatment commences, the infant mental health worker recognises that the infant's needs are more complex than originally thought. The infant mental health worker refers the child to IMHS for more intensive care (i.e. the infant 'steps up' in the intensity of care they receive). IMHS then provides support and care coordination to the infant and their family, while the Community ICAMHS' clinicians sustains contact with the family, but with less frequency, and joins the IMHS care team's meetings.

The examples provided above are not exhaustive. They are intended to illustrate how the stepped model of care may work between Community ICAMHS and IMHS.

4.3 How will care be provided to infants, young children, families and carers?

The following section describes how an infant, young child, family and carer may access and receive care from Community ICAMHS and IMHS, across three broad stages: **access, support and transition**.

4.3.1 Access

Community ICAMHS will receive referrals to provide care to an infant or young child with a mental health issue, and their family and carers, and manage their intake and assessment process. The following describes the key activities Community ICAMHS and IMHS will undertake within this stage.

Referral

All referrals for infant mental health issues will come through to Community ICAMHS Hubs from various sources and channels (e.g. online, in-person, over the phone, etc.), including, but not limited to:

- parent or caregiver self-referral
- perinatal and maternal mental health services

- hospitals, including maternity wards, paediatric hospitals, and mother baby units
- paediatricians
- midwives
- community health nurses
- child health nurses
- CDS
- GPs
- AMS/ACCHOs
- early childhood care services
- child protection services
- other services/organisations involved in an infant, young child, family and carer's network.

Any referrals that Community ICAMHS' local clinics and IMHS receive will be directed to Community ICAMHS Hubs.

IMHS' referral processes

Ideally, IMHS should only receive referrals from Community ICAMHS, after an assessment within Community ICAMHS has been undertaken.

Triage and intake

Community ICAMHS Hubs will have an intake team who is responsible for triaging and assessing the referrals it receives against intake criteria. As required, infant mental health workers will provide expertise and input to support the intake team triage referrals. In some circumstances, the infant mental health worker may reach out to IMHS for expert advice on how to triage a referral, and/or request IMHS is involved in the initial assessment. Once the referral has been reviewed and triaged, the intake team will assign the infant, young child, family and carer a care coordinator from a Community ICAMHS Hub or clinic.

IMHS' triage processes

Community ICAMHS will be responsible for triaging all referrals in the first instance. Where the IMHS receives referrals from Community ICAMHS (after the assessment has occurred), the IMHS' triage clinician will triage these against the service's intake criteria.

Information provision and support

At the first point of engagement with Community ICAMHS, the intake team will offer the family and carers the option to have access to a peer support worker. It will be the family and carer's decision if they choose to access this support. At this time, Community ICAMHS will also provide information and educational resources to families and carers (produced by IMHS), including guidance on self-help strategies that they can use while waiting for care, and information on how they can access the 24/7 chatline if a crisis situation emerges. Resources given to parents and carers could also include handbooks or booklets containing information on how parents and carers can understand their role in the social and emotional development of

their infant and young child; understand what they can do to promote health, language, and cognitive development in infancy and early childhood; and find pleasure in caring for their infant and young children. If appropriate, the assigned Community ICAMHS care coordinator may support families and carers to access services in the community.

During this time, families and carers can be referred to a Community ICAMHS led parenting support group program. This group program should be co-facilitated in partnership with the Community ICAMHS' infant mental health worker and local community services, such as Mother Baby Nurture, and focus on social and psychoeducational content. Families and carers could participate in these programs while waiting for assessment and support. In some circumstances, they may form part of their ongoing care plan.

IMHS' role in supporting information provision and support

IMHS' research and excellence function will be responsible for developing infant mental health information and educational resources (e.g. handbooks, guides etc.) for parents and carers, and distributing these to Community ICAMHS and other key services, to share with children, parents and carers.

Assessment

The assessment process will be holistic and involve identifying the specific needs of an infant, young child, and their families and carers. Community ICAMHS' infant mental health workers will be responsible for conducting the assessments (either in-person or virtually), in accordance with established practice. This will involve the infant/young child's care coordinator and may also include other disciplines within Community ICAMHS (e.g. paediatrician, child psychiatrist, psychologists, occupational therapists, speech therapists, etc.). In some cases, the assessment may involve IMHS, GPs, child health nurses or CDS, supporting or co-facilitating the assessment.

Assessments will take place in settings that are most appropriate for the infant/young child, family and carers. These may include: Community ICAMHS Hubs or clinics; the infant/young child, family and carer's GP practice, home, childcare centre; a CDS clinic; a perinatal/maternity ward; a nearby community centre; library; or via telehealth. The assessment will be holistic, dyad based, cover emotional, attachment, behavioural, social, and environmental factors, and aim to understand the nature of the relationship between family/carers with the infant/young child, the capacities for change, and the infant/young child's developmental strengthens. It may involve observational based assessments, in multiple settings (such as those described above), bio-psychosocial assessments, or allied mental health assessments (e.g. speech and occupational therapy assessments, exercise physiology assessments, etc.). During the assessment, families and carers should have an active voice and be given time and space to reflect and express their needs and feelings in a safe way.

IMHS' role in the assessment process

Upon request, the IMHS may co-facilitate assessments with Community ICAMHS' infant mental health workers, or lead the assessment, with the Community ICAMHS' infant mental health worker present. This will typically occur in situations where the Community ICAMHS' intake team and infant mental health worker have identified from the referral and triage processes that the infant/young child may have highly complex needs.

When a child is referred to the IMHS, the service may conduct an additional assessment at that point in time, to help inform what intensive and specialised supports the service should provide.

4.3.2 Support

Infants and young children with mental health issues, and their family and carers, can receive a broad range of evidence-based therapeutic supports that meets their needs, preferences and goals. The following outlines the key activities that Community ICAMHS and IMHS will undertake during this stage.

Care plans

Before supports are provided, the Community ICAMHS' infant mental health worker and/or care coordinator will develop care plans to outline what supports an infant, young child, family and carers will receive and how they will receive them. Depending on the infant/young child's needs, IMHS may also provide expert input into the development of the care plan. The assessment, and the infant, young child, family and carer's needs (e.g. physical, psychosocial, educational and cultural needs), goals, circumstances and preferences, will inform the care plan.

Safety plans

Depending on the circumstances, safety plans may also need to be developed. These need to be developed with the family and carer, so that they feel empowered to action the plan, if required to do so. Safety plans will be focused on supporting a family and carer to prevent or manage a crisis situation. Similar to care plans, the infant mental health worker and/or care coordinator will develop these plans and draw on IMHS and others' expertise, as required. Where possible, safety plans should be shared with the infant, young child, family and carers' GPs.

IMHS' role in care plans and safety plans

IMHS may provide advice to Community ICAMHS to support the development of care plans and safety plans, upon request from the infant mental health worker. In situations where an infant/young child is referred to IMHS to receive intensive and specialised support, it is anticipated that IMHS will work closely with the Community ICAMHS' infant mental health worker or care coordinator to update the care plan to reflect the supports IMHS will provide.

Supports and treatment

Community ICAMHS will provide a range of supports that vary in intensity, while IMHS will focus on providing more intensive, specialised supports. The types of support Community ICAMHS and IMHS will provide will be evidence-based, dyadic, attachment informed and developmentally appropriate. Supports provided may include:

- Infant and early years mental health interventions delivered by a multidisciplinary team, that includes mental health clinicians from various disciplines who have specialised skills in working clinically with parents, families, infants and young children.
- Infant and early years mental health interventions that are delivered to parents, families and the infant and young child, aimed primarily at improving infant socio-emotional functioning, attachment and caregiving relationships.
- Dyadically orientated preventative interventions that aim to improve perinatal mental health, with resultant improvements in attachment, caregiving relationships and infant mental health.
- Infant/child-parent psychotherapy and other evidenced based therapies focused on parent child/infant relationships.
- Psychoeducation for families, carers and/or extended family.
- Home visits, focused on developing positive parenting/carer practices.
- Social and emotional support for families and carers via peer support workers.
- Provision of and/or facilitated access to parent/carer social and therapeutic groups.
- Other non-clinical supports, such as facilitating access to financial, legal and social supports.

Table 5 below provides examples of evidence based, infant and early years mental health interventions that Community ICAMHS and/or IMHS may use. However, it is important to note, that best practice is dynamic and that new evidence will emerge; therefore, the below is indicative only.

Table 5 | Examples of infant mental health therapies

Therapy	Description
Child Parent Psychotherapy (CPP)	A parent-infant directed trauma intervention that treats the parent and infant's trauma symptoms through ongoing psychological based strategies. Trauma may include those stressors arising from psychosocial adversity, severe medical illness, violence and caregiver mental or physical illness.
Attachment and Bio-behavioural Catch-up (ABC)	A caregiver-infant directed intervention delivered over ten sessions which treats difficult externalising behaviours and infant mental health issues through increasing sensitivity, reflection and attachment security between the dyad.
Parent Child Interaction Therapy (PCIT)	A family based intervention that supports the development of parenting skills needed to develop an attuned and sensitive relationship between the parent and infant or young child which targets disruptive behaviours.
Minding the Baby	A postpartum relationship based home visiting program for 'high risk' families with multiple psychosocial adversities. The therapy aims to enhance parental

Therapy	Description
	reflective functioning and attunement to the developing infant and young child.
Trauma Focused Cognitive Behavioural Therapy (TR-CBT) for Post-Traumatic Stress Disorder (PTSD)	A psychological intervention for young children to treat PTSD symptoms arising from a wide range of recent traumas.
Mother Infant Transaction Program	A preventative and early intervention mental health treatment for high risk infants delivered prematurely. It is provided across hospital based and community settings, and aims to deliver improved parent-infant attachment and relationships, increased parenting confidence and improved long term social and emotional developmental and mental health outcomes for the infants.
Postpartum Depression Prevention Through the Mother-Infant Dyad (PREPP)	A mental health intervention which targets mothers at risk of perinatal mental illness. It aims to reduce increase attunement and caregiving relationship quality, and improve infant mental health outcomes.
Reflective Family Play Therapy	A family based therapy for parents and their infant and young child which improves symptoms of infant mental health problems, attachment, co-parenting and family functioning.

IMHS' role in providing supports and treatment

During the support stage, IMHS may support the delivery of care in three ways:

- Provide case by case advice to Community ICAMHS and other service providers.
- Provide joint care with Community ICAMHS and other service providers.
- Provide intensive and specialised care to infants, young children, families and carers.

Care coordination

During the support stage, the Community ICAMHS care coordinator will regularly communicate with the family and carers through various ways (e.g. in-person, email communications, or virtual options, such as videoconferencing). They will also play an important role in coordinating the infant, young child, family and carer's supports and appointments, and ensuring information is appropriately shared among services. To facilitate this, the care coordinator may use the following approaches:

- **Hold multidisciplinary team meetings** to enable collaboration and shared decision making across all teams/individuals involved in care provision. Care plans and treatments

should be discussed and evaluated in these meetings. Where appropriate, these meetings may include the family and carers.

- **Have regular touchpoints between the Community ICAMHS infant mental health worker, care coordinator** and **IMHS** when the infant/young child has transitioned to IMHS for care. These touchpoints will help to enable the 'step down' in care from IMHS to Community ICAMHS when the time is right. Where appropriate, these meetings may include the family and carers.
- **Hold interagency meetings**, where required, to facilitate information sharing about ongoing care and management, and discuss any new, emerging needs. Depending on the nature of these discussions, they may involve family and carers.
- **Regularly communicate with the infant/young child's GP, child health nurse and/or paediatrician** to share information and discuss care planning, treatment and management. Family and carers should be invited to these meetings as appropriate.
- **Regularly communicate with early childhood services** to enable them to best support the infant/young child. Family and carers should be invited to these meetings as appropriate.

IMHS' role in care coordination

Depending on the circumstances, IMHS may attend Community ICAMHS' multidisciplinary team meetings, provide information to the infant mental health worker to support them coordinate an infant/young child's care, and communicate information to other services supporting the infant/young child.

When an infant/young child has transitioned to IMHS for care, an IMHS clinician will carry out the care coordination function. The Community ICAMHS care coordinator will maintain contact with the family, but with less frequency. To support continuity of care for the infant/young child, the Community ICAMHS care coordinator should become an ancillary member of the IMHS multidisciplinary care team and attend meetings.

4.3.3 Transition

When it is safe and suitable to do so, infants and young children and their families and carers, will be supported to transition into other settings, ensuring continuity of care. The following describes the key activities that Community ICAMHS and IMHS will undertake in this stage.

The transition stage involves an infant/young child, family and carer transitioning their care from Community ICAMHS to a primary care and/or community service provider. Transition in this context does not refer to the transition or 'step down' from IMHS to Community ICAMHS (see commentary below which describes the transition from IMHS to Community ICAMHS).

Transition from IMHS to Community ICAMHS

Where an infant/young child is referred to IMHS for care, they will always transition back to Community ICAMHS after receiving care and before transitioning out to the community. The transition between IMHS and Community ICAMHS will be conducted with proper handovers and communication between the services.

Pre-transition

Before the transition, the Community ICAMHS' infant mental health worker, care coordinator and others supporting the infant, young child, family, and carers (including those inside and outside of Community ICAMHS) will begin discussions on when it may be appropriate to transition care out to the community. Progress on the family's goals/milestones should also be considered during these conversations.

Before the transition commences, the individuals/team supporting the infant/young child may also choose to begin to gradually reduce the intensity of support, as a way to prepare the family and carer for the transition. The transition for the infant/young child could also include a referral from Community ICAMHS to CDS for continued support.

During transition

During the transition stage, the Community ICAMHS' care coordinator will engage with relevant support services and organisations to conduct warm handovers and discuss the ongoing support needs. This may involve having meetings with all services present, or one-on-one meetings with Community ICAMHS, the service/organisation, and where appropriate, the family and carer. At this point, the care coordinator will provide educational support and resources to support the family and carers provide ongoing care. Educational and support resources may include information about what they could expect in the coming weeks, months or years, strategies that the family and carer could use if they are struggling, and a list of services they could reach out to for support and advice. If required, the infant mental health worker and/or care coordinator may develop a safety plan for the infant, young child, families, and carers.

Post transition

Post-transition, the Community ICAMHS' care coordinator will maintain contact and communication with the family and carers for some time. As part of these touchpoints, the care coordinator will check-in on how the family and carers are going, and discuss whether the supports they may currently be receiving are appropriate.

4.4 Where will care be provided to infants, young children, families, and carers?

Community ICAMHS and the IMHS will provide care to infants, young children, families, and carers in a range of settings and locations. This may include Community ICAMHS Hubs and

local clinics; perinatal/maternity wards, CDS clinics, GP practices, AMS/ACCHO centres, an infant/young child's home, early childhood or childcare centres, community centres and libraries, public outdoor spaces (e.g. playgrounds) or via telehealth. IMHS may provide care in the settings listed above, as well as in its clinic/s and in hospital-based settings.

4.5 What might a consumer journey look like?

Infants, young children, families, and carers' journeys will be unique. Examples are provided overleaf of how an infant, young child, family, and carer may access infant mental health care. The examples provided are for illustrative purposes only, and does not present all children, families, and carers' situations.

Figure 3 | Consumer journey map 1

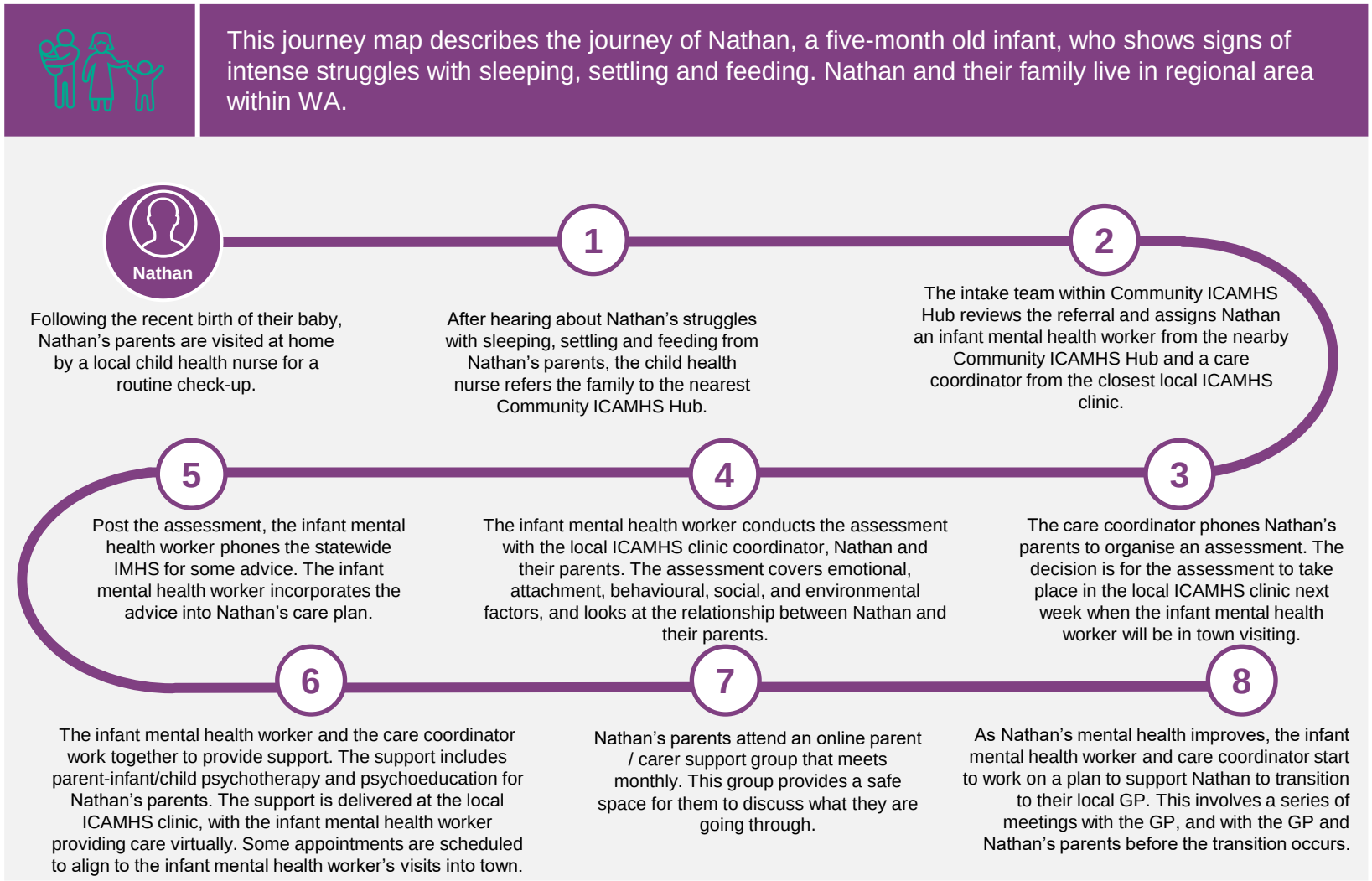
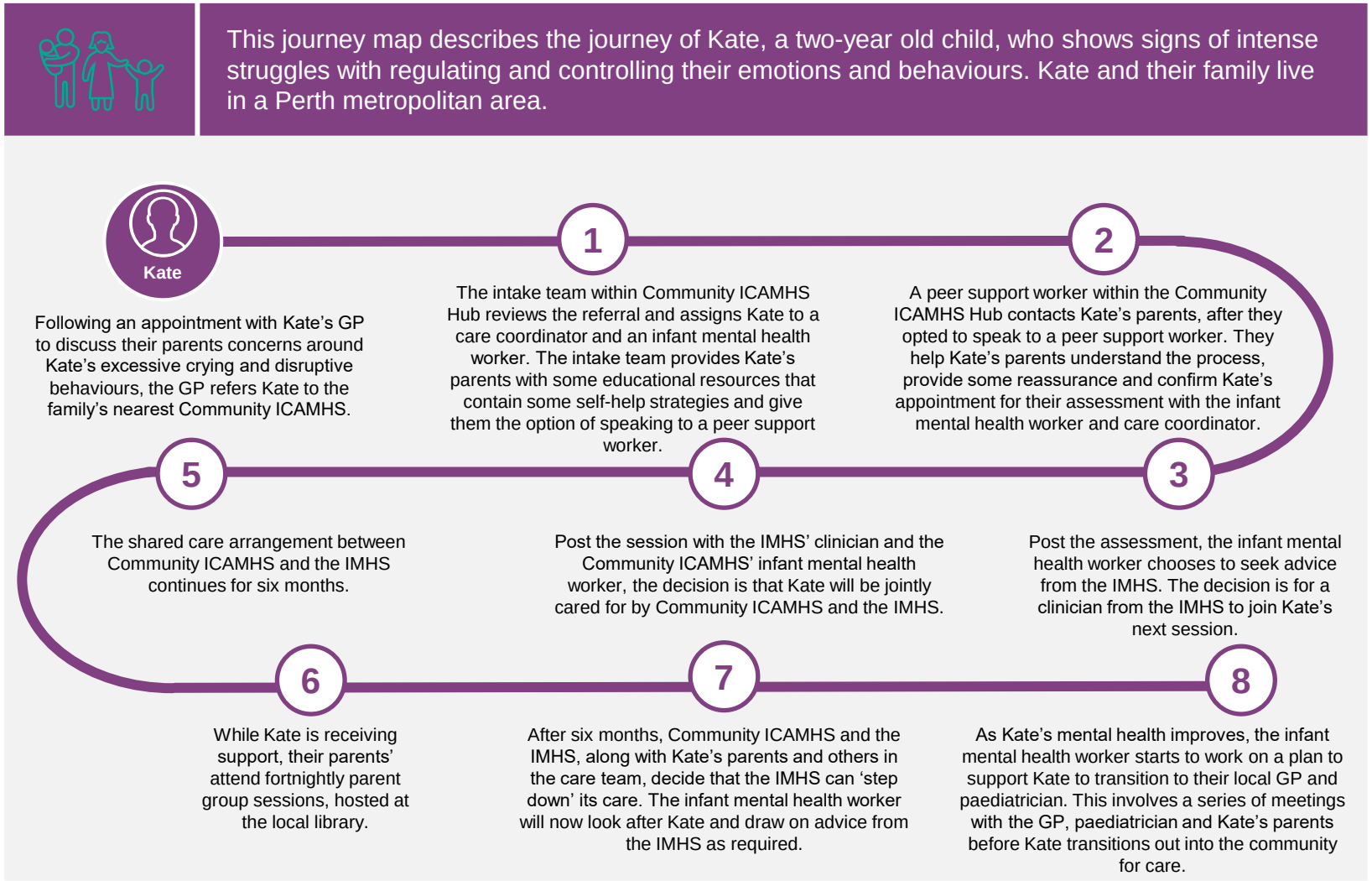


Figure 4 | Consumer journey map 2



5 Delivering the Infant Mental Health Model of Care

There are various considerations that need be taken into account to operationalise the Infant Mental Health Model of Care. These considerations have been outlined in this section using the following categories: creation of the new statewide IMHS; key relationships and partnerships; workforce; infrastructure; and other delivery considerations.

5.1 Creation of the new statewide IMHS

To support the delivery of this Model of Care, a new statewide IMHS will need to be established. The process to create the new service may require time for planning, detailed service, and operations design, hiring and training of skilled workforce and the development of required infrastructure. The service will require frequent evaluation in early years to receive feedback and adapt to the needs of the ICA mental health system.

5.2 Key relationships and partnerships

It is recognised that there are critical relationships between Community ICAMHS Hubs and clinics, and between Community ICAMHS and IMHS to deliver infant mental health. As such, strong partnerships, underpinned by appropriate processes, infrastructure and agreed working practices, will be important in supporting the services to communicate, collaborate and share information in relation to an infant, young child, family and carer's care. Other services, outside of Community ICAMHS and IMHS, will at times need to be involved. The types of services and organisations involved will differ for each infant, young child, family and carer. Some of these services and organisations may include *(listed in alphabetical order):*

- adult mental health services
- CDS
- child health nurses / community health nurses
- Child Protection and Family Support services
- community health and social care services (e.g. Ngala, Mother Baby Nurture)
- early childhood services
- hospitals and hospital-based services
- paediatricians
- perinatal and maternal mental health services
- primary care (e.g. GPs, ACCHOs, AMS).

5.3 Community ICAMHS workforce

Infants, young children, families and carers with infant mental health needs will receive the majority of their care from Community ICAMHS' infant mental health workers and a multidisciplinary team. This team will include clinical roles, care coordinators, Aboriginal Mental Health Workers and peer support workers.

Infant mental health workers

Infant mental health workers will have specialised infant mental health expertise and be able to demonstrate core competencies that align with the AAIMH Competency Guidelines and Infant Mental Health Endorsement.[9] These core competencies will be similar to that of an infant mental health practitioner and infant mental health mentor (as outlined by the AAIMH) and include, but are not limited to[10]:

- **Theoretical knowledge** of contextual and determining factors of perinatal mental health and infant mental health needs including: pregnancy and early parenthood; infant and young child development and behaviours; family centred practice; family relationships and dynamics; and relationship-focused practice.
- **Law, regulation and agency policy knowledge** of ethical practices, government, law and regulation, relating to infant mental health and agency policy.
- **Service delivery skills,** specifically specialised expertise in infant mental health needs including: observation and listening; screening and assessment; responding with empathy; infant mental health advocacy; and delivering of evidence based direct care.
- **Infant mental health intervention delivery.** This includes being able to deliver relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children.
- **Ability to work with others** within the infant mental health system through effective communication, collaboration, supporting others. and building and maintaining effective relationships with colleagues, families and carers.
- **Self-reflection of skills and delivery of care**. This includes: keeping up to date on child development discourse; leveraging reflective practice throughout work with infants and young children; and identifying ongoing learning and professional development opportunities.

A full list of competencies that Community ICAMHS' infant mental health workers should have can be found in the AAIMH WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.[11]

[9] Australian Association of Infant Mental Health, The AAIMH Competency Guidelines and IMH Endorsement, https://www.aaimh.org.au/branches/wa/endorsement/

[10] Australian Association of Infant Mental Health, Infant Mental Health: Competency Guidelines Endorsement, https://www.aaimh.org.au/media/website_pages/branches/wa/endorsement/AAIMH-WA-Competency-Guidelines-November-2019-Digital-version.pdf

[11] Australian Association for Infant Mental Health Western Australia (AAIMH WA). (2019). AAIMH WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. https://www.aaimh.org.au/media/website_pages/resources/for-professionals/infant-mental-health-competency-guidelines/AAIMH-WA-Competency-Guidelines-2nd-Edition-November-2019.pdf

While infant mental health workers are part of Community ICAMHS Hubs, they will receive training, education from IMHS, and structured, reflective supervision or consultation from endorsed infant mental health practitioners within IMHS. This is to ensure the interventions they provide align with best practice in infant mental health care.

5.4 IMHS' workforce

IMHS will have a multidisciplinary team that will be trained in specialised infant mental health assessments, treatments and interventions, including the competencies listed above in Section 5.3. Roles within this team may include (listed in alphabetical order):

- child health nurse and/or nurse practitioner
- child psychiatrist
- occupational therapist
- paediatrician
- psychologist
- social worker
- speech therapist.

5.4.1 Research and excellence function

The IMHS' research and excellence function will need to be staffed with individuals who are appropriately skilled in infant mental health. Roles within this team may include research, training and administrative staff. The research and excellence function team may also receive ongoing input from the IMHS' multidisciplinary team.

The research and excellence team will focus on education, training and research in infant mental health practices. The team will also support ongoing evaluations of infant mental health programs and innovation projects. To support research activities, the IMHS' research and excellence function should develop partnerships with tertiary education institutions and research institutes, and identify funding opportunities that could be leveraged.

5.5 Infrastructure

Physical and digital infrastructure is critical in enabling the delivering of infant mental health care. The following describes the key infrastructure requirements.

5.5.1 Physical infrastructure

Facilities

Spaces will be child-friendly, welcoming and culturally safe. In Community ICAMHS, this includes creating infant and young child-friendly spaces, such as indoor and/or outdoor playgrounds or play areas, accessible change tables, calming spaces, and rooms for different types of therapies, such as observation, and parent led interventions. These rooms should have a 'kindergarten' look and feel, with appropriate toys, books, media and art supplies to support

developmental guidance. Where possible, Community ICAMHS may have creche facilities to support families and carers participate in interventions with or without their child (e.g. siblings or the child receiving support could attend the creche while the family and carers are at their appointment).

Similar to Community ICAMHS, IMHS needs to have spaces for individual and group sessions (designed to be infant and young child friendly, accessible, and enable infant mental health therapies, such as observation and parent-led interventions, to be easily conducted). It also requires a training room and a designated office space for the research and excellence function. IMHS may be located at PCH, co-located with an ICAMHS Hub/s, or with CDS.

Resources to support outreach infant mental health care

Resources are required to support staff in Community ICAMHS and IMHS to deliver care, including mobile outreach care and home visits. These resources may include access to transportation (e.g. motor vehicles) and accommodation.

5.5.2 Digital infrastructure

Reliable and suitable digital infrastructure will be a key component in enabling staff to perform their roles, whether this be delivering care and treatment via telehealth, or capturing, accessing, and sharing information digitally. Community ICAMHS Hubs and clinics will provide staff with the necessary digital infrastructure. This may include: portable devices, such as laptops, iPads and smart mobile phones, with reliable internet connectivity/Wi-Fi; high-quality cameras to enable videoconferencing and telehealth; and a centralised data system that all individuals involved in a child, family and carer's care (including those outside of Community ICAMHS and the family and carer) can access to view the infant and young child's care plan, appointments, digital medical records, and the family and carer's contact details and preferences (Figure 5).

Figure 5 | Centralised data system for the ICA mental health system

A recommended feature of the future ICA mental health system is that care plans, and other critical information relating to an infant/young child's care, will be accessible to GPs and other service providers, via a system-wide information management system. This is to enable a seamless care experience for children, families and carers.

5.6 Other delivery considerations

There are other various considerations to support delivery, including:

- **Focusing on creating equitable access to the IMHS for infants, young children, families and carers in regional and remote** areas. This could be achieved through the application of suitable targets (i.e. a proportion of IMHS' caseload will be infants and young children residing in regional and remote areas).

- **Recruiting staff from multiple Health Service Providers (HSP) for the IMHS' research and excellence function**, including staff WA Country Health Service (WACHS) and Child and Adolescent Health Service (CAHS), who may work together from multiple locations.
- **Establishing networks between IMHS and other statewide services (e.g. CDS)** to support research and the delivery of integrated care.
- **Increasing ICA mental health system staff's knowledge of the services available within the community**, including outside of mental health and health, that infants, young children, families and carers could access.
- **If funded, identifying opportunities for HSPs** to work with the WA Primary Health Alliance and other primary care stakeholders to consider optimal approaches for GPs and other services to work with Community ICAMHS and the future IMHS.
- **Integrating infant and parent mental health needs and supports into the purple book**.[12] This is to enable all information relating to the infant, young, family and carers to be in one place.
- **Changing the language that is used when providing care** to infants, young children, families and carers to be more inclusive, safe and accessible (i.e. less clinical).
- **Establishing Memorandums of Understanding** among organisations to facilitate information sharing to support coordination of care.
- **Reviewing and evaluating service delivery regularly** to improve how care is provided and investing in associated research.

[12] WA Health. (2019). Purple Book. https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/CACH/CAH-010029_Purple_book_FNL.pdf

6 Terminology

Table 6 below contains a list of the key terminology used within this document.

Table 6 | Key terms used within this document

Term	Its intended meaning and use
AAIMH	Australian Association for Infant Mental Health
ABC	Attachment and Bio-behavioural Catch-up
ACCHO	Aboriginal Community Controlled Health Organisation
AMS	Aboriginal Medical Service
CAHS	Child and Adolescent Health Service
CAMHS	Child and Adolescent Mental Health Service
Carer	A person who provides care to another person, such as a child who is living with mental ill-health. They may have statutory responsibility for a child, be a family member who supports a child in their family or be another peer or community supporter.
CDS	Child Development Service
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Clinical supervision	Experienced health professionals providing guidance and oversight to less experienced health professionals.
Community ICAMHS Hub	A central ‘hub’ in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families, and carers.
Community ICAMHS clinic	A local clinic or spoke that can deliver care close to home for children, families, and carers. The Community ICAMHS Hubs will coordinate and support these clinics.
CPP	Child Parent Psychotherapy
Dyad	Something that consists of two elements or parts (e.g. mother-child dyad).

Term	Its intended meaning and use
Dyadic based therapies	Therapy that involves treatment delivered to a parent and child simultaneously.
ELD	Ethnoculturally and linguistically diverse
Family	A child's family of origin and/or their family of choice. It may include but not be limited to a child's immediate family, extended family, adoptive family, peers, and others that share an emotional bond and caregiving responsibilities.
GP	General practitioner
HSP	Health Service Provider
ICA	Infant, Child, and Adolescent
ICA Culturally Safe Care Principles	ICA Culturally Safe Care Principles are intended to guide the delivery of culturally safe, responsive, and quality health care to Aboriginal and Torres Strait Islander peoples.
ICAMHS	Infant, Child, and Adolescent Mental Health Service
ICA mental health system	The public specialist infant, child, and adolescent mental health services. This relates to services funded and provided by the WA Government.
IMHS	The Infant Mental Health Service (IMHS) is intended to be a new statewide service that support infants aged 0-4 years of age, with severe and highly complex needs.
KEMH	King Edward Memorial Hospital
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.
MHC	Mental Health Commission
Model of care	A model of care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.
NICU	Neonatal intensive care unit
PCH	Perth Children's Hospital
PCIT	Parent Child Interaction Therapy
Peer support worker	A peer support worker is someone with lived experience who is there to support the child, families, and carers. They may provide emotional and

Term	Its intended meaning and use
	psychological supports; be in attendance at appointments; or be an advocate and/or champion for the child, family and carers.
People with lived experience	A child or young person who is or has lived with the impacts of mental ill-health and a person who is or has provided care to a child who is living with mental ill-health.
PREPP	Postpartum Depression Prevention Through the Mother-Infant Dyad
PTSD	Post-Traumatic Stress Disorder
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.
Shared care	Shared care involves two or more services working together to deliver coordinated care to children, families, and carers.
Staff	People who work within the ICA mental health system.
TR-CBT	Trauma Focused Cognitive Behavioural Therapy
WA	Western Australia
WACHS	WA Country Health Service

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