

KIDS HEALTH NEWS

This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services. Your comments/feedback are welcome as well as your topics of interest and concern for future issues.

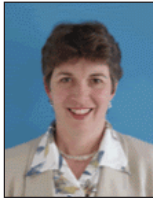
Comments, contributions, ideas welcome. Contact – E-mail: cpt@midcentraldhb.govt.nz; Ph: 350 9164; Fax: 350 9181.



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Guest Editorial by Kimberley Powell, PhD

STRIVING FOR A HOLISTIC APPROACH IN CHILD HEALTH SERVICES



The Child Health Reference Group (CHRG) includes professionals from a range of disciplines within the health field, as well as education and social services in the community. CHRG meet quarterly to consider issues pertinent to the health and well-being of MidCentral DHB children and their families, ranging from the antenatal period through to adolescence. Coming from an early years and early childhood teacher education perspective, it has been very exciting to join this multi-disciplinary group in their advisory work around child health planning and strategy. For those of us with a passion for the promotion of infant mental health driven approaches this group is a delight and a terrific example of collaborative professionalism at work.

Infant mental health is an area of health care, education and social service delivery based on research inspired practice in which multiple professions collaborate to fully attend to the emotional, cognitive and social well-being of young children ages 0–4. It has been exhilarating to see the receptiveness of local DHB health professionals to the philosophy of infant mental health. In 2006, New Zealand's Infant Mental Health Association of Aotearoa New Zealand (IMHAANZ) became the newest affiliate of the World Association for Infant Mental Health, the world's foremost organisation devoted to research and professional practice in infancy and early childhood mental health. IMHAANZ had its organisational roots here in the Manawatu, largely because of the tremendous interest and support of local health professionals. It is commendable that increasing numbers of our colleagues in health, education and social service agencies are becoming more interested in incorporating IMH practice into the work they do with families.

What does infant mental health and its approaches to health care mean for children, youth and families of MidCentral Health professionals may be involved in specific aspects of health care such as oral health, injury prevention, immunisation, B4 School Checks or WellChild care in the community. What an infant mental health approach stresses for all these professionals is the need for holistic, family-centred care that takes into account the child's emotional well-being and reaction to

treatment, as much as their need for particular types of physical health care. Increasingly health care professionals are recognising the importance of linking with other family service providers in the community.

A good example from my perspective as an educator of teachers is the willingness that health care professionals are showing in regard to linking with early childhood education professionals in the community. The ECE child care centres, Playcentre, Kohanga Reo, Kindergarten or home-based child care provider is often the first place where families express concern about their child who may have health related needs in either the short term or long term. Teachers especially know the impact that health concerns can have on a child's learning and mental well-being. Early childhood professionals are required to follow the national NZ early childhood curriculum, Te Whariki, that stresses the child's well-being as one of its main objectives. ECE settings strive to provide families with current information on disease prevention, dental care, safety, immunisation and hearing or speech related health care, for example. Having the assistance and collaboration of health care professionals in an early childhood setting is invaluable for teachers and families. The B4School Check initiative in MDHB has demonstrated the importance of professionals collaborating across health, education and social service disciplines to ascertain the best approaches to child health and intervention with our children preparing for school entry.

The Child Health Reference Group has implicitly supported a holistic, infant mental health approach in its discussions and recommendations about child health in MDHB. It is hoped that the enthusiasm and commitment of this group will continue as child health initiatives are developed and implemented in our region. The emotional and mental well-being of our children is a vital part of their holistic health care.



MIDCENTRAL HEALTH

CHILD AND ADOLESCENT ORAL HEALTH SERVICE WHO ARE WE AND WHAT DO WE DO?

The Child and Adolescent Oral Health Service (MCH) provides free dental care for children and adolescents from the age of 2½–18 years of age. Services are provided primarily by community-based dental therapists at fixed clinics or in one of our three mobile units. Dental care is also provided at the Hospital Dental Unit for children and adolescents where treatment is outside the scope and training of dental therapists.

Our service is comprised of 25 Dental Therapists, supported by Dental Assistants across the MidCentral DHB region. Judith our Administration Officer is the best person to contact if you have any questions regarding services or availability of a therapist, ph 3508619 Monday to Friday 8.30 am–3.30 pm.

We maintain relationships with other key providers such as Plunket, other Well Child providers, Public Health, Community Paediatric Service and school communities. We currently support such initiatives as the B4 Schools Programme, and the Plunket Programme encouraging enrolment of children under 5 years.

MDHB has been reviewing the configuration of the current service and has developed a model of care for Investment in Child and Adolescent Oral Health Services. The model of care supports Ministry of Health priorities in regards to the Oral Health Strategy to provide reinvestment in a nationwide oral health system for children and adolescents and to reduce inequalities in child oral health. If you have any questions about this, do not hesitate to contact Judy Boxall, Service Manager on ph 350 8920 or email judy.boxall@midcentraldhb.govt.nz

POST NATAL DEPRESSION SUPPORT

ACROSS offer a confidential support and therapy group for women experiencing post natal depression. The group is facilitated by two Clinical Psychologists. It consists of 10 sessions for women who:

- are committed to attending all groups sessions
- have mild to moderate signs of depression
- have had their baby in the last year
- live in the wider PN area

Contact:

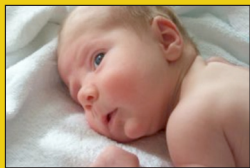
ACROSS, Te Kotahitanga o Te Wairua,
294A Church St, Palmerston Nth, Ph (06) 356 7486,
Email across@inspire.org.nz, Website www.across.org.nz



WHY IS TUMMY TIME IMPORTANT?

Babies learn by spending time on their tummies. When babies are awake and supervised it is important for them to spend time on their tummies. This allows bone development, muscle strengthening particularly to those muscles used against gravity and coordination of the muscles which will, in the future, allow the baby to stand and walk normally.

The baby develops head extension while on their tummies. This enhances the baby's ability to visually search for objects and toys and is the beginning of three dimensional perception.



Unilateral propping with one hand while playing with the

other is the beginning of reciprocal (alternating) movement. This reciprocal movement occurs with weight transference and gives the baby the basis for moving from one position to another such as lying to sitting and walking.

These are essential building blocks for the development of babies functional mobility. Often if babies have not been exposed to tummy time from the beginning, they may find being placed prone upsetting. Parents still need to be encouraged to begin tummy time by putting the baby on their tummy for short periods even 3-5 minutes a day shows benefit. Even start by putting baby on their own tummy and interacting with them there. It can be a fun time for parents and babies! Every interaction helps develop the baby's brain. With each new experience neural pathways are increased and strengthened.



Some research shows that babies who spend all their awake

time on their backs have some motor development delays. They tend to sit, stand and walk later. These babies are often referred into the Child Development Service as a result of these delays, concerning parents and health professionals. Many of these referrals could be prevented if the parents placed their babies on their tummies right from birth.

An excellent resource for parents is the Active Movement Series available from SPARC Push Play Programme www.sparc.org.nz

Photos courtesy of: www.parents.com and www.families.com

INFANT MENTAL HEALTH – WATCH, WAIT & WONDER

As a Senior Clinical Social Worker at Child, Adolescent and Family Mental Health, Alcohol and Drug Service at Palmerston North Hospital, I was fortunate to attend training on "Watch, Wait & Wonder" A Manual Describing a Dyadic Infant-led Approach to Problems in Infancy and Early Childhood.



The Watch, Wait & Wonder approach is identified as one of the most evidenced based interventions for working with this clinical infant population. Worldwide there has been a dramatic increase in interest in the infant mental health field and it is generally agreed that changes in the relationship between parent and infant have to occur if there are to be lasting beneficial effects, rather than relying on interventions that focus primarily on the parent, and not with the infant or the relationship.

The Watch, Wait & Wonder manual is primarily intended to be used by professionals who are experienced in clinical work with infants and their parents and is a modality primarily utilised in a tertiary setting.

Briefly and simply, it begins with an initial playroom session which firstly involves a free play assessment in a playroom or with set toys. Parents are asked to get down on the floor and play with their infant/child as much as they would if they were at home. For every subsequent session there is an infant-led play assessment where the parent is asked again to get down on the floor with the infant/child and given the additional instructions not to initiate play and to follow the infant or child's lead. This provides information about parental capacity to allow the infant to initiate and watch specific interactions or play activities the parent finds most difficult to tolerate. Above all, this assessment can show us what the infant can play or act out. We then ask the parent to make comments and reflect upon their observations and their infants' experience. Together this creates the potential for experiential change and insight.

As with any therapy utilised in a Child, Adolescent and Family Mental Health Service it is vitally important that a full assessment and formulation has been completed before deciding on any intervention, including a comprehensive developmental history, looking at not only the events, but the mother's perception of events and her baby, her ability to wonder about how these experiences might have been for or impacted on her infant/child; and also importantly mothers/fathers own experience of being parented.

Symptoms that will often bring infants/children to clinical attention include irritability and difficulties being soothed, excessive tantrums, sleeping problems, eating problems, clinginess and failure to thrive to name just a few. Parental symptoms include depression, anxiety, risk for or allegations of abuse, complaints of not feeling bonded or attached to infant and transgenerational factors. We also know that infants have different personalities or temperaments from early on and these traits evoke different responses from parents and some find it difficult to establish a "fit" with their infant. Parents can also often have expectations of how their child should be and these expectations may be conscious or unconscious.

Attachment has been the main area of research for classification and implication of parent-infant attachments. The basic tenet of Attachment Theory is that the infant seeks comfort and reassurance from the caregiver during times of distress and at others times uses the caregiver as a secure base from which to explore. It is this balance between the infant's exploration and seeking proximity to the caregiver when upset that forms the basis for judging the quality of the attachment relationship.



Through the use of the Watch, Wait & Wonder approach, what we might actually see before us are secure infants/children who explore freely and seek contact with the attachment figure as necessary and require no intervention; insecure avoidant infants/children who do not show attachment needs in order to avoid rejection; insecure ambivalent infants/children who are preoccupied with the availability of an inconsistent caregiver and make repeated high intensity demands to ensure at least some elicited attention or are extremely clingy; and finally disorganised babies who do not have an organised strategy that elicits care when distressed. Some of the long term effects of insecure/disorganised attachment include psychological and behavioural problems, cognitive problems and developmental problems. It is my opinion that this training, and others like it, are vitally important for clinicians in a CAFS setting if changes are going to take place and we are going to meet the needs of all infants, children and families.

Wendy Fraser,
Senior Clinical Social Worker, CAFMHADS

KEY DATES

International Midwives Day 5 May www.midwiferycouncil.org.nz
 Balloon Day Asthma & Respiratory Foundation 9 May www.asthmanz.co.nz
 Heart Children Awareness Week 25-31 May www.heartchildren.org.nz
 Youth Week 23-31 May www.nzaahd.co.nz
 World No Tobacco Day 31 May www.moh.govt.nz
 Infant Gastric Reflux Awareness Week 31-6 June www.cryingoverspiltmilk.co.nz
 Autism NZ Appeal 1-7 June www.autismnz.org.nz