

P01-183 - POLICY, EVIDENCE AND PRACTICE IN MENTAL HEALTH CARE: INFANT MENTAL HEALTH

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Objectives: Health care policies should be implemented to provide the proper care for children with mental health disorders and there is a need for improved infant and early childhood mental health assessment. In this paper we examine how system data reflecting program practice meet to inform advances in developing infant mental health policy.

Methods: Data from the Collaborative Mental Health Care (CMHC) program, a consultation based service in the focusing on the early identification of children (aged 0-5) at significant risk for developing mental health problems, was analyzed in comparison to those not coming into contact with such specialized services.

Results: Compared to others of the same age, those with CMHC involvement waited less time [mean days 13.7 (S.D. 32.3) vs. mean days 69.3 (S.D. 180.3)] and had shorter lengths of stay [mean days 139.9 (S.D. 119.3) vs. mean days 232.4 (S.D. 329.7)] and proportionately fewer registrations.

Conclusions: Early identification of children's mental health concerns through supporting the community through specialized consultation and promoting resiliency can significantly reduce mental health service utilization by offering more specific and specialized information, referral or treatment services for infants and very young children. The policy implications are self-evident: All provinces require specialized mental health services for infants and very young children in order to better serve children and increase service capacity.