Health Inequalities – Early Years

The Faculty of Child and Adolescent Psychiatry, Royal College of Psychiatrists in Scotland

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

What is the character of health inequalities in the early years?
Health inequalities exist primarily because of poverty which is the biggest factor influencing outcomes for young children, for example even those born prematurely do less well if in poor socio economic context, and more low socio economic mothers have premature babies.

Accessibility of health services may be harder for those in a deprived context. The organisational and financial challenges of attending appointments can be considerable. There is good evidence of the intergenerational transmission of child abuse including emotional abuse and neglect, and of disorders associated with a chaotic lifestyle, for example attention deficit hyperactivity disorder.

Children who are born to parents with chronic mental and/or physical health problems are at higher risk of failing to form secure attachments with their carers. Babies born to mothers who have drunk heavily or misused drugs during pregnancy will be more likely to be developmentally delayed and have behavioural problems. Those born with serious medical conditions particularly those which require prolonged hospitalisation in early life will have delayed development and an increased risk of disability and psychiatric disorders.

What work is being done in Scotland to address health inequalities in the early years?
Surveillance and outreach by those involved in the lives of young children has been reorganised several times. The realisation that Health visitors were required to only focus on those most at risk has led to other initiatives to reorganise services so that midwives, health visitors, childcare workers and others in early universal services are able to monitor and promote health and intervene early. Community based social work/family centres in deprived areas give families opportunities to learn about good childcare practices, relieve stress and pick up early difficulties.

Specific projects such as Incredible Years and Mellow Parenting provide direct clinical intervention. Video Interactive Guidance (VIG) is being used increasingly to help disordered attachment between infants and carers. Family Nurse Practitioner projects are thought to have increased inequalities as being targeted at only a few, with dearth of services for other young families.
Perinatal mental health services are involved in treating severe psychiatric disorders in women before and after giving birth and supporting parenting as far as possible.

There are some maternity and neonatal Clinical Psychology services which support women during complicated pregnancies and after the birth of their babies.

**What role can the health service play in addressing health inequalities through interventions in the early years?**

Universal health services play a key role and should perhaps have enhanced Staff:child ratios in areas of socioeconomic deprivation.

Within specialist services such as CAMHS, the role of Primary Mental Health Teams who provide parenting programmes, brief interventions (when there are concerns in the area of social and emotional development) and support to colleagues in universal services through consultation, should be developed. A tiered approach to identifying those who are more likely to have enduring mental health difficulties is important so that resources are used efficiently. Those in most need are identified and offered more specialist services.

Attention to the mental health of mothers and fathers ahead of the birth of a child is important and again a tiered approach is helpful.

1. **How effective are early year’s interventions in addressing health inequalities?**
   - There is good evidence that parent education and training can help reduce behaviour problems.
   - Treatment of maternal depression which is associated with health issues later in children is important.
   - Early recognition of enduring conditions such as Autistic Spectrum Disorder contributes to better outcomes for the child.
   - Other programmes are looking positive but clear evidence is awaited.

2. **What are your views on current early years policy in Scotland in terms of addressing health inequalities?**
   - As stated above, without additional resources to support very specialist interventions such as Family Nurse partnership, there is a danger that such developments have a negative impact on the services needed to support all families.

   Universal surveillance at 30 months will be helpful in identifying infants who are at increased risk of having a developmental disorder and behavioural disorders.

3. **What role can the health service play in addressing health inequalities through intervention in early years?**
   - Recognition of the intergenerational transmission of risk is important and should support early identification of difficulties. Maternal health screening
should if possible include consideration of factors which mean that children are more vulnerable.

Provision of increased support to families where there are clear risk factors e.g. poverty, parental mental health disorders and chronic physical disability. Universal access to parenting classes and clear routes for increasing the intensity of work as required.

4. What barriers and challenges do early years services face when working to reduce health inequalities?
Accessibility and engagement are crucial and a community health model of delivery in partnership is more likely to assist families in accessing support. Where children spend much of their early life in hospital, they can feel unskilled and unsupported on discharge from hospital. Parents who are known to adult mental health services can have all the work focused on their well-being instead of professionals also considering the needs of their children.

5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?
Dr Helen Minnis, Senior Lecturer, Dept of Child and Adolescent Psychiatry, University of Glasgow is leading a programme of research, some joint funded, into attachment and infant mental health. One part of this is a joint funded project with NSPCC, CSO and NHS GGC working collaboratively with Glasgow City Council to test whether the Glasgow Infant and Family Team can improve the mental health of infants and pre-schoolers coming into an episode of foster care, compared to social work enhanced services as usual. This research, along with other research done internationally, is showing that there is an urgent need for a shift in focus in health and the legal system so that the mental health of infants and young children is regarded as top priority when making decisions regarding their future. We know that adverse experiences in early childhood have a disproportionately large effect on individuals, their families and the whole of society across the lifespan because of the effects on mental and physical health and premature mortality.

There has been increased understanding of how premature and vulnerable infants with their families can be supported to foster the development of good attachment and positive parenting. The infant mental health literature has many examples of a burgeoning area.

Video interactive guidance can be used for infants, pre-school and school aged children to foster good relationships between the child and carer.

The Faculty of Child and Adolescent Psychiatry, Royal College of Psychiatrists in Scotland
March 2014