



BC COUNCIL FOR  
FAMILIES

# Growing Together

*Supporting the mental health and wellness of young children, mothers, and their families*



Published January 2015

This Growing Together module was developed as a public resource for community service providers who work with mothers (some of whom may be experiencing mental health and/or substance use challenges) and their young children and families.

For the purposes of this module, community service providers include: Infant Development Consultants, Settlement Workers, Family Support Workers, Family Development Workers, Mother's Support Workers, Transition House Workers, Children who Witness Abuse Counsellors, Father Support Workers, Community Health Representatives and Settlement Workers in Schools. Examples of agencies where community service providers work include: Family Places, Family Resource Programs of BC, Strong Start BC, Neighbourhood Houses, YMCA/YWCA, Boys and Girls Clubs, First Nations Bands and Councils, Aboriginal and Métis Organizations, Immigrant Serving Societies, Multicultural Societies, Community Resource Societies, Transition Houses, Women's Correctional Facilities, Friendship Houses/Associations, Childcare Resource and Referral Centres, and Preschools.

This module was developed to complement two existing resources:

(1) the Mothers' Mental Health Toolkit: A Resource for the Community (2012) (<http://www.iwk.nshealth.ca/mmh>) and (2) the BC Healthy Child Alliance resources for social emotional development in the early years (<http://www.childhealthbc.ca/bchcda>).

This module was not developed for commercial purposes and is not intended for commercial use.

**For further information contact:**

**BC Council for Families**

**[www.bccf.ca](http://www.bccf.ca)**

## TABLE OF CONTENTS

**4** Acknowledgments

**6** Introduction

**7** Why did we develop this module?

**8** How to use this module

**9** Overview of this module

### FOR SERVICE PROVIDERS

**10** What is infant mental health?

**12** How do babies brains develop?

**13** What do infants and young children need from their parents for healthy social and emotional development?

**14** How do infants develop mental health problems?

**16** What are the signs of emotional well-being and emotional concerns in infants and young children?

**18** What is the impact of maternal mental health or substance use issues on the mother, infant and young child, and partner/family?

**20** What should I do if I am concerned about a child and their family?

**22** Worksheet: Reflecting on our program services

**23** Building resilience

**24** Key ways to support families in our programs

**26** Parenting in the early years: Strategies for mothers with mental health and substance use challenges

### FOR FAMILIES

**27** Everyday opportunity #1: Sleep & rest

**28** Everyday opportunity #2: Routines & transitions

**30** Everyday opportunity #3: Feeding

**31** Everyday opportunity #4: Activity & play

**32** Everyday opportunity #5: Touch

**33** Everyday opportunity #6: Communication

**35** Everyday opportunity #7: Support & resources

### RESOURCES

**37** Assessment of parent service and support needs

**38** Infant and family supports in BC

**39** Books and pamphlets

**41** General websites related to infant mental health

**42** References

The Growing Together module was developed as part of a provincial collaborative aimed at improving the capacity and knowledge of professionals to respond to the social and emotional health needs of infants/toddlers in families where mothers are experiencing mental health and/or substance use challenges. Building professional capacity and enhancing programs, services and supports were two of the strategies identified in the 10 year mental health strategic plan in British Columbia <sup>1</sup> to promote maternal and family health and healthy childhood development. The overall vision for the plan is that:

“Children, youth and adults from all cultures in British Columbia achieve and maintain sound mental health and well-being, live in communities free of problems associated with substances, access effective support to recover from mental health and/or substance use problems that may develop over the lifespan, and lead fulfilling lives as engaged members of society without discrimination when these conditions persist.”

Provincial Steering and Advisory Committees with representation from across the province supported the development of this module. Members of the committees included health care providers, community workers, child welfare workers, early childhood educators, reproductive mental health specialists, and health and child-serving system policy-makers.

Development of the module was funded by the Province of British Columbia as part of the implementation of “Healthy Minds, Healthy People – A 10 Year Plan to Address Mental Health and Substance Use in BC”. The BC Council for Families was the Executive Sponsor and representatives from the BC Ministry of Children and Family Development, BC Ministry of Health, and the Provincial Health Services Authority provided guidance.

<sup>1</sup> Ministry of Health Services, Ministry of Children and Family Development (2010). Healthy Minds, Healthy People: A 10-Year Plan to Address Mental Health and Substance Use in BC. Victoria, BC: Authors.

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“The sadness and pain were so debilitating that I couldn’t function. Many days, I was unable to get out of bed, take a shower, eat, or take care of myself. The guilt of not being able to care for my baby ate away at me. I was afraid that someone would think I was an unfit mother.”

“After full recovery, I was forever changed for the better. I learned that I was stronger than I thought or believed I was. I can be my authentic self now, not what others want me to be or what I thought I should be to make my family happy.” (Fraser, L. 2012). pg. 43

In the past, we believed that pregnancy and the time around birth (called the perinatal period) were always joyful times for women and their families. If women were tired or sad after having their baby we thought that rest, time, and becoming a mother would help them recover. We now know this is not always the case and additional support and, for some, treatment may be required.

Mental health and substance use challenges and disorders in the perinatal period are particularly significant because they occur at an important time for the woman and her developing baby. When women are able to access treatment they are more likely to feel understood and supported, be involved in prenatal care, and include family members in helping them plan for their needs after they have given birth. Untreated mental health and substance use challenges and disorders may affect mother-baby interactions and a child’s healthy development.

Early detection and treatment can improve outcomes for mother, baby, and the whole family. A “whole system” approach (looking at all of these connected layers, not

just the baby or mother) and a “family centered” approach are effective ways to support families. Community service providers have an opportunity to support families through promoting mental wellness and through contributing to early detection and treatment.

**“A woman is at the highest risk in her lifetime of developing a new mental illness in the first year after a baby is born. At least 15% of new mothers experience significant postpartum mood disorders and many more report important difficulties in coping and adjusting.”**

*(Mothers’ Mental Health Toolkit, 2012) pg. 43*

### Why did we develop this toolkit?

Many families that we work with in perinatal and early childhood programs are dealing with complicated life and family situations, such as poverty, trauma and mental



health and substance use challenges. Community service providers play an important role in highlighting the importance of healthy social and emotional development in infants and young children, encouraging families to examine their strengths and their challenges and helping families seek appropriate help.

In this module, we will explore strategies to support women and their families to build healthy relationships with their babies and toddlers. In particular we will discuss ways to do this with women who are also dealing with the stressors of depression, anxiety, substance use, trauma, or other challenging life circumstances. We will also talk about how important it is for women to be supported in as many ways as possible by family, friends, health professionals and community.

Our project team was interested in bringing together expertise and knowledge related to both maternal mental health and infant mental health. We hope that this cross-system connection will help us meet our goal of enhancing the capacity of health care, social service and community providers to respond to the mental health needs of infants/young children and women and families experiencing maternal mental health and substance use challenges.

### How to use this module

This module was developed as a complementary resource for community service providers who are also using basic parenting resources (such as Baby's Best Chance, Toddler's First Steps, and the BC Healthy Child Alliance resources on social emotional development in the early years), and maternal mental health resources (such as the BC Reproductive Health Program resources and the Mothers' Mental Health Toolkit).

It has been developed in the same spirit of being a workbook style resource, with materials related to infant mental health promotion, education, screening, intervention, and advocacy discussed within the context of maternal mental health and substance use challenges. We acknowledge that violence and trauma often occur with mental health challenges. The information provided in this module can be used for women experiencing any of these issues. There are additional strategies specific to substance use, violence and trauma available in specialized resources in these fields.

**Note:** *The content of this module is for informational purposes only. It is not intended to be used to make diagnoses or provide therapy. A key message throughout this toolkit is that it is important for providers to support parents in accessing the help they need for those times when it is hard to cope on their own. If you have concerns about someone or feel someone could benefit from additional support, please see the information in this module on referrals. Always remember to talk to your supervisor, colleagues and/or an involved health care and social support professionals if you have concerns.*

The materials in this module can be used to create community education presentations, to integrate into parenting groups and other contacts with parents, and to educate those who develop and support programs and services for young families. This resource includes worksheets for both community service providers and the women with whom they work.





### Overview of this module

This module is divided into several sections.

In the **information for service providers** section, information is provided about infant mental health, the importance of mental health for infants and young children, how infants develop mental health problems, the impact of maternal mental health and substance use challenges and disorders on the infant and young child, and basic information on what providers can do if they are concerned about a parent and child. The concept of resilience is introduced as a strength-based way to approach supporting families. This section is primarily for community-based service providers. Some parents may be interested in this information, or in some of the online links to general information about infant mental health.

The section on **parenting considerations** describes strategies for parenting when mental health and/or substance use challenges and disorders are a part of life. Social and emotional development occurs everyday within each moment of interaction of the infant with their parents, families and friends. This section is organized around everyday activities



that are important for infants and young children. For basic parenting information, parents and service providers are referred to other resources. Worksheets are included for both providers and for women and family members.

The **resource** section at the end of this module includes basic parenting references and websites specifically about parenting with mental health challenges and disorders.

## What is infant mental health?

Just as everyone has physical health, everyone has mental health, even babies and young children. For infants, their mental health is all about healthy social and emotional development.

Infant mental health is defined as the healthy social and emotional development of a child from birth to three years. Zero to Three, a leading infant mental health organization, defines infant mental health as an ability to form satisfying

relationships with others, to play, communicate, learn, and experience the full spectrum of human emotions. Infant mental health develops in the context of family, community, and cultural expectations for the young child.

The term attachment is used to describe the deep and lasting emotional connection that develops between caregivers and children. By the end of the first year, children usually have a clear attachment to one or more of the people who take care of them regularly. The most important factor in how attachment develops is the quality of how parents respond to the child's signals in day-to-day interactions.

Parents with mental health and/or substance use challenges often worry about the impact of their illness on their child or about the effect of their own emotions on their child. They can benefit from early supports to help them best understand their infant's needs, their own needs for breaks and respite, and what they can do right away to build a positive relationship with their child through everyday interactions.

Some women may not be aware that they have a mental health or substance use challenge. It is important to ask questions to help women reflect on how they are feeling.

**Infant mental health  
is about more than the  
infant; it is also about  
the relationship of the  
parent with their child**

*(Zero to Three).*



### **Asking is important!**

Mothers may not raise concerns about how they are feeling because:

- They worry their feelings aren't normal and so keep them quiet

**OR**

- They believe their feelings are normal and not worth monitoring.

Asking mothers how they feel helps some mothers learn they are not alone and other mothers to learn how to recognize and name feelings they had not thought to mention. Opening up conversations about mental health challenges can help provide support.

### **More resources on attachment:**

- Best Start: Healthy Baby, Healthy Brain (<http://beststart.org/healthybabyhealthybrain/index.html>)
- Circle of Security (<http://circleofsecurity.net/>)
- Connections for life: Attachment Toolkit (<http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/cl-lv/index-eng.php>)
- Mothers' Mental Health Toolkit (<http://www.iwk.nshealth.ca/mmh>)
- National Collaborating Centre for Aboriginal Health: Family Connections ([http://www.nccah-ccnsa.ca/389/Childhood\\_Health\\_and\\_Wellness\\_Resource\\_Booklets.nccah](http://www.nccah-ccnsa.ca/389/Childhood_Health_and_Wellness_Resource_Booklets.nccah))

## How do babies brains develop?

Infancy is a period of rapid growth and change, with a significant portion of brain growth happening before the second or third birthday. While humans are born with the majority of their brain cells (neurons) present, the connections between brain cells (synapses) are rapidly created during this period, allowing learning and thinking to take place. A helpful image is to think of these connections like the wiring in a house that is necessary before electricity can flow.

Brain development occurs in waves, with different parts of the brain becoming active “construction sites” at different times. While learning continues throughout the life cycle, there are prime times or windows of opportunity when the brain absorbs new information more easily than other times in life. These prime times are mostly in the early years. (BCCDA 2011)

Enriching experiences and relationships are necessary to create connections in the brain that support abilities such as learning, communicating, relaxing, being creative, and developing and maintaining healthy relationships. On the other hand early experiences of stress, abuse, and neglect may lead to compromised brain development and outcomes such as learning challenges, anxiety, depression, and unhealthy relationships.



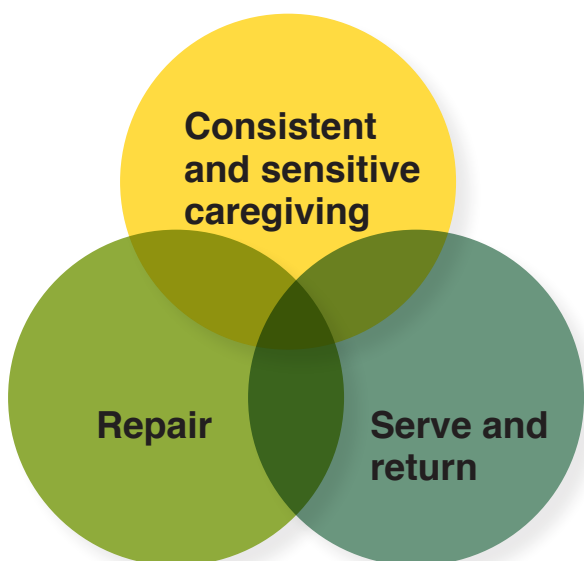
### More resources on infant brain development:

- Alberta Family Wellness Initiative (<http://www.albertafamilywellness.org/>)
- BC Healthy Child Development Alliance (<http://www.childhealthbc.ca/bchcda-forums>)
- Harvard Centre on the Developing Child (<http://developingchild.harvard.edu/>)
- Zero to Three (<http://www.zerotothree.org/>)



## What do infants and young children need from their parents for healthy social and emotional development?

Three key actions help create these developing connections in the brain. These actions sound simple, but they are rather complex and very important for healthy social and emotional development. (BCCDA 2011)



### (1) Consistent and sensitive caregiving

All children, even very young infants, need at least one consistent and caring relationship with an adult who will respond to their distress, create supportive routines, provide them with opportunities for positive social interactions, and help them explore their environment. For women who are living with mental health and/or substance use challenges, this consistent caregiving can also be provided through a circle of support with family and friends.

### (2) Serve and return

An active ingredient in early brain development is the give and take of daily social interactions with important people in the infant's life, such as parents, childcare providers, or other familiar people. Think of the "serve and return" of a game of tennis – the infant smiles and coos, the parent responds.

Emotional well-being along with cognitive and language skills are based on this continuous, reciprocal give and take that occurs constantly in day-to-day interactions between a child and her parent.

### (3) Repair

Parents are not always able to respond immediately and sensitively to their child. They may misread the child's cue, or be busy or distracted. This gap in communication and care is readily repaired if it is not ongoing and the baby is in an otherwise supportive environment. Infants of mothers with mental health and/or substance use challenges may experience an ongoing mismatch of communication and lack of repair. However, this can be offset by helping mothers access supports and to involve family and friends in supporting mother and baby.

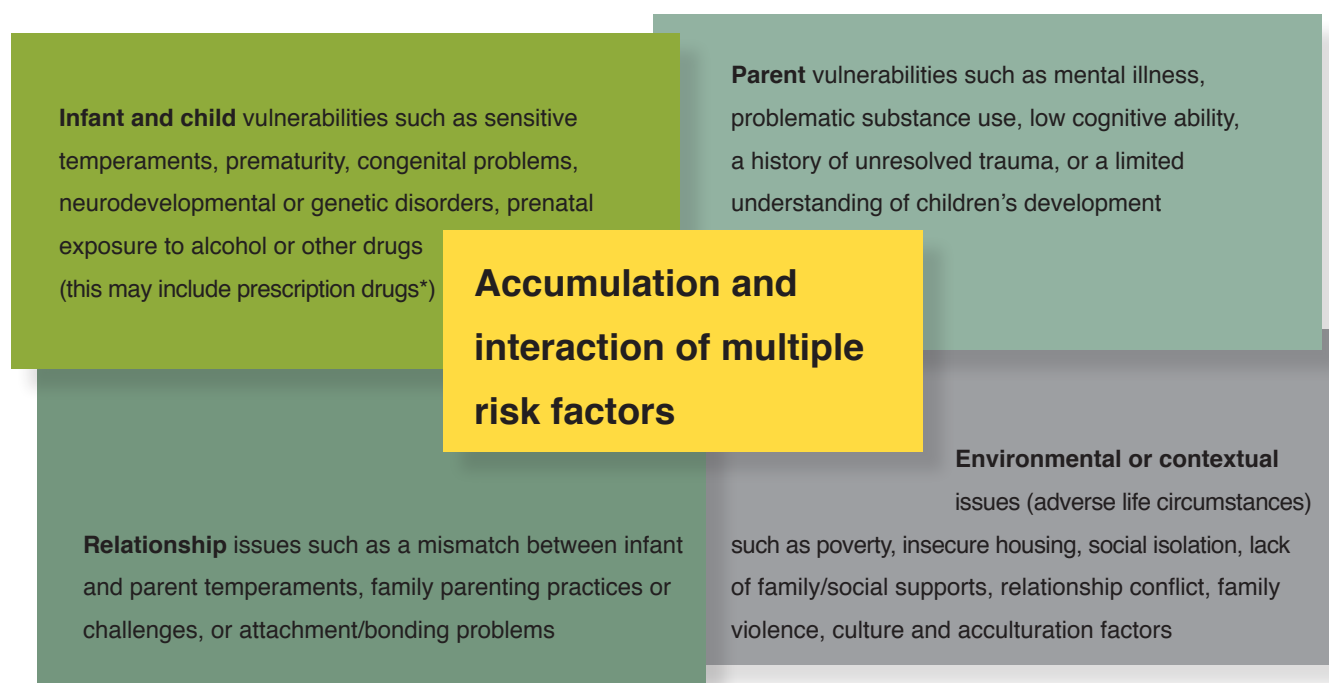


## How do infants develop mental health problems?

It is rare that a single event, even a traumatic one, will profoundly alter the emotional well-being of an infant if the child has caring and responsive adults to turn to for comfort and support. More often it is the accumulation of risk factors or repeated exposure to stress and traumatic events, combined with an absence of emotionally nurturing care, which impedes development.

In particular, it is an accumulation of factors that can affect a parent or child's ability to respond appropriately and consistently. For example, some children with mental health disorders of a neurodevelopmental or genetic nature may be vulnerable to mental health problems over time because of the effect of their behaviours on important relationships, in spite of responsive parenting.

We can anticipate what some of these factors might be that contribute to mental health problems for infants and young children in the formative early years:



\*If women have been prescribed drugs for mental illness before becoming pregnant, it is important that they check with their healthcare provider as soon as they can after learning they are pregnant to make sure the prescribed drugs are safe for them and their babies during pregnancy and breastfeeding. It is important they do not suddenly stop taking their drugs without first talking with their healthcare provider.

### A note about stress...

Stress is a normal, everyday occurrence. It's our body's response to feeling afraid, excited, or overstimulated.

Learning to cope with stress is an important part of healthy child development. Prolonged or chronic stress, which can be related to parental mental health and/or substance use challenges and disorders, as well as other things, can impact a parent's ability to be consistently emotionally available and attuned to the needs of their child.

For a parent with a mental illness, substance use problem, and/or a history of trauma and violence, their ability to regulate their emotions may already be challenged. In these cases they may have greater difficulty staying calm in the face of their child's strong emotions (particularly anger) and thus may have more trouble soothing their child. When a parent is persistently unsuccessful in helping a child manage her strong emotions, emotional difficulties within the child and parent/child relationship can develop.

### Three basic ways to help children deal with stress:

- Helping children feel connected to parents and other caregivers
- Providing a stable and happy home environment
- Comforting children when they are overloaded with stress

*Psychology Foundation of Canada*

## What are the signs of emotional well-being and emotional concerns in infants and young children?

There are many different ways infants and young children show that they are developing emotionally, that they are typically stressed, or that they may have emotional concerns. Many signs of stress that you see in your work with families are transient, happen for perfectly understandable reasons, or are developmentally appropriate.

There are some signs that infants and young children might show that tell you some closer assessment may be needed. It is important to remember that some of these signs can happen for many other reasons. For example, children with

certain health conditions might have feeding and digestion problems. It is helpful to think about the patterns of these signs within the context of what is happening for the infant and their family.

	Signs of emotional well-being	Signs that may need further assessment
<b>Health</b>	<ul style="list-style-type: none"> <li>• Eating well</li> <li>• Reaching developmental milestones within range of age and stage, including communication</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental delays</li> <li>• Sudden unexplained regression in skills</li> <li>• Chronic feeding and/or digestion problems, odd eating habits</li> <li>• Poor muscle tone or rigid, stiff muscles</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• Showing social interest (eye contact, interest in others, responding to others initiatives, smiling, laughing)</li> <li>• Developing primary attachment to someone and using them as a secure base as needed</li> <li>• Showing interest in the world around them</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased social interest (lack of eye contact, infrequent social smiles, lack of shared social interest such as pointing or gesturing at things)</li> <li>• In older toddlers, lack of empathy and/or fearlessness</li> <li>• Unusually fearful of, or overly friendly with strangers</li> </ul>
<b>Behaviour</b>	<ul style="list-style-type: none"> <li>• Gradually developing sleep/wake routines</li> <li>• Able to self-soothe through activities such as sucking, holding a blanket or stuffed animal</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to establish sleep/wake cycle</li> <li>• Repetitive or compulsive behaviours</li> <li>• Odd or primitive self-soothing behaviour (such as rocking, head banging, chewing non-food items, picking at hair or skin)</li> <li>• Unusual aggressiveness with siblings, peers or family pets</li> </ul>



	Signs of emotional well-being	Signs that may need further assessment
<b>Mood</b>	<ul style="list-style-type: none"> <li>• Generally having a good mood</li> <li>• Irritability is associated with understandable reasons, for example being tired</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent fretfulness or irritability that can't be explained by illness or "colic"</li> <li>• No interest in play or little make believe play by age three</li> <li>• Little interest in others</li> </ul>
<b>Sensitivity</b>	<ul style="list-style-type: none"> <li>• Manages usual transitions in daily activities</li> <li>• Settled with parents and caregivers</li> <li>• Manages typical environmental stimulation well</li> </ul>	<ul style="list-style-type: none"> <li>• Easily upset or unusually upset by changes in routine or people</li> <li>• Hypervigilant (wide eyed, stiff muscle tone, wary)</li> <li>• Unusually sensitive to touch, light or noise</li> </ul>

If emotional health or developmental concerns are identified, encourage parents to seek guidance from an infant development, early childhood development, mental health, social support, or health care professional. Some parents may need support to access these resources.

Depending on their size and location in the province, the availability of these resources differs. Parents in rural or remote communities may need additional support to get referrals made and access supports. There are now also more resources that are available on-line.

**My key community resources:**

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## What is the impact of maternal mental health or substance use issues on the mother, infant and young child, and partner/family?

During the earliest years the brain is most open to outside influences. In fact the brain's sensitivity to environmental input, whether positive or negative, is most sensitive during the first three years. The hardwiring that results, although still adaptable to changes, has life long implications for a child's overall mental, social and emotional health and well-being. The young child's immediate environment – the everyday interactions with responsive parents, rich sensory stimulation, and routines that shape a child's day – can build the brain in healthy ways. Overly stressful experiences or being raised by a parent with mental health or substance use issues that are ongoing and not treated can also have a powerful impact on the young brain.

There are a number of possible impacts of maternal mental health or substance use challenges and disorders on not only the woman, but also on the infant and the family. (PSBC, 2012)

### Impacts on women:

- Feel shame and feel judged and ostracized by family, and community (including professionals sometimes);
- Have fear of child being removed from their care;
- Get persistent messages from family/community that they shouldn't be parents;
- Feel they have a higher bar to prove to everyone that they can be a good parent; fear they may be unsuccessful or fail at parenting;
- Worry they will pass their illness/problem to their child; think their emotional difficulties will negatively impact their baby;
- Concern about the impact of necessary medication on their baby;
- Worry about others undermining their role as primary parent or taking over when they are not well;
- Perceive their baby's behaviour as difficult; may not be able to recognize or respond to their baby's cues, with potential for impacting baby's development;
- May use more alcohol, cigarettes or other substances to cope; and
- Have increased risk of future depression and other mental health issues.



### Impacts on infants and young children:

- May have behaviour disturbances – quicker to cry and cry louder and longer, spend less time in the quiet and alert state;
- May experience developmental delays – may walk and talk later than others;
- May have more difficulty establishing secure relationships and be socially withdrawn; and
- May have some behavioural or developmental effects if mothers are taking medications or using alcohol and street drugs.

### Impacts on partners /families:

- May experience relationship disruption (increased risk of separation/divorce);
- May use more alcohol, cigarettes or other substances to cope;
- Partners may also be depressed and need treatment; and
- Continued supportive, extended family involvement is important.

## What should I do if I am concerned about a child and their family?

Offering practical help with families experiencing difficulties and being a knowledgeable resource for parenting advice or referral information are important first steps for helping parents or children who are in distress. For most families, the work that you already do building trusting and supportive relationships with parents is key to changing the way they interact with their children. The most effective interventions are those that are provided preventatively and as early as possible for the whole family.

Key strategies when working with women who are experiencing mental health and/or substance use challenges are:

- Listen and validate their feelings and worries;
- Use a family-centered approach; helping women, partners and families choose interventions that build on their strengths and resources and improve the possibilities for positive outcomes;
- Offer supports related to the mental health and/or substance use issues at hand, but also supports related to practical issues that may be causing stress to parents;
- Be sensitive in your interventions to diversity in family structure, culture, and social and economic conditions;
- Connect families to public health and community supports as early as possible.

**If you feel that the concerns are very serious, or if you think a child is being abused or neglected talk to your supervisor right away for another perspective and to help plan forward. Remember that you have the legal duty to report your concern to the Ministry for Children and Family Development**

*(see the BC Handbook for Action on Child Abuse and Neglect – for Service Providers at [http://www.mcf.gov.bc.ca/child\\_protection/pdf/handbook\\_action\\_child\\_abuse.pdf](http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf).)*



It is important to note that many indicators may be signs of other problems. However, a cluster of indicators observed over a period of time may be a child's reaction to abuse or neglect, and may appear as dramatic changes from the child's normal behaviour. By themselves, indicators do not prove child abuse or neglect. But they do tell us we need to know more about the child's circumstances.

If it is after hours or you are not sure who to call, phone the Helpline for Children at 310–1234 at any time of the day or night. The Helpline call is free. If you feel that the child is in immediate danger, call 9-1-1 or your local police.

### **My contacts:**

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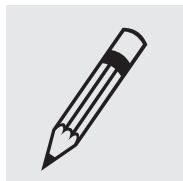
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## Worksheet: Reflecting on our program services



Experts in the *Sick Kids Infant Mental Health Promotion Program* recommend a number of services that could be included in community programs that support parents and young children. You can use this worksheet with your team to reflect on the services offered in your program or in your community.

Recommended services for community programs supporting parents and young children.	Which of these services do we provide in our program? How do we do this? Who does it?	If these services are not provided in our program, are they provided in our community? Who does it? How do we connect to them?
Screening to identify children and parents who need more in-depth assessment		
Engaging and motivating families to learn more about parenting		
Referring for further assessment		
Providing brief telephone interventions (such as parent help lines, parent information lines)		
Supporting access to resources to meet basic needs (food, clothing, shelter, safety)		
Communicating information about child development and parenting		
Supporting and teaching problem solving strategies		
Connecting families to community supports and resources		
Providing parent-child play groups		
Providing or referring to quality childcare		
Providing general public information and materials		

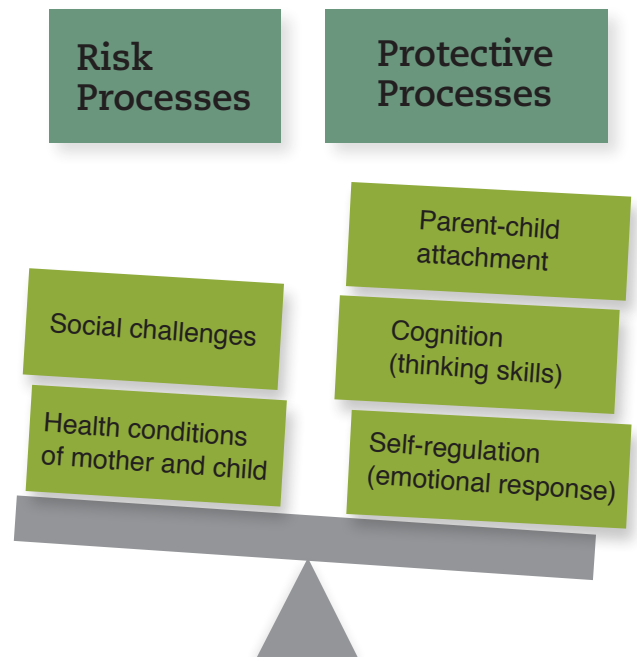
## Building resilience

It is important to think about factors that can protect children's mental health. As providers in programs and out in the community, there are many things you can do that will build resilience in families.

Resiliency may simply be defined as the maintenance of positive adjustment under challenging life circumstances. We have learned that resilience is more than a personality trait; it may be affected by one's experiences, personal genetics, surrounding environment, and supports. Infants and young children have a tremendous capacity for resilience.

Resilience is typically presented as the outcome of interactions between two counter forces – protective and vulnerability (or risk) processes. Three protective processes that are important for infants and young children are: (1) the quality of the parent-child attachment relationships, (2) cognition, and (3) self-regulation.

How these three processes come into play is influenced by the developmental stage of the child, their culture and their environment. Vulnerability processes include health conditions of the mother and child (including maternal mental health/substance use) and social challenges (such as homelessness, poverty, intergenerational trauma, or lack of social support).



### More resources on resilience

- Best Start: Building Resilience in Young Children ([http://www.beststart.org/resources/hlthy\\_chld\\_dev/](http://www.beststart.org/resources/hlthy_chld_dev/))
- Psychology Foundation of Canada Kids Have Stress too! (<http://psychologyfoundation.org/index.php/programs/kids-have-stress-too/>)
- Reaching IN...Reaching OUT (<http://www.reachinginreachingout.com/programs-bb&t.htm>)
- Resilience Research Centre (<http://www.resilienceproject.org/>)

## Key ways to support families in our programs

A lot of what you know and what you do supporting families is already on track. Here are three specific ways to continue to be mindful of how we support women with mental health and substance use challenges and their families.

### 1. Helping women and their families feel comfortable talking about mental health and substance use

Parents may not always share information about their mental health and/or substance use challenges. They may not want to disclose these feelings to anyone, even their partner. They will need to feel safe with you before they disclose this information and feel comfortable that the information will not be abused in any way.

- Organize your work environment so that resources related to mental health and substance use are available in a non-stigmatizing and educational way. Parents will see that people in your program are open to talking about mental health and substance use issues.
- Incorporate information and supports into all of your program activities that promote mental wellness for everyone.





### 2. Providing information on developmental milestones, including social and emotional development

With each stage of their child's growth, parents will be learning new skills. One skill is to be able to balance keeping an eye on their child's development and also understanding that there is a wide range of "typical" for young children. It's common for parents to worry about their child's development. Mothers who have had mental health challenges during pregnancy and who have needed to take medication during pregnancy and breastfeeding are often concerned about the impact on their infant's growth and development.

- Practices that are the most effective are those that support both the infant and the mother and their relationship, within the context of their family, their circle of supports, and their community.
- Notice parent-child interactions and be aware of what to look for healthy interactions. Once you have a good awareness of healthy interactions, you will be able to more readily recognize parent-child relationships where there are concerns.
- Parents are appreciative of knowing when something is going well, so be sure to point out and reinforce positive elements of interactions (such as: "it is really nice the way that you play with her and follow her lead").
- Know your role and when to link with other resources. It is important that you know the scope of your role and when different providers and professionals need to be brought in.

### 3. Creating culturally appropriate environments

Culturally supportive environments and relationships are important for women who are journeying through pregnancy, childbirth and parenting. Women from a range of cultural backgrounds share that they may have fewer role models (for example mothers, sisters and aunties) around who can support them and pass on important traditional practices. Here are some ways to address cultural needs in programs that are supportive and nourishing for new families:

- Create opportunities to connect with cultural ways, ceremonies, and events
- Talk with elders to help you find practices you could build into your program when appropriate
- Recognize that some cultural groups have clear ideas about mental health/illness and substance use. Do not expect all members of a group to respond in the same way (MMH, 2012).

#### More resources on culturally supportive environments:

- A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families (Best Start) ([http://www.beststart.org/resources/hlthy\\_chld\\_dev](http://www.beststart.org/resources/hlthy_chld_dev))
- Attachment across Cultures (<http://www.attachmentcrosscultures.org/about/about15.htm>)
- National Collaborating Centre for Aboriginal Health: Family Connections (<http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=91>)
- Perinatal Services BC: Celebrating the Circle of Life: Coming back to balance and harmony (<http://www.perinatalservicesbc.ca/FamilyResources/CelebratingCircleLife/default.htm>)

## Parenting in the early years: Strategies for mothers with mental health and substance use challenges

In this next section, we will look at opportunities that are available within everyday informal interactions to help parents learn about typical infant development, help establish reasonable expectations for their child and themselves, and support learning about ways to parent that work for their particular circumstances. Information in this next section is presented for a parent audience. This information focuses on strategies related to supporting the infant and the mother-infant relationship. For strategies that support mothers, please refer to resources such as the Mothers' Mental Health Toolkit.

For infants and young children, supporting their mental health and growth and development is not something separate that is “done”. Rather, this support is embedded in all the usual things that happen throughout the day and night for infants and young children – eating, sleeping, crying, exploring – and parents then are able to use these opportunities in the moment to get to know their infant and grow their relationship with their child.

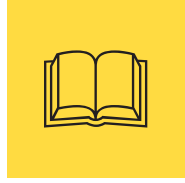
Seven key everyday opportunities are identified below. Within each opportunity the range of what is typical is briefly described and then additional considerations for infants are suggested, within the context of mothers and families who are also dealing with mental illnesses (such as depression and anxiety, problematic substance use, trauma and violence).

**Sleep and rest**  
**Routines and transitions**  
**Feeding**  
**Activity and play**  
**Touch**  
**Communication**  
**Supports and resources**



As child and family support providers, you play an important role in helping parents discover what works for them and their child during these everyday opportunities. It is important to remember that providing continuous, sensitive parenting is often something a parent with mental illness finds hard to do alone while also trying to recover their mental health. Outcomes for mother and baby will be strengthened if their support system of family and friends is also educated, informed, and included in all aspects of care planning.

## Everyday opportunity #1: Sleep & rest



Getting enough sleep is important for your baby's developing brain and body. Up to 30% of children can have sleep problems from time to time. You may also have trouble getting the sleep you need as a new mother or as the mother of a busy toddler. Many new mothers share stories of sleepless nights and exhaustion. Sleep and rest are very important for your physical and mental health. Here are some ways you and your baby can grow together. Remember that each baby is different. Together you will find out what works for you.

### About your own sleep:

- Many parenting books suggest that if you are getting up a lot in the night or if your child is having a nap, to try to rest during the day. It is up to you to decide if this is practical, or if you would prefer to get some chores done around the house.
- Be comfortable asking people to help you so you can get the rest and sleep you need.
- Create a bedtime ritual or routine for yourself. You may have to adjust your routine as the demands of your baby change.

### About your infant and child's sleep:

- Get to know the signs that your baby gives when they are sleepy, such as becoming irritable, rubbing their eyes, or yawning.
- A short light massage before bed may help children settle if this is something they enjoy. It may also be a nice part of a bedtime routine for your partner or someone else who is helping you.
- Try to avoid TV or videos right before bed for your child.
- Babies may sleep better in a bedroom that is quiet, comfortable, and familiar.
- Bed time routines are helpful for young children (like "the 4 B's" – bath, brush, book and bed). Make sure that the routine you create is not too much for you. Ask for bed time help if you need it.
- It is best not to share a bed with your baby. It is especially unsafe if you are very tired, under the effects of alcohol or other drugs or taking certain medications. Sharing a room with your baby or sleeping within arms reach is safe for your baby.
- Develop a family plan so others can help your baby develop good sleep routines while you recover.



## Everyday opportunity #2: Routines & transitions



Infants and toddlers need people around them doing things in the same way. This helps them feel secure. Many parents use the routines that they were raised with themselves. It is important for new parents to talk together about their own family routines that have meaning for them and that are important for their culture. It is important to talk together about the goals they have for routines for their new family.

Here are some ways you and your baby can grow together. Remember that each baby is different. Together you will find out what works for you.



### From Zero to Three: Love Learning and Routines

- Routines help babies and toddlers learn self-control. Consistent routines, activities that happen at about the same time and in about the same way each day, provide comfort and a sense of safety to young children. Knowing what will happen next gives babies and toddlers security

and emotional stability. When children feel this sense of trust and safety, they are free to do their “work”, which is to play, explore and learn.

- Routines can bring you and your child closer together and reduce power struggles. Stable routines allow babies and toddlers to anticipate what will happen next and gives young children a sense of control. Routines can also limit the amount of “no’s” and behaviour corrections that you need to give a toddler throughout the day, since your child can better predict what should happen next.
- Routines guide positive behaviour and safety. Routines are like instructions – they guide children’s actions toward a specific goal. Routines can be used for many reasons, but two of the most important are ensuring children’s health and safety, and helping children learn positive, responsible behaviours.
- Routines support children’s social skills. As babies grow, they come into contact with more people and begin to learn patterns and routines for social interactions (such as greetings and goodbyes). These interactions are also opportunities for developing language skills.
- Routines are satisfying and helpful for parents too. Not only do routines and rituals make transitions easier for children – they also help ease adults into parenthood.



### Developing and keeping routines can be harder to do if you have mental health challenges.

- It is important for you to have people in your life that your child knows well and trusts to give them the extra time and attention they need.
- Ask someone you trust to work with you to develop a family plan about your children's routines. Share the plan with others who are helping you out. This will help keep many of the routines the same for your child.
- Remember that it takes time to develop routines, sometimes weeks or months.

### Supporting transitions

Transitions are the changes that are needed to get from one activity to another. For infants or toddlers this may be a change in caregiver, environment, or routine. One example of a transition is when your child is finishing playing and getting ready for bed.

- Provide verbal cues that a transition is coming (such as 5 minute warnings) and non-verbal cues (such as showing a picture for the next activity).
- Building transition times into your routines.
- Make sure that the ways you help your child transition are right for the age of your child.



Your child will also experience transitions as they grow older, such as going from breastfeeding to cup feeding, or from diapers to potty training. Here are some ways you can help prepare your toddler for a change:

- Try not to have more than one big change at a time
- Read books about the transition, or provide toys that allow them to act out the change
- Make sure that the changes your child is making are right for their age.

### More resources on routines and transitions

- Family Routine Based Support Guide (<http://challengingbehaviour.fmhi.usf.edu/do/resources/tools.htm>)
- Zero to Three Love, Learning and Routines (<http://www.zerotothree.org/child-development/social-emotional-development/love-learning-and-routines.html>)



## Everyday opportunity #3: Feeding



Feeding is about more than nutrition. The connections you have with your baby during feeding times help you develop your relationship together. Here are some ways you and your baby can grow together. Remember that each baby is different. Together you will find out what works for you.

- Make the choice of how to feed your baby that works the best for you. You should feel comfortable with this choice.
- Most medications for mental illnesses are safe to take if you are breast feeding. Have your doctor look at your medications to make sure they are safe for you and your baby.
- Hold your baby during breast feeding and bottle feeding. Sit with your child during meal times when they are older for communication during feeding.
- Toddlers are messy eaters! This messiness may bother you more at some times than others. Try out things like giving your baby smaller amounts of food at once to make less mess if that helps you. Your toddler learns by exploring with food. Be sure that they have time to learn how to feed themselves.
- Your partner, family and friends can help with meal times. Together, your baby will get the connections that they need to grow.
- When you or other caregivers respond to your baby's feeding needs and preferences, you help them learn what their body is saying about being hungry or full. This helps your baby develop.

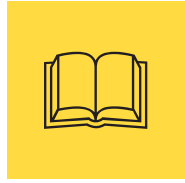


- Turn off the television and put aside your cell phone so you can focus on each other during meal times.
- As soon as your child is able, encourage them to participate in meal time preparation. Even toddlers can do simple tasks like setting the table or mixing things. Involving your child helps build connections to you and helps them develop.

### More resources on feeding:

- BC Healthy Families Feeding (<https://www.healthyfamiliesbc.ca/home/articles/topic/feeding>)
- Kelty Mental Health Resource Centre: Healthy Living Toolkit for Families (<http://keltymentalhealth.ca/toolkits>)
- National Collaborating Centre for Aboriginal Health: Growing up Healthy ([http://www.nccah-ccnsa.ca/389/Childhood\\_Health\\_and\\_Wellness\\_Resource\\_Booklets.nccah](http://www.nccah-ccnsa.ca/389/Childhood_Health_and_Wellness_Resource_Booklets.nccah))

## Everyday opportunity #4: Activity & play



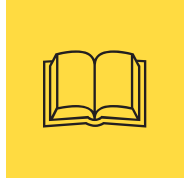
Physical activity includes any activity where most of the body is moving. When babies are allowed to move and explore on their own, they learn about their environment and their abilities. Play is the child's language and way of interacting with their world. Playing or taking your baby out for a walk might be the last thing you feel like doing when you are not well. The medication that you are taking might slow down your energy at certain times of the day. Try to be available to your baby physically and emotionally as you are able, even if it is for shorter amounts of time. Here are some ways you and your baby can grow together. Remember that each baby is different. Together you will find out what works for you.

- Follow your child's lead and show interest in their activity.
- Have family and friends take on some play activities with your child. These are good moments to widen the circle of trusted adults in the life of your child.
- Get out in your neighborhood and meet some other mothers and families.
- There are many everyday objects around your house that you can offer babies for their play. These objects don't have to be fancy. The most important thing you can provide for your baby related to play is you!
- It is never too early to start reading to your baby. Sit your baby on your lap and look at picture books together. Talk with your baby about what you are seeing and reading. Hearing your words helps your baby develop their talking.
- Babies can become overstimulated if there are too many objects or toys around. Too much stimulation at one time can confuse babies and cause them to miss some learning. It can also irritate babies and make them more difficult to settle.
- Activities that involve nature can lower feelings of stress and improve well being for you and your child. Try spending some time outdoors with your family.

### More resources on play and activity

- Infant Mental Health Program: Comfort Play and Teach (<http://www.imhpromotion.ca/ParentResources/CPTActivities.aspx>)
- LEAP BC Move with me from Birth to Three (<http://decoda.ca/resources/online-resources/resources-child-family-literacy/leap-resources/leap-bc/move/>)
- NCCAH Parents as First Teachers (<http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=90>)
- Play and Your Baby and Play and Your Toddler (<https://www.bccf.ca/topic/the-early-years/>)
- Zero to Three Tips and Tools on Play (<http://www.zerotothree.org/child-development/play/tips-and-tools-play.html>)
- Zero to Three App on Play (<https://play.google.com/store/apps/details?id=com.app.ZEROTOTHREE>)

## Everyday opportunity #5: Touch



Everything we do with our children involves some form of touch. For babies and young children, touch and holding provides love and security. There are also benefits to the person providing the touch, such as lower stress and anxiety and more confidence in parenting. Here are some ways you and your baby can grow together. Remember that each baby is different. Together you will find out what works for you.

Some of the everyday ways you can bring touch into your parenting are:

- Infants – during breast feeding, bottle feeding, changing diapers, dressing, cuddling, bathing, massaging, carrying
- Toddlers – during bathing, helping with personal routines, during play, cuddling, holding to read, consoling if they are crying, massaging, carrying

Pay attention to your own responses to touch (you may or may not feel comfortable). Remember that it does not mean that you are a bad parent if you feel uncomfortable touching your baby or being close to your baby, especially at times when your illness is more severe. Children can get the cuddles they need from everyone in their life, including you, your partner, family and friends.

- Every baby has its own needs for touch. Watch how your child responds in different situations and see what works to make them happy.

- You may find that it helps to build in time where you are a little bit away from your baby (even if it is a quick cup of tea on the couch while baby plays nearby). Even short breaks from parenting activities can help you stay well.
- If you have babies who need to be held more than you are able to manage, arrange with family or friends to come by regularly to play with the baby.
- It is helpful to see how your baby responds to other forms of stimulation, such as sound, light, and movement.
- For infants and young children who may be more sensitive to, or overstimulated by touch or other stimulation, try different things to figure out what they can manage. For example, some children eat better if the room is quiet during meal times. There are many resources to help you make a sensory environment that works for your child.
- Many people have been told that touching or holding babies a lot can spoil them. Share with your family and friends that touching and holding helps babies and toddlers grow and develop.

### More resources on touch

- Decoda Literacy Solutions: Sensory Play (<http://decoda.ca/read-all-about-lit/sensory-play/>)
- International Association of Infant Massage (<http://www.iaim.net>)

## Everyday opportunity #6: Communication



Communicating is needed for healthy child development, especially social and emotional development. Parents need to try and figure out the things that are interesting to their child, and how they like to communicate. The more you know about your child, the better you will be able to match what you do with the needs of your child.

### 1. Reading cues - the language of infants

Infants and toddlers communicate their needs and feelings through their body language, or “cues”. Infant cues are the body language that tells us that infants are ready to communicate or that they need a break. As you spend time with your baby you will get to know your baby’s own cues. You and your baby will learn about each other as you spend time together. Approaches like “Watch-Wait-Wonder” can help you in these steps of watching your baby’s face and body, waiting to see what they do (cues), and wondering about what your baby might be feeling or needing from you. You can also let your family and friends who are helping you know about your baby’s cues.

Babies and toddlers also are able to read the cues that you send. They can tell how you feel by looking at the expressions on your face and hearing your tone of voice.

If you are not feeling well, try to be aware of your behaviour (like body language or tone of voice) around your baby.

### 2. Crying

Babies and toddlers cry as a way of communicating. Sometimes parents find that a crying baby increases their own stress. Parents may become frustrated or may withdraw. Babies and toddlers may not get their emotional and physical needs met. Sometimes just holding the baby and walking the floor can get the baby—and you—through this hard time. Other times this may not work. Sometimes a parent can be so frustrated with the crying that they lose control and without thinking, shake their baby. It is ok to put your baby in

**Engagement** – when the baby gives you signs that they want to be with you. Signs include looking at your face, reaching out to you, relaxed tone, smiling and cooing

**Disengagement** – presents as stress and means that the baby is telling you that they need a break or a rest from what you are doing. Signs include fussiness, pulling away, squirming or pale skin.

a safe place and walk away for a few minutes while you calm yourself. It helps if you have other people who can help you settle your baby.

### 3. Early language

Learning how to talk helps the toddler to share their thoughts and feelings. As your toddler gets older, they begin to ask lots of questions about the world around them. They begin to try to be independent by saying no and not doing what parents ask them to do. This can be hard to deal with for many parents. It can be frustrating for parents who may feel that they are at the end of their patience or energy.



Here are some ideas to help you communicate with your child. Remember that each baby is different. Together you will find out what works for you.

- Talk to your baby from the earliest days. One simple way to do this is to say out loud what you are doing or what you are seeing. Remember that looking at you, cooing, smiling, and making sounds are how your baby communicates with you. Responding to these cues helps the speech and social development of your baby.
- You can still talk to your child when they are in a stroller or car seat. Get down to eye level to talk.
- If there are several languages spoken in your home, you can talk to your child in all of the different languages.
- Set aside a bit of time in the day (for example, two or three 5 -10 minute sessions) when you can focus on reading your child's cues and responding to them while you are talking and playing together.. If you have more than one child, it helps if you can find time to focus on each one of them on their own.
- Activities like feeding and bathing your baby need to be done every day. Talk to your child and listen to them as you make your way through these daily activities.
- It might feel hard for you to communicate with your baby. Try to use a positive expression on your face as you talk to and play with your baby. If you feel you cannot respond positively, ask someone else to come in and play with the baby for a while.
- It can be easy to believe that a baby or toddler who is crying or difficult to settle is “out to get me”. The cues that a baby gives you like crying or pulling back are their ways of telling you that they need something or that they are stressed and upset.
- Small children are able to pick up on and react to situations you might not think they can. Be aware of your behaviour around your child when you are not feeling well. It will help when your child is old enough to let them know in simple words (like telling them you have sad sickness or are seeing the doctor to get help) that you are not well. It is not their fault and not their job to worry as you are taking steps to get better.

### More resources on communication:

- Alberta Health Services Preschool Talk Box (<http://humanservices.alberta.ca/family-community/talk-box-preschool.html>)
- BC Ministry of Education Early Learning Programs (<http://www2.gov.bc.ca/gov/theme.page?id=F2DF0F6E09AD8EB24078E5EEAA8DCC68>)
- NCCAH Parents as Teachers ([http://www.nccah-ccnsa.ca/389/Childhood\\_Health\\_and\\_Wellness\\_Resource\\_Booklets.nccah](http://www.nccah-ccnsa.ca/389/Childhood_Health_and_Wellness_Resource_Booklets.nccah))
- Period of PURPLE Crying (<http://purplecrying.info/>)
- Your Child's Feelings (<https://www.bccf.ca/topic/the-early-years/>)



## Everyday opportunity #7: Support & resources



Having access to supports and resources can help you stay well.

Friends, family, and other experienced people can support you and help you meet the changing needs of your growing young child.

You may be thinking about how to talk about your illness to your young child, and what to do if your illness keeps you from parenting full time. It is important to remember that young children are resilient and strong, and that you can grow together.

### Supports

For many parents, having young children means that they put their own needs after the needs of their children. It is important to keep up with the treatments that have been working for you.

Some parents feel guilty or ashamed asking for help. They may have had a bad experience asking for help before and found that people judged them or thought they were undeserving of help. People might have told them to pull themselves together or get on with things. Parents may not have the energy to follow up on getting resources.

- Find time for just yourself, or yourself and your partner. Regular breaks are a good way to avoid getting burned out or overtired. Take your breaks regularly and before you start feeling overwhelmed. This can be 10 minutes during the day or a few hours away from the home with your partner when you are ready. Often parents don't realize how stressed they are until it becomes overwhelming. Parents may also not know that they are overwhelmed. It is not selfish to look after yourself. Keeping yourself healthy helps the whole family.
- Talking to other mothers is very helpful. You will all have lots of practical tips to share with each other.
- Public health nurses are helpful. They can visit you in your home. They can tell you about the services in your community like neighbourhood houses and drop in groups.

“I just tried to suffer through it alone; I was too busy with the new baby to continue with the CBT and the psychiatrist.”

- Many parents find it useful to develop a family plan with other family members or friends. A plan helps everyone know what you would like to happen if you become unwell again and unable to care for your child. These plans are reassuring for you, your child, and for other key adults in your child's life. Involve people close to you in your care plan. Ask your mental health worker to include your partner and/or family members if this would help their understanding of your illness and your recovery plan.

- Sometimes family members or friends may say things that are hurtful or may not understand what you are going through. It may take them time to learn more about how to be more helpful. Surround yourself with supportive people as much as you can.

### If you are not able to parent full time:

There are many reasons why you might not be able to care full time for your children. You may need to go to the hospital or a treatment center to receive care for your illness. You may need to have another family member, friend, or foster parent look after your children some or all of the time while you recover.

- It is alright to take a gradual approach to parenting to make sure that you feel comfortable. Sometimes parents take on too much too soon, and they are not ready for it yet. Think about where you are in your illness and recovery, be realistic, and take small steps when you are ready.
- No matter what the outcome, you have a right to be involved in decisions about your children. There are different ways that you can be involved in planning for



your child's care for when you are not well. If the Ministry for Children and Family Development is involved, you have full rights to information, advocacy, and supports to help you be able to parent.

- Many parents find it helpful to develop a family plan to help everyone know what they would like to have happen with the care of their child if they are not well. Once you know you are pregnant, making a plan for both your pregnancy and when you have had the baby is ideal.

### Resources for supporting parents:

- BC Council for Families (<https://www.bccf.ca/topic/the-early-years/>)
- BC Ministry for Children and Family Development: Positive Parenting Videos for Immigrant and Refugee Families ([http://www.mcf.gov.bc.ca/child\\_protection/positive\\_parenting.htm](http://www.mcf.gov.bc.ca/child_protection/positive_parenting.htm))
- BC Ministry for Children and Family Development: Collaborative Planning and Decision Making in Child Welfare ([http://www.mcf.gov.bc.ca/child\\_protection/mediation.htm](http://www.mcf.gov.bc.ca/child_protection/mediation.htm))
- Children of Parents with Mental Illness: Developing a Baby's Care Plan (<http://www.copmi.net.au/parents-and-families/parents/developing-a-care-plan.html>)
- Here to Help (<http://www.heretohelp.bc.ca/>)
- Kelty Mental Health Resource Centre (<http://keltymentalhealth.ca/>)

## Worksheet assessing parent service and support needs



How to use this worksheet: Here is a list of things you may need to do as a parent. For each one that applies to you, mark the answer that describes you best. When you have completed this worksheet, use it to help you think about what your priorities might be at the moment, if you think it might be helpful and you are comfortable with it, share with people who are supporting you in your treatment, and your family and friends. You may want to revisit this worksheet and re-examine your priorities regularly.

	I do this well	I do this okay	I'd like to do this better	Does not apply	Items to work on
Manage everyday household tasks.					
Plan and make healthy meals.					
Understand the relationship between my feelings and my actions.					
Manage my family's money.					
Set limits with my child.					
Have positive interactions/visits with my child.					
Have a pleasant routine with my child.					
Find fun things to do with my child.					
Get adequate child care for my child.					
Balance work or school, and parenting.					
Know what to do when my child has problems.					
Identify my child's strengths.					
Have positive "family time".					
Know my legal options as a parent.					
Get help for myself, if I need it.					
Talk with my child about my situation or worries.					
Keep in touch with my child who is not living with me.					
Communicate with my child.					
Have good relationships with my child's caregivers/helpers.					
Express anger without hurting anyone.					
Keep my child and myself safe.					
Make time to take care of myself.					
Manage stress and worries in healthy ways.					
Cope with bad things that have happened to me in my life.					
Get special services and supports for my child.					
Other:					

Adapted from: J. Nicholson & D. Henry, 2003.

## Infant and family supports in BC

### Aboriginal Infant Development Programs

<http://aidp.bc.ca/>

### Anxiety BC

<http://www.anxietybc.com/>

### Early Childhood Programs

*Nobody's Perfect Parenting* <http://beta.bccf.ca/program/1/>

<http://beta.bccf.ca/program/parent-child-mother-goose/>

*Parent-Child Mother Goose* <http://beta.bccf.ca/program/parent-child-mother-goose/>

### Early Intervention Programs

[http://www.mcf.gov.bc.ca/spec\\_needs/eits.htm](http://www.mcf.gov.bc.ca/spec_needs/eits.htm)

### BC Children's Infant Psychiatry Clinic

<http://www.bcchildrens.ca/Services/ChildYouthMentalHlth/default.htm>

### BC Women's Reproductive Mental Health Program

<http://www.bcwomens.ca/Services/HealthServices/ReproductiveMentalHealth/default.htm>

### Canadian Mental Health Association

<http://www.cmha.ca/>

### Child and Youth Mental Health Services (MCFD)

[http://www.mcf.gov.bc.ca/mental\\_health/help.htm](http://www.mcf.gov.bc.ca/mental_health/help.htm)

### Crisis Line Association of BC's Mental Health Support and Information: Call 310-6789 (no area code is needed)

<http://www.crisiscentre.bc.ca/get-help/>

### HealthLink BC: Dial 811 or visit

<http://www.healthlinkbc.ca/>

Health professionals including: family physicians, pediatricians, psychiatrists, public health nurses, speech and language therapists, occupational therapists, physiotherapists and social workers. Refer to your local health authority websites.

### Here to Help

<http://www.heretohelp.bc.ca/>

### Kelty Mental Health Resource Centre

[http://keltymentalhealth.ca/sites/default/files/infant\\_mental\\_health\\_qrs\\_april2012\\_1.pdf](http://keltymentalhealth.ca/sites/default/files/infant_mental_health_qrs_april2012_1.pdf)

### Kids Help Phone: 1-800-668-6868

<http://www.kidshelpphone.ca/Kids/Home.aspx>

### Ministry of Child and Family Development: Locations of Infant Development Programs.

[http://www.mcf.gov.bc.ca/spec\\_needs/idp.htm](http://www.mcf.gov.bc.ca/spec_needs/idp.htm)

**MCFD Child Welfare Worker:** Local MCFD office is listed in the blue pages of the phone book; after hours, phone the helpline for Children at 310-1234 (no area code is needed) or visit [http://www.mcf.gov.bc.ca/getting\\_help/help.htm](http://www.mcf.gov.bc.ca/getting_help/help.htm)

### Pacific Postpartum Support Society: 1-604-255-7999

<http://postpartum.org/>

## Books and Pamphlets

Australian Infant Child Adolescent and Family Mental Health Association (2011). Helping to piece the puzzle together: A resource booklet for early childhood workers to supplement the booklet 'Piecing the puzzle together: Raising young children when mental illness is part of your life'. Australian Government Department of Health and Aging. Available at: <http://copmi.net.au/get-info/copmi-publications.html>

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Australian Infant Child Adolescent and Family Mental Health Association (2004). The best for me and my baby: Managing mental health during pregnancy and parenthood. Health professionals and parents working together. Australian Government Department of Health and Aging. Available at: <http://copmi.net.au/get-info/copmi-publications.html>

BC Children's Hospital (2013). Infant massage with Dr. Pratibha Reebye: Parent and caregiver training. Vancouver, BC: Author. Available for ordering through Children's and Women's Bookstore: <https://edreg.cw.bc.ca/dbtw-wpd/exec/dbtwpub.dll>

BC Council for Families. Becoming a parent, Play and your baby, Play and your toddler, Time for bed, Time out for parents, Your Child's Feelings. Available at: <https://www.bccf.ca/shop/>

BC Ministry of Health (2012). Baby's best chance: Parents' handbook of pregnancy and baby care (6th ed.). Victoria, BC: Author. Available on line at: <http://www.health.gov.bc.ca/library/publications/year/2013/bbc.pdf>

BC Ministry of Health (2012). Toddler's first steps: A best chance guide to parenting your 6 to 36 month old (3rd ed.). Victoria, BC: Author. Available at: <http://www.health.gov.bc.ca/library/publications/year/2013/tfs.pdf>

BC Reproductive Mental Health Program (2011). Celebrating the circle of life: Coming back to balance and harmony. A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families. Vancouver BC. Available at: [http://www.perinatalervicesbc.ca/NR/rdonlyres/361F0C20-FDC5-499E-AC8D-D0F2A0494597/0/Circle\\_of\\_Life\\_FINAL\\_CompleteGuide\\_March2013.pdf](http://www.perinatalervicesbc.ca/NR/rdonlyres/361F0C20-FDC5-499E-AC8D-D0F2A0494597/0/Circle_of_Life_FINAL_CompleteGuide_March2013.pdf)

Best Start (2006, revised 2011). A sense of belonging: Supporting healthy child development in Aboriginal families. Available at: [http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/aboriginal\\_manual.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/aboriginal_manual.pdf)

Decoda Literacy Solutions (2011). Move with me from birth to three. Victoria, BC: Province of British Columbia and the University of Victoria. Available at: <http://decoda.ca/children-families/leap-bc/>

Lentini, R. & Fox, L. (2009). Family routine guide: Positive solutions for families. Center on the Social and Emotional Foundations for Early Living. Available at: [http://csefel.vanderbilt.edu/resources/parent/mod6/family\\_routine\\_guide.pdf](http://csefel.vanderbilt.edu/resources/parent/mod6/family_routine_guide.pdf)

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- National Scientific Council on the Developing Child (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain*. <http://developingchild.harvard.edu/>
- National Collaborating Centre for Aboriginal Health (2013). *Growing up healthy: A resource booklet about healthy children for First Nations and Metis parents in BC*. Available at: [http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/93/growingup\\_EN\\_web.pdf](http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/93/growingup_EN_web.pdf)
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### General Websites Related to Infant Mental Health

**Alberta Family Wellness Initiative**

<http://www.albertafamilywellness.org/>

**Best Start: Healthy baby, healthy brain**

<http://www.healthybabyhealthybrain.ca/>

**BC Council for Families**

<http://www.bccf.ca/>

**BC Healthy Child Development Alliance**

<http://www.childhealthbc.ca/bchcda>

**BC MCFD Child and Youth Mental health**

[http://www.mcf.gov.bc.ca/mental\\_health/help.htm](http://www.mcf.gov.bc.ca/mental_health/help.htm)

**Centre on the Developing Child at Harvard University**

<http://developingchild.harvard.edu/>

**Centre of Excellence on Early Childhood Development**

<http://www.child-encyclopedia.com/en-ca/key-messages-list.html>

**Circle of Security**

<http://www.circleofsecurity.net/>

**Ellyn Satter Institute (related to feeding and eating)**

<http://www.ellynsatterinstitute.org/index.php>

**Healthy Families BC – general pregnancy and parenting information.**

<http://www.healthyfamiliesbc.ca/>

**Children's Sleep Network**

<http://www.childrenssleepnetwork.org/WP/>

**Children of Parents with Mental Illness**

<http://www.copmi.net.au/>

**Kelty Mental Health Resource Centre**

<http://keltymentalhealth.ca/>

**LEAP-BC: Literacy, Education, Activity and Play**

<http://decoda.ca/children-families/leap-bc/>

**Nova Scotia Loving Care e-Books**

<http://novascotia.ca/dhw/lovingcare/>

**Period of PURPLE Crying**

<http://www.dontshake.ca/>

**Psychology Foundation of Canada: Kids have stress too.**

<http://psychologyfoundation.org/index.php/programs/kids-have-stress-too/>

**Public Health Agency of Canada: Breastfeeding and infant nutrition**

[http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance\\_0-2/nutrition/index-eng.php](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/index-eng.php)

**Resilience Research Centre**

<http://www.resilienceproject.org/>

**Saskatchewan Prevention Institute (2007). Connection for life attachment resource kit.**

<http://www.skprevention.ca/shop/connections-for-life-attachment-resource-kit-guide/>

**SickKids Infant Mental Health Promotion**

<http://www.sickkids.ca/imp/>

**Technical Assistance Centre on Social Emotional Intervention**

<http://www.challengingbehaviour.org/index.htm>

**Zero to Three**

<http://www.zerotothree.org/>

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# Solutions for the families you work with

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**Nobody's Perfect Parenting Program** ([www.bccf.ca/program/1/](http://www.bccf.ca/program/1/))

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